

PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Invasive ductal carcinoma in the left breast at 10 o'clock. Calcifications and atypia at 12 o'clock.
LMP DATE: Not listed.

PROCEDURE: Left segmental mastectomy, sentinel lymph node biopsy, excisional biopsy.

SPECIFIC CLINICAL QUESTION: Not listed.

OUTSIDE TISSUE DIAGNOSIS: No.

PRIOR MALIGNANCY: No.

CHEMORADIATION THERAPY: No.

OTHER DISEASES: No.

Carcinoma, Infiltrating duct, NOS 8500/3

Site Code: breast, UIQ - C50.2

CQCF: breast, NOS C50.9 (Upper inner quadrant)

UUID: 01E8D241-C303-47FA-B484-B800D580B34C
TCGA-BH-A18I-01A-PR

Redacted

**FINAL DIAGNOSIS:****PART 1: LEFT BREAST, 10 O'CLOCK, SEGMENTAL MASTECTOMY -**

- A. TWO FOCI OF INVASIVE DUCTAL CARCINOMA, NO SPECIAL TYPE.
- B. NOTTINGHAM GRADE 2 (TUBULE FORMATION: 2, NUCLEAR PLEOMORPHISM: 3, MITOTIC ACTIVITY: 2; TOTAL SCORE: 7/9).
- C. THE DOMINANT MASS OF INVASIVE CARCINOMA MEASURES 1.9 CM IN LARGEST DIMENSION.
- D. THE SATELLITE FOCUS MEASURES 0.6 CM AND IS PRESENT 0.5 CM AWAY FROM THE MAIN MASS.
- E. DUCTAL CARCINOMA IN-SITU (DCIS), NUCLEAR GRADE 2, CRIBRIFORM TYPE.
- F. THE DCIS CONSTITUTES 10% OF THE TOTAL TUMOR VOLUME AND IS ADMIXED WITH INVASIVE COMPONENT.
- G. NO LYMPHOVASCULAR SPACE INVASION IS NOTED.
- H. THE INVASIVE CARCINOMA (DOMINANT MASS) FOCALLY EXTENDS TO THE SUPERIOR MARGIN AND IS <0.1 CM TO THE POSTERO-INFERIOR MARGIN.
- I. THE SATELLITE FOCUS OF INVASIVE CARCINOMA IS 0.15 CM FROM THE POSTERIOR MARGIN.
- J. FLAT EPITHELIAL ATYPIA.
- K. CALCIFICATIONS ARE ASSOCIATED WITH INVASIVE CARCINOMA AND BENIGN BREAST PARENCHYMA.
- L. THE NON-NEOPLASTIC BREAST SHOWS FLORID DUCTAL HYPERPLASIA, COLUMNAR CELL CHANGE AND FIBROCYSTIC CHANGES.
- M. PREVIOUS BIOPSY SITE CHANGES.
- N. THE INVASIVE TUMOR CELLS ARE POSITIVE FOR ESTROGEN RECEPTOR (H-score 240) AND POSITIVE FOR PROGESTERONE RECEPTOR (H-score 240) AND NEGATIVE FOR HER-2, AS PER PREVIOUS PATHOLOGY REPORT

PART 2: LEFT BREAST, 12 O'CLOCK, BIOPSY -

- A. FLORID DUCTAL HYPERPLASIA.
- B. COLUMNAR CELL CHANGES AND HYPERPLASIA.
- C. RADIAL SCAR.
- D. FIBROADENOMATOID AND FIBROCYSTIC CHANGES.
- E. NO RESIDUAL ATYPIA SEEN.
- F. PREVIOUS BIOPSY SITE.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
hPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Notes		
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials	Date Reviewed: 10/2/11	

PART 3: LEFT SENTINEL LYMPH NODE #1, BIOPSY -

- A. ONE LYMPH NODE, POSITIVE FOR METASTATIC TUMOR (1/1).
- B. THE METASTATIC FOCUS MEASURES 0.6 CM IN LARGEST DIMENSION.
- C. FOCAL EXTRACAPSULAR EXTENSION (<0.1 CM) IS IDENTIFIED.

PART 4: LEFT SENTINEL LYMPH NODE #2, BIOPSY -

TWO LYMPH NODES, NEGATIVE FOR METASTATIC TUMOR (0/2).

COMMENT:

The invasive tumor nuclear grade is variable and ranges from nuclear grade 2 to nuclear grade 3. The highest grade is taken into account for Nottingham scoring and grading.

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis.

Antibody/Antigen**Result**

E-cadherin

Membranous reactivity in invasive tumor cells

P120

Membranous reactivity in invasive tumor cells

Utilizing formalin-fixed (8-96 hour range), paraffin embedded tissue, immunohistology is performed with the following selected antibodies and designated antibody clone(s), directed against the following antigenic target(s), with adequate positive and negative internal and external controls. Antibodies are optimized appropriate for fixation times.

ANTIBODY	CLONE	TARGET ANTIGEN	VENDOR
E-cadherin	36	Ductal Carcinoma	
P120	98	Lobular carcinoma	

CASE SYNOPSIS:**SYNOPTIC - PRIMARY INVASIVE CARCINOMA OF BREAST**

LATERALITY: Left
PROCEDURE: Segmental
LOCATION: Clock position: 10.00
SIZE OF TUMOR: Maximum dimension invasive component: 19 mm
MULTICENTRICITY/MULTIFOCALITY OF INVASIVE FOCI: Yes
TUMOR AGGREGATE SIZE: Sum of the sizes of multiple invasive tumors: 2.5 mm
TUMOR TYPE (invasive component): Ductal adenocarcinoma, NOS
NOTTINGHAM SCORE: Nuclear grade: 3
Tubule formation: 2
Mitotic activity score: 2
Total Nottingham score: 7
Nottingham grade (1, 2, 3): 2
ANGIOLYMPHATIC INVASION: No
DERMAL LYMPHATIC INVASION: Not applicable
CALCIFICATION: Yes, benign zones
Yes, malignant zones
TUMOR TYPE, IN SITU: Cribriform
DCIS admixed with invasive carcinoma
Percent of tumor occupied by in situ component: 10 %
SURGICAL MARGINS INVOLVED BY INVASIVE COMPONENT: Yes, focal
SURG MARGINS INVOLVED BY IN SITU COMPONENT: No
LYMPH NODES POSITIVE: 1
LYMPH NODES EXAMINED: 3
METHOD(S) OF LYMPH NODE EXAMINATION: H/E stain
SENTINEL NODE METASTASIS: Yes
SIZE OF NODAL METASTASES: Diameter of largest lymph node metastasis: 6 mm
LYMPH NODE METASTASIS(-ES) WITH EXTRACAPSULAR EXTENSION: Yes, Maximum size is: 0.75mm
NON-NEOPLASTIC BREAST TISSUE: FCD
T STAGE, PATHOLOGIC: pT1c
N STAGE MODIFIER: (sn)
N STAGE, PATHOLOGIC: pNX
M STAGE: Not applicable
ESTROGEN RECEPTORS: positive, H-score: 240
PROGESTERONE RECEPTORS: positive, H-score: 240
HER2/NEU: 1+
Comment: The tumor pN stage is at least pN1. Since the sentinel node is positive, a final N stage will be assigned after complete lymph node dissection.