

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Nodules		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	MB	Date Reviewed
	4/11	5/12/11

Final Pathologic Diagnosis:

BASED ON THE PERFORMED GROSS AND MICROSCOPIC EXAMINATION:

- A. Breast, right, partial mastectomy:
Infiltrating ductal carcinoma, Grade III/III.
- Tubular score = 3.
 - Nuclear score = 3.
 - Mitotic score = 3.
 - Maximum tumor dimension 6 cm.
 - No evidence of angiolymphatic invasion.
 - Focal ductal carcinoma in situ.
 - Solid architectural pattern.
 - Focal cancerization of lobules.
 - Nonextensive pattern.
 - Invasive malignancy abuts deep skeletal muscle.
 - Surgical margins negative for malignancy.
 - Stage: T3 N0 MX
- (See Note)

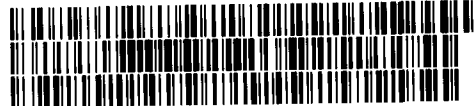
ICD-0-3

Carcinoma, infiltrating duct, NOS 8500/3

Site: breast, NOS C50.9 lw
6/1/11

UUID: ADDE6090-5278-42D5-8E89-E0AB630A4C06
TCGA-GI-A2C9-01A-PR

Redacted



- B. Lymph nodes, right axillary, resection:
No evidence of malignancy in a single lymph node.

- C. Lymph nodes, sentinel, dissection:
No evidence of malignancy by routine microscopic in three lymph nodes.
Immunohistochemical stains pending.

The examination of this case material and the preparation of this report were performed by the staff pathologist.

***Electronically Signed ***

, M.D. Ph.D.

Note:

Infiltrating ductal carcinoma is high grade and morphologically identical to that seen in a recent previous biopsy (). The studies for steroid receptors and HER-2/Neu overexpression were performed on the original biopsy and will not be repeated, unless otherwise requested.

Gross Description:

Three specimen are received fresh and labeled with the patient's name, "

A. Part A labeled "right breast partial mastectomy, black-cephalad, purple-medial, blue-lateral, brown-caudad". The specimen consists of a 409 gram, red-yellow fibrofatty (14.0x 13.0 x 6.0 cm.). The sutures are present as indicated. There is a palpable protruding mass in the posterior aspect of the specimen and scant skeletal muscle fibers. The mass protrudes 5 cm. beyond the remaining soft tissue plane. It is within 3.0 cm. from the caudal, 4.5 cm. to the lateral, 5.5 cm. from the medial and 7.0 cm. from the cephalad borders. The soft tissue and surrounding adipose tissue are inked black around the lesion. The lesion is mobile beneath the adipose tissue. On serial sectioning, there is a 6.0 x 4.0 x 3.8 cm. mass. It has fairly well circumscribed borders and a modeled grainy cut surface. The cut surface is yellow-pink, modeled, red-white and has a central area of calcification. There is a fleshy pink-red region

towards the cephalad portion of the tumor. It is within 0.4 cm. from the closest soft tissue margin and is slightly adherent to the portion of skeletal muscle present. The remaining parenchyma is predominantly yellow and lobular with white-pink fibrous streaks. No additional lesions are identified.

Sections are submitted as follows: "A1-2" soft tissue and tumor; "A3-7" representative sections of tumor, lateral, central, cephalad, caudal, central respectively; "A8" representative section of uninvolved parenchyma.

B. Part B is designated "lymph node axillary tissue" and consists of a red-yellow lobular portion of fibrofatty tissue, 6.5 x 5.5 x 1.6 cm. Three possible lymph nodes are identified. They are entirely submitted in "B1 and "B2" ("B1" two lymph node, "B2" one lymph node).

C. Part C is designated "sentinel node" and consists of an 8.0 x 2.5 x 1.3 cm. portion of yellow-red fibrofatty tissue. Three lymph node candidates are identified. They are bisected and entirely submitted in "C1-3".

