

1/17/11
fw

Patient

Surgical

Surg Path

CLINICAL HISTORY:

Breast cancer.

GROSS EXAMINATION:

A. "Breast tissue long stitch lateral, short stitch superior", in formalin. Tissue has been sent for ER/PR studies. A 5 x 8.5 x 5 cm fragment of breast tissue and ellipse of skin measuring 5 x 1 cm. The specimen is oriented such that a long surgical suture is present at the lateral side of breast tissue and a short surgical suture demarcates the superior portion of the specimen. The external surface of the specimen is inked in blue. The specimen has been previously sectioned revealing a densely fibrotic area of tissue with a central reddish-brown nodule measuring 1.5 x 0.8 x 0.6 cm. Th reddish nodule is 0.1 cm from the closest surgical margin.

Block Summary:

A1- representative sections of skin.
A2-A15- sections of biopsy cavity and nodule.
A16-A20- representative sections of remaining breast tissue.

B. "Apex axillary nodes", fresh. A 0.3 x 0.2 x 0.2 cm fragment of reddish-tan tissue submitted in toto in Block B1.

C. "Axillary dissection", fresh. A 6 x 6 x 2 cm aggregate of fibroadipose tissue. The specimen is oriented.

Block Summary:

C1-C5- lymph node candidates.
C6-C10- remaining fibroadipose tissue.

UUID:5F08632D-8C1D-4414-80C1-75F67F3A07AF
TCGA-B6-A0RN-01A-PR

Redacted



MICROSCOPIC EXAMINATION:

The tumor resemble that seen in the previous needle biopsies. Most of the tumor consists of nests and cords of relatively large atypical cells with round to oval vesicular nuclei and inconspicuous nucleoli and vacuolated cytoplasm. Although most of the tumor consists of solid nests and strands, a few tubules are seen. There is a cribriform intraductal component. Unequivocal vascular invasion is not identified. There is virtually no inflammatory response. Microcalcifications are seen within benign lobules.

DIAGNOSIS:

A. "BREAST TISSUE, LONG STITCH LATERAL, SHORT STITCH SUPERIOR":

BREAST WITH INFILTRATING DUCTAL CARCINOMA, 1.5 CM IN MAXIMUM DIMENTSION, NSABP HISTOLOGIC GRADE 2, NUCLEAR GRADE MODERATELY DIFFERENTIATED. INVASIVE CARCINOMA IS PRESENT IN THE INKED SURGICAL MARGIN IN BLOCKS A5 AND A11.

NO VASCULAR INVASION IS IDENTIFIED.

B. "APEX AXILLARY NODES":

ONE LYMPH NODE, NO TUMOR SEEN.

C. "AXILLARY DISSECTION":

EIGHTEEN LYMPH NODES, NO TUMOR SEEN.

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
IIFAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	REDA	REDA