

1CD-0-3

carcinoma, infiltrating duct, nos 8500/3  
Site: breast, nos C50.9 lw 5/24/11

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary		<input checked="" type="checkbox"/>
Case is (circled):	<input checked="" type="checkbox"/> QUALIFIED	<input type="checkbox"/> DISQUALIFIED
Reviewer Initials	MB	Date Reviewed: 5/20/11

## DIAGNOSIS

### (A) RIGHT AXILLARY SENTINEL LYMPH NODE #1, BIOPSY:

One lymph node, no tumor present (0/1). (See Comment)

### (B) RIGHT BREAST, SEGMENTAL MASTECTOMY:

INVASIVE DUCTAL CARCINOMA, INTERMEDIATE NUCLEAR GRADE. (SEE COMMENT)

INVASIVE TUMOR MEASURES 1.6 CM IN THE LARGEST DIMENSION.

No definite lymphovascular invasion identified.

ASSOCIATED DUCTAL CARCINOMA IN SITU (DCIS), INTERMEDIATE GRADE, SOLID AND CRIBRIFORM TYPES WITH FOCAL NECROSIS, COMPRISING LESS THAN 10% OF TUMOR AND FOCALLY EXTENDING INTO ADJACENT BREAST TISSUE.

Focal fibrosis and hemosiderin deposition consistent with previous biopsy procedure.

Tumor does not approach surgical margins.

Entire report and diagnosis completed by I

## COMMENT

Although the invasive tumor appears otherwise to be of low nuclear grade, scattered mitotic figures are readily identified. There is some prominent retraction artifact, making assessment of lymphovascular invasion difficult. No definite lymphovascular invasion is identified. The tumor has a central area of sclerosis comprising approximately 20% of the tumor. This is not as prominent as in the tumors described as "centrally necrotizing carcinomas" or "carcinomas with large central acellular zones," but the clinical significance is unclear.

Immunostains for keratin performed on the sentinel lymph node (blocks A1-A2) are negative.

Tumor marker studies were reported previously (see

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TCGA-GM-A2DK-01A-PR

Redacted



## GROSS DESCRIPTION

(A) SENTINEL LYMPH NODE #1, BLUE, EX VIVO 110, IN VIVO 105 - A single lymph node (1.0 x 1.0 x 0.6 cm). The specimen is serially sectioned and entirely submitted in A1-A2.

(B) RIGHT SEGMENTAL MASTECTOMY, SHORT STITCH SUPERIOR, LONG STITCH LATERAL, PURPLE INK DEEP MARGIN - An oriented right segmental mastectomy specimen (6.0 x 6.0 x 5.0 cm). The specimen is oriented with a short stitch superior, long stitch lateral, and purple ink at the deep margin. Attached to the specimen is an unremarkable ellipse of skin (3.5 x 1.5 cm).

The specimen is serially sectioned sequentially from lateral to medial into 10 slices. In the middle portion of the specimen, centrally located in the slices, a solid white firm lesion (1.5 x 1.3 cm) is present approximately 1.5 cm from the superior margin, 1.5 cm from the inferior margin, 1.0 cm from the superficial margin, and 2.5 cm from the deep margin.

The remainder of the specimen appears grossly unremarkable.

INK CODE: Superior - blue, inferior - green, superficial - yellow, medial and lateral - red, and deep - black.

SECTION CODE: B1, tumor; B2, skin and superficial; B3, superior margin; B4, inferior margin; B5, deep margin; B6, B7, tumor; B8, adjacent to the tumor, more medial; B9, adjacent to the tumor, more lateral; B10, B11, representative sections, perpendicular, most lateral aspect; B12, B13, representative sections, perpendicular, most medial aspect.

## CLINICAL HISTORY

Right breast cancer.

## SNOMED CODES

04050, M-85003

"Some tests reported here may have been developed and performance characteristics determined by  
These tests have not been specifically cleared or approved by the U.S. Food and Drug Administration."

Released by: \*\*\*

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