



Sample #

*ICP-0-3 NOS
Carcinoma, infiltrating duct
Site @ Breast NOS c50.9
8500/3
JW 5/16/13*

FINAL PATHOLOGIC DIAGNOSIS

- A. Surgical hardware, right breast, removal:
 - Implant identified, gross examination only
- B. Breast, right, modified radical mastectomy:
 - Invasive ductal carcinoma, three separate foci measuring 2.8 cm (main lesion) grade II/III, 0.7 cm (satellite #1) grade II/III and 1.1 cm (satellite #2) grade I/III, in greatest dimension, surgical margins negative (see pathologic parameters and comment below)
 - Ductal carcinoma in situ, intermediate grade, solid and papillary types, surgical margins negative
 - Uninvolved breast tissue with fibrocystic changes
 - Previous biopsy sites present
 - One of ten axillary lymph nodes involved by metastatic carcinoma (1/10)
- C. Lymph nodes, right axillary, excision:
 - Two lymph nodes, negative for carcinoma (0/2)

Breast Pathologic Parameters

1. Invasive carcinoma:
 - A. Gross measurement: Three foci - 2.8 cm (main lesion)
0.7 cm (satellite #1)
1.1 cm (satellite #2)
 - B. Composite histologic (modified SBR) grade: II/III (main and satellite #1)
I/III (satellite #2)
 - C. Associated intraductal carcinoma in situ (DCIS):
 - Within main mass (forming <10% of tumor volume)
2. Surgical margins:
 - DCIS 5.0 mm from closest margin (posterior)
 - Invasive carcinoma 5.0 mm from closest margin (posterior)
 - Additional margins widely free
3. Blood vessel and lymphatic invasion: Present in breast parenchyma
4. Nipple: Unremarkable
5. Skin: Uninvolved
6. Skeletal muscle: Absent
7. Axillary lymph nodes:
 - Current specimen
 - One of twelve lymph nodes involved by metastatic carcinoma (1/12)
 - Size of largest metastatic deposit: 1.0 cm
 - Extranodal extension: Present (1.0 mm; largest focus)
 - Sentinel node biopsies (

- Two of five sentinel lymph nodes involved by metastatic carcinoma (2/5)
- Size of largest metastatic deposit: 1.0 cm
- Extranodal extension: Absent
- Total: Three of seventeen lymph nodes involved by metastatic carcinoma (3/17)

8. Special studies (see _____):

- ER: Strong expression in >90% of invasive tumor nuclei (all three lesions)
- PR: Strong expression in >90% of invasive tumor nuclei (all three lesions)

- HER2 antigen (FISH): - Main lesion: Non-amplified (ratio: 1.2)
- Satellite #1: Non-amplified (ratio: 1.5)
- Satellite #2: (IHC): negative (0 - 1+)
- Ki67: - Main lesion: 20%
- Satellite #1: 20%
- Satellite #2: 10%

9. pTNM (AJCC, 7th edition, 2010): pT2(m), N1a, MX

Effective _____ this Checklist utilizes the 7th edition TNM staging system for breast of the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC).

Clinical History:
Right Breast Cancer

Comment

P63 and myosin heavy chain immunohistochemical stains are performed and show a loss of myoepithelium associated with the invasive component.

Specimens Received:

- A: Right breast implant
- B: Right breast with axillary contents
- C: Additional nodes right axilla

Gross Description:

The specimens are received in three containers each labeled with the patient's name and medical record number.

A. The first container is additionally identified as, 'right breast implant'. Received in container is a 14 x 14 x 4.5 cm white, round, plastic hardware filled with liquid material. Gross photograph is taken. The specimen is for gross evaluation only.

B. The second container is additionally identified as, 'right breast with axillary contents'. Received fresh and placed in formalin is a 268 gm simple mastectomy specimen. There is a 15 x 6.5 cm capsule pocket implant in posterior inferior aspect of specimen. The specimen is oriented with a double short suture designating the superior aspect and a double long suture designating the lateral aspect. The breast measures 15.5 cm from medial to lateral, 14 cm from superior to inferior, and 2.3 cm from anterior to posterior. On the anterior surface is 13.3 x 5.3 cm yellow-tan ellipse of skin with a 4.8 x 3.8 cm areola and a 1.3 x 1 cm raised nipple. The nipple-areolar complex reveals no evidence of ulceration or retraction.

The specimen is inked as follows:

anterior-superior - blue;

anterior-inferior - green;

posterior - black.

The specimen is serially sectioned from lateral (slice #1) to medial into 13 slices to reveal a 2.8 x 1.8 x 1.5 cm grey-tan, irregular-shaped, rubbery lesion (lesion #1) in slices #6 through #8, which is 0.3 cm from deep margin. There is a 1.1 x 1.0 x 0.3 cm pink-tan, oval nodule (lesion #2) in slice #7, which abuts the capsule pocket and less than 0.5 cm from lesion #1. There is a hemorrhagic area of dense parenchyma measuring 2.8 x 1.5 x 1 cm in slices #9 through #10, which is 1.2 cm from the deep margin. The remainder of the specimen consists of approximately 30 % dense gray-white fibrous breast parenchyma and 70 % lobulated yellow adipose tissue. No additional masses or nodules are grossly identified. Multiple gray-tan, rubbery axillary lymph nodes ranging from 0.3-1.2 cm are dissected.

Block summary:

B1: nipple

B2: skin adjacent to lesion #1, slice 7

B3: Lesion #1, slice 6

B4: Lesion #1, slice 7

B5: Lesion #1, slice 8

B6: Lesion #2 and adjacent lesion #1, slice 7

B7: Lesion #3, slice 9

B8: Lesion #3, slice 10

B9: upper-outer quadrant slice 4

B10: lower-outer quadrant slice 5

B11: upper-inner quadrant slice 8

B12: lower-inner quadrant slice 11
 B13: 4 lymph nodes
 B14-B15: 3 lymph nodes
 B16: One lymph node, trisected
 B17: One lymph node, bisected
 B18-B19: One lymph node, serial section
 B20: 4 lymph nodes

C. The third container is additionally identified as, 'additional nodes right axilla'. Received fresh and placed in formalin are 2 yellow-tan, soft tissue fragments measuring 0.5-1.5, which are entirely submitted as C1.

_ MD, PhD

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	4/12/13	