

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: 1.2-cm mass posterior 12 o'clock right breast. Core biopsy invasive ductal carcinoma.
LMP DATE: Not provided.
PROCEDURE: Right segmental mastectomy/sentinel lymph node biopsies
SPECIFIC CLINICAL QUESTION: Not provided.
OUTSIDE TISSUE DIAGNOSIS: No.
PRIOR MALIGNANCY: No.
CHEMORADIATION THERAPY: No.
OTHER DISEASES: No.

Carcinoma, infiltrating duct, NOS 8500/3
Site code: breast, NOS C50.9

UUID: 771497E1-473E-421A-A149-CFA58E95B728
TCGA-BH-A18F-01A-PR

Redacted



ADDENDA:

Addendum

There are a few satellite nodules ranging in size from 0.5-2 mm, which measure 0.5-1.2 cm from the main dominant nodule. These satellite nodules are the nodules that are seen closest to the margins, as reported.

FINAL DIAGNOSIS:

PART 1: BREAST, RIGHT, SEGMENTAL MASTECTOMY -

- A. INVASIVE DUCTAL CARCINOMA (see comment).
- B. NOTTINGHAM GRADE 3 (TUBULE FORMATION 3, NUCLEAR PLEOMORPHISM 3, MITOTIC ACTIVITY 3); TOTAL SCORE 9/9).
- C. THE INVASIVE TUMOR MEASURES 1.1 CM IN GREATEST DIMENSION (ON SLIDE 1K).
- D. NO DUCTAL CARCINOMA IN-SITU (DCIS) IS IDENTIFIED.
- E. NO LYMPHOVASCULAR SPACE INVASION IS IDENTIFIED.
- F. RESECTION MARGINS ARE NEGATIVE FOR INVASIVE CARCINOMA; INVASIVE CARCINOMA MEASURES LESS THAN 1 MM FROM THE ANTERIOR AND INFERIOR MARGINS, 1 MM FROM THE MEDIAL MARGIN, AND 1.5 MM FROM THE POSTERIOR MARGIN.
- G. SKIN, NEGATIVE FOR TUMOR.
- H. ATYPICAL DUCTAL HYPERPLASIA.
- I. CALCIFICATIONS ASSOCIATED WITH INVASIVE CARCINOMA.
- J. FIBROCYSTIC CHANGES WITH DUCTAL EPITHELIAL HYPERPLASIA AND COLUMNAR CELL ALTERATIONS.
- K. CHANGES CONSISTENT WITH PRIOR BIOPSY SITE.
- L. THE INVASIVE TUMOR CELLS ARE NEGATIVE FOR ESTROGEN AND PROGESTERONE RECEPTORS AND ALSO NEGATIVE FOR HER-2/NEU (SCORE 0), AS PER PREVIOUS REPORT.

PART 2: AXILLA, RIGHT, CYST EXCISION - EPIDERMAL INCLUSION CYST.

PART 3: LYMPH NODE, RIGHT AXILLARY, SENTINEL #1, BIOPSY - ONE LYMPH NODE, NEGATIVE FOR METASTATIC CARCINOMA (0/1).

PART 4: LYMPH NODE, RIGHT AXILLARY, SENTINEL #2, BIOPSY - ONE LYMPH NODE, NEGATIVE FOR METASTATIC CARCINOMA (0/1).

PART 5: LYMPH NODE, RIGHT AXILLARY, SENTINEL #3, BIOPSY - ONE LYMPH NODE, NEGATIVE FOR METASTATIC CARCINOMA (0/1).

COMMENT:

The triple negative invasive tumor was reported to be positive for basal markers, as per previous report. Although the mass grossly measured 1.4 cm by gross examination, the tumor is best estimated to be 1.1 cm based on the microscopic measurement from slide 1K.

CASE SYNOPSIS:

SYNOPTIC - PRIMARY INVASIVE CARCINOMA OF BREAST

LATERALITY: Right
PROCEDURE: Segmental
LOCATION: Clock position: 12 o'clock
SIZE OF TUMOR: Maximum dimension invasive component: 11 mm
MULTICENTRICITY/MULTIFOCALITY OF INVASIVE FOCI: No
TUMOR TYPE (invasive component): Ductal adenocarcinoma, NOS, Other Type(s): Basal-like phenotype confirmed by IHC on biopsy
NOTTINGHAM SCORE: Nuclear grade: 3
Tubule formation: 3
Mitotic activity score: 3
Total Nottingham score: 9
Nottingham grade (1, 2, 3): 3
ANGIOLYMPHATIC INVASION: No
DERMAL LYMPHATIC INVASION: No
CALCIFICATION: Yes, malignant zones
SURGICAL MARGINS INVOLVED BY INVASIVE COMPONENT: No
Distance of invasive tumor to closest margin: 0.5 mm
LYMPH NODES POSITIVE: 0
LYMPH NODES EXAMINED: 3
METHOD(S) OF LYMPH NODE EXAMINATION: H/E stain
SENTINEL NODE METASTASIS: No
SKIN INVOLVED (ULCERATION): No
NON-NEOPLASTIC BREAST TISSUE: ADH, FCD, Other: ductal epithelial hyperplasia, columnar cell alterations
T STAGE, PATHOLOGIC: pT1c
N STAGE, PATHOLOGIC: pN0
M STAGE: Not applicable
ESTROGEN RECEPTORS: negative
PROGESTERONE RECEPTORS: negative
HER2/NEU: 0

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	MS	10/12/11