

ICD-0=3  
Carcinoma, infiltrating cribriform 8201/3  
Site: breast, NOS 850.9

1/5/15 Hostu lw

## Surg Path

### CLINICAL HISTORY:

Right breast FNA negative. 2 x 1.5 cm tumor. Oriented by Dr. grossly.

### GROSS EXAMINATION:

A. "Right breast biopsy", in formalin. The specimen consists of a 6.0 x 3.8 x 2.8 cm sample of firm, yellow-white, fibroadipose tissue that is received previously incised. The specimen was oriented grossly by Dr. , and the lateral operative margin inked in blue, medial operative margin inked in black, and the anterior operative margin inked in red. The specimen is sectioned superiorly to inferiorly revealing a firm, white scuirrious uniform lesion with irregular borders extending up to 2 cm in greatest dimension. The lesion abuts the medial and inferior operative margins. The specimen is submitted in toto in Blocks A1-A13 from inferior to superior and anterior to posterior.

Also received is a sample of firm, yellow-white fibroadipose tissue measuring 4.3 x 4.0 x 1.3 cm in size. The sample is oriented by Dr. and the new surgical margin is inked in blue and the old surgical margin is inked in black. The new surgical margin represents the true margins. Serial sectioning reveals a firm, white, infiltrative lesion extending through much of the specimen and abutting the blue inked surgical margin. Submitted in toto in Blocks A14-A20.

Samples of the lesion were obtained for ER/PR studies.  
Dr.

### DIAGNOSIS:

A. "RIGHT BREAST BIOPSY" (EXCISIONAL BIOPSY):

INFILTRATING CARCINOMA PRESENT, HISTOLOGIC TYPE, DUCTAL.  
N.S.A.B.P. HISTOLOGIC GRADE, 2 OF 3.  
N.S.A.B.P. NUCLEAR GRADE, 2 OF 3.  
GROSS TUMOR SIZE, 2 CM.  
SIZE OF INVASIVE COMPONENT, 2 CM.  
DUCTAL IN-SITU CARCINOMA, EXTENSIVE.  
MULTIFOCAL TUMOR, NO.  
TYPE OF IN SITU CARCINOMA, NON-COMEDO SUBTYPES.  
SIZE OF IN SITU CARCINOMA, 2 CM.

STATUS OF NON-NEOPLASTIC BREAST TISSUE, APOCRINE METAPLASIA AND DUCT  
ECTASIA.

LYMPHATIC/VASCULAR INVASION, NOT PRESENT.  
SURGICAL MARGIN STATUS, NEGATIVE.  
MICROCALCIFICATIONS NOT PRESENT.

ESTROGEN/PROGESTERONE AND CELL CYCLE ANALYSIS PENDING, YES.  
METHODOLOGY, FRESH TISSUE. SEE NOTE.  
RESULTS WILL BE ISSUED IN AN ADDENDUM.

NOTE: The original biopsy specimen shows carcinoma in situ to both lateral and medial margins. The reexcision specimen shows operative margins to be free of malignancy. This specimen shows a single small focus of residual invasive carcinoma, infiltrating ductal type, N.S.A.B.P. histologic grade 2, nuclear grade 2, and residual intraductal carcinoma of non-comedo type. Breast tissue away from the carcinoma in this specimen shows blunt duct adenosis and a small radial scar.

Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIPAA Discrepancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prior Malignancy History	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dual/Synchronous Primary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Case Is (clin.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reviewer Initials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

per TSS path discrepancy form, TCGA tumor is cribriform

UID:84ABBA4A-35F0-46C4-BDB0-64C033AFD1A8  
TCGA-B6-A0X0-01A-PR Redacted



Verified by: [REDACTED]

Pager#

Date Signed:

ADDENDUM 1:

Tissue was sent to the [REDACTED] for assay of the Estrogen and Progesterone receptors. The Estrogen receptor was judged as positive with an estimated fmol value of 166. The Progesterone receptor was judged as positive with an estimated fmol value of 11. Please report to [REDACTED] for more complete details.

Verified by:

Pager

Date Signed:

# TCGA Pathologic Diagnosis Discrepancy Form

V4.00

**Instructions:** The TCGA Pathologic Diagnosis Discrepancy Form should be completed when the pathologic diagnosis documented on the initial pathology report for a case submitted for TCGA is inconsistent with the diagnosis provided on the Case Quality Control Form completed for the submitted case.

Tissue Source Site (TSS): \_\_\_\_\_ TSS Identifier: \_\_\_\_\_ TSS Unique Patient Identifier: \_\_\_\_\_

Completed By (Interviewer Name on \_\_\_\_\_) Completed Date: \_\_\_\_\_

## Diagnosis Information

#	Data Element	Entry Alternatives	Working Instructions
1	Pathologic Diagnosis Provided on Initial Pathology Report	<u>Infiltrating Carcinoma</u> <u>Present, Ductal</u>	Provide the diagnosis/ histologic subtype(s) documented on the initial pathology report for this case. If the histology for this case is mixed, provide all listed subtypes.
2	Histologic features of the sample provided for TCGA, as reflected on the CQCF.	<u>CribriForm</u>	Provide the histologic features selected on the TCGA Case Quality Control Form completed for this case.

## Discrepancy between Pathology Report and Case Quality Control Form

3	Provide the reason for the discrepancy between the pathology report and the TCGA Case Quality Control Form.	<u>Sample Submitted</u> <u>Reviewed and</u> <u>agreed that it is</u> <u>CribriForm.</u>	Provide a reason describing why the diagnosis on the initial pathology report for this case is not consistent with the diagnosis selected on the TCGA Case Quality Control Form.
4	Name of TSS Reviewing Pathologist or Biorepository Director	_____	Provide the name of the pathologist who reviewed this case for TCGA.

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.

\_\_\_\_\_  
TSS Reviewing Pathologist or Biorepository Director

\_\_\_\_\_  
Date

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled. The Attending Pathologist or the Department Chairman has been informed or is aware of the above discrepancy in diagnoses.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date