

105-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Site: breast, NOS C50.9 for 2/18/11

UUID: 40B58A7A-2A05-4AAF-B1D4-B418E4A56115  
TCGA-AQ-A04L-01A-PR

Redacted

## SURGICAL PATHOLOGY

### Tumor identifier

#### Diagnosis:

A: Breast, left, mastectomy

- Non-proliferative fibrocystic change
- No atypia or malignancy identified.

B: Sentinel lymph node #1, removal

- One benign lymph node, negative for malignancy.

C: Sentinel lymph node #2, removal

- One benign lymph node, negative for malignancy.

D: Breast, right, mastectomy

- Invasive ductal carcinoma, Overall grade 3. The tumor size is 2.5 cm.

No

lymphovascular space

invasion is identified. Surgical margins are free of invasive carcinoma.

- Tumor estrogen receptor positive, progesterone receptor negative.

- HER2/neu overexpressed (score=3+).

- Ductal carcinoma in situ, comedo subtype, nuclear grade 3 with

necrosis,

comprising approximately 5% of the tumor. The surgical margins are negative

for

DCIS.

#### Comment:

Additional levels of the sentinel nodes performed as per sentinel lymph node

protocol are all negative for carcinoma.

#### Clinical History:

The patient is a -year-old female with right breast carcinoma and a left breast

mass who undergoes bilateral mastectomy and sentinel node biopsy mapping.

#### Gross Description:

Received are four appropriately containers.

Container A is additionally labeled "left breast, short superior, long lateral."

Specimen fixation: received fresh and placed in formalin

| Criteria                       | Yes       | No           |
|--------------------------------|-----------|--------------|
| Diagnosis Discrepancy          |           |              |
| Primary Tumor Site Discrepancy |           |              |
| HIPAA Discrepancy              |           |              |
| Prior Malignancy History       |           |              |
| Dual/Synchronous Primary Noted |           |              |
| Case # Initial                 | QUALIFIED | DISQUALIFIED |
| Reviewed Initial               | for       | 5/31/11      |

Type of mastectomy: simple mastectomy  
Size of specimen: 21.5 x 13.5 x 3.5 cm  
Orientation of specimen: a long suture marks the lateral aspect while a short suture marks the superior aspect;  
the superficial margin is marked with blue ink and the deep resection margin is marked with black ink  
Skin ellipse dimensions: 9.4 x 3.3 x 0.2 cm; no discrete lesions or abnormalities are noted grossly  
Nipple/areola: the slightly retracted nipple measures 1.5 cm in diameter and is surrounded by a grossly unremarkable areola which measures 3.6 cm  
Axillary tail: not present  
Biopsy site: not identified  
Residual tumor: no tumor is identified grossly  
Location of tumor: not applicable  
Distance of mass/biopsy site from surgical margin: not applicable  
Gross involvement of skin of fascia/muscle by tumor: not applicable  
Description of remainder of breast: yellow/tan lobulated unremarkable adipose is admixed with focally dense and coalescing pale pink/white breast tissue without masses or nodules appreciated grossly  
Other remarkable features: none  
Tissue submitted for special investigations: none  
A1 - nipple and areola  
A2-A4 - representative sections of the lateral most adipose tissue or possible lymph node which are not identified grossly  
A5,A6 - representative sections upper/inner quadrant  
A7,A8 - representative sections of upper/outer quadrant  
A9,A10 - representative sections of lower/outer quadrant  
A11,A12 - representative sections of lower/inner quadrant  
Container B is additionally labeled "sentinel lymph node #1" and consists

