### Patient: J

Surgical Pathology: Additional Info

# Surg Path

CLINICAL HISTORY: Left breast carcinoma.

## UUID:1E498731-FE74-493E-A330-477643800305 TCGA-B6-A0I1-01A-PR Redacted

#### GROSS EXAMINATION:

A. "Left breast tissue  $3.5 \times 2 \times 2$  AF1", received fresh. A previously incised unoriented 5.4 x 4.8 x 3.5 cm portion of yellow-white fibrofatty tissue. There is a 3.5  $\times$  2  $\times$  2 cm firm variegated yellow-gray sabulous mass focally abutting the margin. Representative tissue from the mass is frozen as AF1, the remnant is submitted as A1. The majority of the remainder of the mass is submitted as A2-A5.

B. "Left breast", received fresh. A 10360 gram 33 x 21 x 5. 5 cm mastectomy composed of a 29 x 16.3 cm ellipse of tan brown skin with underlying 28 x  $2\overline{1}$  x 5.5 cm of fibrofatty breast tissue and contiguous 9.0 x 5.8 x 2.4 cm of axillary contents. There is a central 5.5 cm areolar with a central everted 1.3 cm nipple. 6 cm lateral to the edge of the areolar is an 8 cm freshly sutured incision. The surgical margin is marked with blue ink and the specimen is sectioned to reveal an approximately 6 cm diameter cavity 0.6 cm subjacent to the previously described skin incision. The cavity is within 1.4  ${\it cm}$  of the deep margin and 3  ${\it cm}$  from the closest soft tissue margin (inferior). The biopsy cavity is in the outer half of the specimen and has slightly indurated borders but no residual tumor grossly appreciated. The remainder of the breast parenchyma is composed primarily of yellow adipose tissue intermixed with focal dense pink fibroconnective tissue and no additional lesions noted.

#### Block Summary:

B1 - Nipple

B2 - Edge of incision and underlying cavity.

B3 - Cavity in relationship to deep margin.

B4 - Representative of closest soft tissue margin (inferior).

B5-6 Representative random cavity wall.

B7 - Random lower outer quadrant.

Random upper outer quadrant.

B9 - Representative central parenchyma.

B10 - Lower inner quadrant.

B11 - Upper inner quadrant.

B12 - One lymph node candidate, proximal.

B13 - Four lymph node candidates, mid

B14 - One bisected lymph node candidate, mid.

B15-17 Largest section of lymph node candidate, mid (4.7 x 2.4 x 0.9 cm.

B18 - Two lymph node candidates, distal.

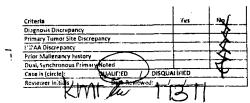
### INTRA OPERATIVE CONSULTATION:

A. "Left breast tissue": AF1 - invasive carcinoma present

#### DIAGNOSIS:

A. "LEFT BREAST TISSUE" (EXCISIONAL BIOPSY):

INFILTRATING CARCINOMA PRESENT, HISTOLOGIC TYPE DUCTAL. N.S.A.B.P. NUCLEAR GRADE 3 OF 3. N.S.A.B.P. HISTOLOGIC GRADE 3 OF 3. GROSS TUMOR SIZE: 3.5 X 2 X 2 CM. SIZE OF INVASIVE COMPONENT: 3.5 X 2 X 2 CM. LYMPHATIC/VASCULAR INVASION: ABSENT. MULTIFOCAL TUMOR: ABSENT.



IN-SITU CARCINOMA: PRESENT, OCCUPYING 50% OF TUMOR (SEE COMMENT).

TYPE OF IN-SITU CARCINOMA: COMEDO, MICROPAPILLARY.

SIZE OF IN-SITU CARCINOMA: APPROXIMATELY SIZE OF BIOPSY (5.4 CM).

EXTENSIVE INTRADUCTAL COMPONENT: PRESENT.

STATUS OF NON-NEOPLASTIC BREAST TISSUE: NOT APPLICABLE. SIZE OF BIOPSY: 5.4 X 4.8 X 3.5 CM. MICROCALCIFICATIONS: FOCALLY PRESENT. SURGICAL MARGIN STATUS: NOT EVALUATED.

ESTROGEN/PROGESTERONE RECEPTOR AND CELL CYCLE ANALYSIS: PENDING. METHODOLOGY: IMMUNOHISTOCHEMISTRY, PARAFFIN BLOCK A4. RESULTS WILL BE ISSUED IN AN ADDENDUM.

COMMENT: The tumor mass is a complex admixture of invasive and in-situ carcinoma. The exact percentage of invasive carcinoma is difficult to determine with certainty, but is estimated at approximately 50%.

### B. "LEFT BREAST" (MODIFIED RADICAL MASTECTOMY):

RESIDUAL INFILTRATING CARCINOMA ABSENT.

RESIDUAL IN SITU CARCINOMA PRESENT.

TYPE OF IN-SITU CARCINOMA MICROPAPILLARY.

SIZE OF IN-SITU CARCINOMA: SEE COMMENT, EXTENSIVE.

NIPPLE STATUS, FREE OF TUMOR. SKIN STATUS, FREE OF TUMOR. MUSCLE STATUS, NOT SAMPLED. STATUS OF NON-NEOPLASTIC BREAST TISSUE: FIBROCYSTIC CHANGES. SURGICAL MARGIN STATUS: NEGATIVE.

LYMPH NODE STATUS: SEVEN LYMPH NODES, NO EVIDENCE OF MALIGNANCY (0/7).

COMMENT: Random sections around the biopsy site show foci of residual in-situ carcinoma. In addition, a random section in the central breast several cm away from the biopsy site is also positive for in-situ carcinoma, indicating a rather large area involved by residual in-situ disease. The margins of resection are negative, however.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

### Electronically signed.

### ADDENDUM 1:

Tissue was sent to the image cytometry laboratory for assay of the estrogen and progesterone receptors. The estrogen receptor activity was judged to be negative with an estimated FMOL value of 0. The progesterone receptor activity was judged as negative with an estimated FMOL value of 0. Please refer to For a complete report.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

Electronically :