DIAGNOSIS:

1: AXILLARY CONTENTS, LEFT, RESECTION -

- METASTATIC ADENOCARCINOMA (1H, 1Q-1R and 19-17) INVOLVING THREE OF TWENTY-EIGHT LYMPH NODES (3/28), UP TO 1.5 CM (1R). WITH EXTRACAPSULAR EXTENSION (0.2 CM).
- CHANGES CONSISTENT WITH PREVIOUS FINE NEEDLE ASPIRATION SITE, SEE PRIOR

PART 2: BREAST, LEFT, SEGMENTAL MASTECTOMY -

- A. INFILTRATING DUCTAL CARCINOMA (ZA thru 21, 2M thru 20 and 2S), WITH AGSOCIATED MICROCALCIFICATIONS. THE INVASIVE TUMOR INVOLVES THE POSTERIOR RESECTION MARGIN (2A) THE INFERIOR RESECTION MARGIN (2F, 2N and 20), AND COMES TO WITHIN 0.2 CM FROM THE ANTERIOR THE TUMOR SIZE IS 3.6 X 2.5 X 1.7 CM.
- C. NOTTINGHAM SCORE 6/9 (TUBULES 3, NUCLFI 2, MITOSIS 1). D. LYMPHOVASCULAR INVASION IS PRESENT.

- DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM TYPES, NUCLEAR GRADE 2, WITH COMEDONECROSIS, ASSOCIATED MICROCALCIFICATIONS AND RETROGRADE CANCERIZATION OF LOBULES, REPRESENTING ABOUT 2% OF TUMOR VOLUME.
- DUCTAL CARCINOMA IN SITU IS PRESENT ADMIXED WITH INVASIVE TUMOR.
- ALL OTHER MARGINS OF RESECTION ARE FREE OF TUMOR.

ATYPICAL DUCTAL HYPERPLASIA

DUCTAL PAPILLOMAS

- RADIAL SCARS WITH DUCTAL EPITHELIAL HYPERPLASIA AND COLUMNAR CELL CHANGES.
- PROLIFERATIVE FIBROCYSTIC CHANGES WITH DUCTAL EPITHELIAL HYPERPLASIA, COLUMNAR CELL CHANGES AND MULTIFOCAL SCLEROSING ADENOSIS WITH ASSOCIATED MICROCALCIFICATIONS.

CHANGES CONSISTENT WITH PREVIOUS BIOPSY SITE, SEE PRIOR

IMMUNOHISTOCHEMICAL STAINING FOR ESTROGEN RECEPTOR D 2/NEU WERE PREVIOUSLY PERFORMED ON CORE BIOFSY TIERURE RECEPTOR AND HER. FOLLOWS: ESTROGEN RECEPTOR - POSITIVE, PROGESTERONE RECEPTOR - POSITIVE AND HER-2/NEU -

PART 3: BREAST, LEFT, NEW POSTERIOR-LATERAL MARGINS, EXCISION -

- A. MICROSCOPIC FOCUS OF INVASIVE DUCTAL CARCINOMA (SE), COMING TO WITHIN 0.3 CM FROM THE
- ATYPICAL DUCTAL HYPERPLASIA.

DUCTAL PAPILLOMA.

- D. RADIAL SCARS WITH DUCTAL EPITHELIAL HYPERPLASIA AND ASSOCIATED MICROCALCIFICATIONS.
- PROLIFERATIVE FIBROCYSTIC CHANGES WITH DUCKE CONTROL CHANGES AND EXTENSIVE SCLEROSING ADENOSIS WITH ASSOCIATED MULTIFOCAL MICROCALCIFICATIONS. MEDIAL CALCIFICATIONS OF BLOOD VESSEL
- NEW RESECTION MARGINS ARE FREE OF TUMOR.

CASE SYNUPSIS:

SYNOPTIC - PRIMARY INVASIVE CARCINOMA OF BREAST

PROCEDURE:

LOCATION:

Segmental

SIZE OF TUMOR

NOTTINGHAM SCORE:

Not apecified

MULTICENTRICITY/MULTIFOCALITY OF INVASIVE FOCI:

Maximum dimension invasiva component: 3.5 cm No

TUMOR TYPE (Invanive component):

Ductal adenucarcinome, NOS

Nuclear grade: 2 Tirbule formation: 3

Mitotic activity acore: 1 Total Nottingham score: 6 Notlingham grade (1, 2, 3), 2

ANGIOLYMPHATIC INVASION: DERMAL LYMPHATIC INVASION:

Not applicable

CALCIFICATION:

Yes, benign zones

TUMOR TYPE, IN SITU:

Yes, malignent zones Cribriform

Solid

DCIS admixed with invasive caminoma

SURGICAL MARGINS INVOLVED BY INVASIVE COMPONENT: Percent of lumor occupied by In situ component: 2 %

SURG MARGINS INVOLVED BY IN SITU COMPONENT:

LYMPH NODES POSITIVE: LYMPH NODES EXAMINED: No

METHOD(S) OF LYMPH NODE EXAMINATION:

SENTINEL NODE METASTASIS:

H/E stain

SIZE OF NODAL METASTASES:

Nο

LYMPH NODE METASTASIS (-ES) WITH EXTRACAPSULAR EXTENSION: Diameter of largest lymph node metastosis: 15 mm

NON-NEOPLASTIC BREAST TISSUE: ADH, Redial scur, Papillorna, FCU

N STAGE, PATHOLOGIC:

M STAGE, PATHOLOGIC:

nN1a

ESTROGEN RECEPTORS:

MX

PROGESTERONE RECEPTORS:

Positive Positive

HERZ/NEU:

2010 or 1+

Diagnosis Discrepancy imary Tumor Site Discrepancy IPAA Discrep incy rior Malignancy History 3/13/11

Carcinoma infultrating ducts, Nos 8500/3

Site: breast, NOS C50.9 3/13/11 hu

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