, MD

SNOMED Code(s):

B: M850033 (Infiltrating duct carcinoma, poorly differentiated), P1100 (Excision, nos), T04000 (Breast, nos), T04010 (Female breast, nos), T04020 (Female Breast, right), M09400 (Surgical margins free of tumor) , M85002 (Intraductal carcinoma, non-infiltrating, nos), T13000 (Skeletal muscle, nos)
C: M09450 (No evidence of malignancy), P1100 (Excision, nos), T08710 (Axillary lymph node), TY8110 (Right axillary region)
D: M09450 (No evidence of malignancy) , T08000 (Lymph node, nos), Code 2 (Code 2)

Procedures/Addenda:
Immunohistochemical
Date Complete:
Date Reported:

Date Ordered:
By:

Status: Signed Out

Interpretation

Immunohistochemical Stains:

Immunohistochemical stains are performed for broad spectrum molecular weight cytokeratin cocktail on all lymph nodes.

Diagnosis:

Lymph nodes, sentinel, excision:

No evidence of metastatic carcinoma by immunohistochemistry.

Results-Comments
{Not Entered}

Final Pathologic Diagnosis:

A. Lymph node, level III, excision:

No evidence of malignancy (3 lymph nodes).

B. Breast, right, radical mastectomy:

Tumor (histologic type): Invasive ductal carcinoma.

Final size of invasive tumor: 2.4 cm

Scarff-Bloom-Richardson score:

Tubular score: 3

Nuclear score: 3

Mitotic score: 2

Total score: 8

In-situ component: Not identified.

Type: NA

Percent: NA

Architectural pattern: NA

Nuclear grade: NA

Comedo necrosis: NA

Angiolymphatic invasion: Present.

Skin and nipple: Tumor present in the dermis of the skin and nipple.

Dermal lymphatics: Angiolymphatic invasion is present.

Microcalcifications: Not identified.

Margins (distance \T\ size of involved area): Tumor is >1 cm from all margins.

Other findings:

Despite gross impression, microscopically the tumor does not invade the muscle or bone.

Lymph nodes (number positive/total number):

Ten lymph nodes negative for metastatic tumor (includes lymph nodes from part A).

Size of largest metastasis: NA

Number with extracapsular extension: NA

ER, PR: Positive, see case

HER2/neu: Negative, see case

pT4B, N0, MX

The examination of this case material and the preparation of this report were performed by the staff pathologist.

***Electronically Signed ***

, M.D.

, M.D.

Gross Description:

Received are two fixative filled containers labeled with the patient's name and medical record number.

Part A is additionally labeled "level 3 lymph nodes." The specimen consists of three fragments of yellow-tan fibroadipose tissue ranging from 1.1 to 2.2 cm in

greatest dimension. Six lymph node candidates are identified, ranging from 0.3 to 1.4 cm.

- A1 four lymph nodes entirely submitted;
- A2 two lymph nodes entirely submitted.

Part B is additionally labeled "right radical mastectomy."

Specimen type: Radical mastectomy.

Specimen dimensions: 21.2 x 20.5 x 4.1 cm with a 6.5 x 5.4 x 1.7 cm portion of rib and chest wall.

Skin: A 20.6 x 10.2 cm ellipse of skin including the nipple is present. No scar is identified, however, there is significant puckering of the skin inferior to the nipple.

Location of lesion: The location is central.

Estimated size of lesion: The lesion is approximately 4.8 x 2.9 x 2.9 cm. (for final size, see Microscopic Description)

Appearance of lesion: The tumor is firm and white.

Distance from closest margin: The tumor appears to abut the inked deep margin.

Other findings: The tumor appears to involve the included pectoralis muscle.

Blocks submitted:

- B1 nipple;
- B2 tumor to inked deep margin and chest wall muscle;
- B3 tumor to skin and tumor greatest cross section;
- B4-5 additional representative tumor;
- B6 upper inner quadrant;
- B7 lower inner quadrant;
- B8 outer lower quadrant;
- B9 outer upper quadrant;
- B10 one axillary tail lymph node bisected, entirely submitted;
- B11 three axillary tail lymph nodes entirely submitted;
- B12 three axillary tail lymph nodes entirely submitted;
- B13 chest wall bone closest to tumor after decalcification.

, M.D.

Microscopic Description:

The final diagnosis of each specimen incorporates the microscopic examination findings.

Taken:
