

ICD-0-3

Carcinoma, infiltrating duct. NOS 8500/3

Site: breast, NOS C50.9 Jw 4/27/11

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TCGA-A7-A26I-01A-PR

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Date Coll:

SURGICAL PATHOLOGY REPORT

SPECIMEN

- A. Left axillary sentinel node
- B. Left breast mass Long stitch anterior, short stitch superior

CLINICAL NOTES

PRE-OP DIAGNOSIS: Left breast cancer
CLINICAL HISTORY: year-old white female with breast cancer
POST-OP DIAGNOSIS: Left breast cancer

GROSS DESCRIPTION

A. Received fresh labeled "left axillary sentinel nodes" are two slightly rubbery tan-white-pink tissues in keeping with lymph nodes measuring 0.6 and 1.0 cm. in greatest dimension. The specimens are bisected and entirely submitted independently in two blocks (one bisected tissue per cassette).

B. Received fresh within a TranSpec container labeled "left breast mass" is a 7.3 cm. (medial to lateral) x 6.5 cm. (superior to inferior) x 3.7 cm. (anterior to posterior), soft, lobulated tan gold-white portion of fibroadipose tissue with two sutures as stated previously. The margins are inked as follows: Anterior - blue, posterior - black, superior - green, and inferior orange. The specimen is sectioned from medial to lateral. There is a central, moderately well-circumscribed, 3.2 cm. (medial to lateral) x 2.5 cm. (superior to inferior) x 2.4 cm. (anterior to posterior), firm tan white tumor mass with several central associated cylindrical tan white structures in keeping with cyte of prior needle core biopsy. A portion of tumor and a portion of normal parenchyma are submitted for tissue procurement as requested. The tumor appears to focally extend to within 0.3 cm. of both the anterior and posterior inked margins. The cut surfaces throughout the remainder of the specimen consist predominantly of glistening lobulated golden yellow adipose tissue with a minimal amount of interspersed dense tan-white fibrous tissue. No additional abnormality is noted. Representative sections are submitted in a sequential manner from medial to lateral in 10 blocks as labeled.

BLOCK SUMMARY: 1 - Representative perpendicular sections medial margin cap; 2-9 sequential sections; 10 - representative perpendicular sections lateral margin cap.

MICROSCOPIC DESCRIPTION

A. Microscopic examination involved the evaluation of the four H&E stained sections of each of the tissue blocks. Also pan cytokeratin AE1/AE3 immunohistochemical stains were evaluated of each tissue block and no metastatic tumor was identified in any of the examined sections (0/2) (snpN0).

B. Microscopic examination of the left breast lumpectomy specimen reveals:

Invasive Carcinoma: Present.

Histologic type: Infiltrating ductal.

Histologic grade: Elston's SBR grade 2.

Overall grade: 2

Architectural score: 2

Nuclear score: 2

Mitotic score: 2

Greatest dimension (pT): 3.2 cm. in greatest dimension (pT2).

Specimen margins: The resection margins are negative for carcinoma with the closest resection margins being superior and anterior where invasive tumor is 2 mm. from the resection margin. Tumor is 3 mm from the posterior resection margin.

Vessel invasion: Not identified.

Calcification: Present.

Ductal carcinoma in situ: Present.

Histologic pattern: Solid with cancerization of lobules.

Nuclear grade: High grade.

Central necrosis: Absent.

% DCIS of total tumor (if mixed): Less than 10%.

Extensive intraductal component (present/absent): Absent.

Specimen margins: DCIS is 2 mm from the anterior and superior margins and 3 mm from the posterior margin.

Calcification: not identified.

Description of non-tumorous breast: Fibrosis, apocrine metaplasia and microcysts with sclerosing adenosis.

Prognostic markers: Have been reported previously on the core biopsy see

4x2, 20x1

DIAGNOSIS

A. Left axillary sentinel lymph nodes, biopsy:

Two lymph nodes negative for metastatic tumor (0/2).

B. Left breast, lumpectomy:

Invasive ductal carcinoma, Elston's SBR grade 2, tumor size 3.2 cm.

Associated high grade solid ductal carcinoma in-situ.

Invasive and in-situ carcinoma are 2 mm from the resection margins designated superior and anterior and 3 mm from the resection margin designated posterior.

No lymphovascular space invasion identified.

See microscopic description.

(Electronic Signature)

--- End Of Report ---

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HI/AA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	AW	4/27/11
Date Reviewed	4/27/11	