

ICB-0-3

Carcinoma, infiltrating duct, NOS

8500/3

12/8/10

lw

Site Code: breast, nos C50.9

TSS:

UUID: 8F8DCA87-B27A-429C-952A-186F8D4502AE
TCGA-E2-A154-01A-PR

Redacted

SPECIMENS:

- A. SENTINEL LYMPH NODE #1 LEFT AXILLA
- B. SENTINEL LYMPH NODE #2 LEFT AXILLA
- C. LEFT BREAST WLE

SPECIMEN(S):

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- B. SENTINEL LYMPH NODE #2 LEFT AXILLA
- C. LEFT BREAST WLE

GROSS DESCRIPTION:

A. SENTINEL LYMPH NODE #1 LEFT AXILLA

Received fresh labeled with the patient's identification and "SLN #1, left axilla" is a 2.0 x 1.5 x 0.5 cm possible lymph node. The tissue is serially sectioned and touch imprints are performed. The specimen is entirely submitted, A1-A2.

B. SENTINEL LYMPH NODE #2 LEFT AXILLA

Received fresh labeled with the patient's identification and "SLN #2, left axilla" is a 1.6 x 1.4 x 0.4 cm possible lymph node. The tissue is serially sectioned and touch imprints are performed. The specimen is entirely submitted, B1.

C. LEFT BREAST

Received fresh and subsequently placed in formalin labeled with the patient's identification and "left breast" is an oriented (short-superior, long-lateral) 26 gm, 5.8 x 5.1 x 1.8 cm lumpectomy. Ink code (previously inked in OR): anterior-yellow, posterior-black, medial-green, lateral-red, superior-blue, inferior-orange. The specimen is serially sectioned into seven slices revealing a 1.5 x 1.5 x 1.3 cm stellate, gritty white tumor that is closest to the anterior margin at less than 0.1 cm. Tissue is procured. Also, identified is a second 0.5 x 0.4 x 0.2 cm, firm tan-white, suspicious nodule that is closest to the inferior margin at 0.2 cm. The second nodule is at least 0.4 cm inferior to the tumor. No additional masses are identified. Representative sections:

C1-C2-slice 7, inferior margin, perpendicular

C3-slice 6, tumor-lateral half

C4-slice 6, tumor-medial half

C5-slice 5, tumor to anterior margin

C6-C7-slice 4, tumor to anterior and posterior margins

C8-slice 2, representative posterior and lateral margins

C9-slice 1, superior margin, perpendicular

DIAGNOSIS:

A. LYMPH NODE, SENTINEL #1, LEFT AXILLA, EXCISION:

- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

B. LYMPH NODE, SENTINEL #2, LEFT AXILLA, EXCISION:

- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

C. BREAST, LEFT, WIDE LOCAL EXCISION:

- INVASIVE DUCTAL CARCINOMA, SBR GRADE 2, MEASURING 1.2-CM

- SATELLITE INVASIVE TUMOR, MEASURING 1 MM, PRESENT 2.5 MM FROM POSTERIOR

- INVASIVE TUMOR PRESENT AT ANTERIOR SURGICAL RESECTION MARGIN

SURGICAL RESECTION MARGIN

- INTERMEDIATE NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, CRIBRIFORM TYPE WITH FOCAL NECROSIS

- SEE SYNOPSIS REPORT.

SYNOPSIS REPORT - BREAST

Specimen Type: Excision

Needle Localization: No

Laterality: Left

Invasive Tumor: Present

Multifocality: Yes

WHO CLASSIFICATION

Invasive ductal carcinoma, NOS 8500/3

Tumor size: 1.2cm

Margins: Involved at

anterior

Extent: 4 mm

Tubular Score: 2

- METASTATIC CARCINOMA TO ONE OF TWELVE AXILLARY LYMPH NODES (1/12), MEASURING 3.5-CM WITH FOCAL EXTRANODAL EXTENSION
- METASTATIC CARCINOMA TO ONE OF TWO INTRAMAMMARY LYMPH NODES (1/2), MEASURING 0.8-CM WITH FOCAL EXTRANODAL EXTENSION
- SEE SYNOPTIC REPORT AND SEE NOTE.

B. LYMPH NODES, ADDITIONAL LEFT AXILLARY CONTENTS, DISSECTION:
 - ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

NOTE: Four tumor nodules are grossly identified. Microscopically 3 of them are invasive ductal carcinoma that have the same morphology and one is DCIS. The tissues in between these nodules show scattered foci of DCIS. Therefore, these foci may be interconnected through DCIS. Largest confluent invasive tumor measures 2.5-cm.

Two intramammary lymph nodes are identified, one is positive for metastatic carcinoma.

SYNOPTIC REPORT - BREAST

Specimen Type: Mastectomy
 Needle Localization: No
 Laterality: Left
 Invasive Tumor: Present
 Multifocality: Yes
WHO CLASSIFICATION
 Invasive ductal carcinoma, NOS 8500/3
 Tumor size: 2.5cm
 Tumor Site: Upper inner quadrant
 Lower inner quadrant
 Margins: Negative
 Tubular Score: 3
 Nuclear Grade: 2
 Mitotic Score: 3
 Modified Scarff Bloom Richardson Grade: 3
 Necrosis: Absent
 Vascular/Lymphatic Invasion: Indeterminate
 Lobular neoplasia: None
 Lymph nodes: Axillary dissection
 Lymph node status: Positive 2 / 15 Extranodal extension

DCIS present
 DCIS Quantity: Estimate 10%
 DCIS Type: Solid
 Cribriform
 DCIS Location: Associated with invasive tumor
 Nuclear grade: High
 Necrosis: Present

ER/PR/HER2 Results

ER: Positive
 PR: Negative
 HER2: Negative by IHC
 Performed on Case:

Pathological staging (pTN): pT 2 N 1c

CLINICAL HISTORY:

None given

PRE-OPERATIVE DIAGNOSIS:

Left breast cancer

Microscopic/Diagnostic Dictation: Pathologist

Final Review: Pathologist, ~~~~~

Final: Pathologist, i

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		