of an  
ovoid, pale gray/tan lymph node measuring 1.8 x 0.8 x 0.6  
cm. The lymph  
node is  
bisected and submitted in block B1.  
Container C is additionally labeled "sentinel lymph node  
#2" and consists  
of an  
ovoid, gray/purple lymph node measuring 6 mm in greatest  
dimension. The lymph  
node  
is bisected and submitted entirely in block C1.  
Container D is additionally labeled "right breast."  
Specimen fixation: received fresh and placed in formalin  
Type of mastectomy: simple  
Size of specimen: 20.5 x 15.5 x 4.0 cm  
Orientation of specimen: a long suture marks the lateral  
aspect while a  
short  
suture marks the superior aspect;  
the superficial aspect is marked with blue ink and the deep  
resection margin is marked  
with black ink  
Skin ellipse dimensions: 13.8 x 4.2 x 0.2 cm; scars and  
lesions are not  
identified  
grossly, however, the specimen  
at the skin has previously been dyed blue at the time of  
surgery  
Nipple/areola: the grossly unremarkable nipple measures 1.5  
cm in diameter  
and is  
surrounded by an unremarkable  
4.3 cm areola  
Axillary tail: not identified grossly  
Biopsy site: not identified  
Residual tumor: A 2.5 x 2.0 x 1.8 cm indurated, pale  
gray/white,  
previously dyed blue, well  
circumscribed ovoid mass is identified.  
Location of tumor: in the outer half of the specimen, at  
the junction of the  
upper  
and lower halves  
Distance of mass/biopsy site from surgical margin: the mass  
extends to within  
5 mm

of the deep resection margin,  
is 7.5 cm from the inferior peripheral  
margin, and 8.0  
cm from the superior peripheral margin  
Gross involvement of skin of fascia/muscle by tumor: absent  
Description of remainder of breast: grossly unremarkable,  
yellow/tan  
lobulated  
adipose admixed with focally dense,  
pink/white breast tissue without additional masses  
or nodules identified  
grossly  
Other remarkable features: none  
Tissue submitted for special investigations: a 1.5 x 1.5 x  
0.8 cm fragment of  
tumor  
is submitted to Tissue  
Procurement  
D1 - nipple and areola  
D2-D4 - representative sections of the lateral most aspect  
of adipose  
tissue or  
possible lymph nodes which are  
not identified grossly  
D5,D6 - largest dimension of tumor, with closest deep  
resection margin  
D7 - additional section of tumor  
D8-D11 - representative sections of the four breast  
quadrants,  
upper/inner,  
lower/inner, lower/outer, upper/outer  
respectively  
(ec)  
Light Microscopy:  
Light microscopic examination is performed by Dr.  
Specimen A: The left breast mastectomy specimen (specimen  
A) shows  
non-  
proliferative fibrocystic change. There is no evidence of  
atypia or  
malignancy.  
(Specimen D - right breast)  
Presence/absence of invasive carcinoma: present  
Histologic tumor type/subtype: ductal  
Histologic grade:  
Overall grade - 3  
Architectural grade - 3

Nuclear grade - 3  
Mitotic grade - 3  
Focality of tumor: unifocal  
Tumor size (greatest dimension): 2.5 cm  
Tumor necrosis: focal single cell necrosis is present but  
no geographic  
zones of  
necrosis are identified  
Invasion:  
Lymphatics - not identified  
Blood vessels - not identified  
Perineural spaces - not identified  
Skin - Nipple (Paget's disease) - not identified  
Fascia/muscle - not identified  
Histologic assessment of surgical margins of invasive  
carcinoma:  
negative for  
tumor; tumor extends to within  
approximately 5 mm of the deep margin.  
Other remarkable histologic features: none  
Results of special investigations (Block #D6):  
ER (by immunohistochemistry): positive-(2+,60%)  
PR (by immunohistochemistry): negative  
C-erbB-2 (by immunohistochemistry): 3+ membranous staining  
Presence/absence of carcinoma in situ: present  
Type/subtype of carcinoma in situ: ductal, comedo subtype  
Focality of carcinoma in situ: multifocal  
If DCIS, nuclear grade/presence or absence of necrosis:  
nuclear grade 3  
with  
necrosis  
Relationship of carcinoma in situ to invasive tumor:  
associated with and  
adjacent  
to invasive carcinoma  
Relative amount of carcinoma in situ: 5%  
Presence/absence of extensive intraductal component (EIC):  
absent  
Histologic assessment of surgical margins of carcinoma in  
situ: negative for  
tumor  
Other significant findings: none  
Axillary lymph nodes: adipose tissue from the tail of the  
breast is  
submitted no  
axillary lymph nodes are identified  
Signature:

I have personally conducted the evaluation of the above  
specimens and have  
rendered the above diagnosis(es).

Electronically signed out by:

MD Date: