

Carcinoma, infiltrating duct, NOS 8500/3

Site: breast, NOS C50.9 2/10/11

Patient:

## Surgical Pathology: Additional Info

## Surg Path

## CLINICAL HISTORY:

Per Browser: Right breast mass at 9:00 position, invasive ductal carcinoma.

## GROSS EXAMINATION:

A. "Sentinel node #1, hot and blue". Received fresh and placed in formalin is a 2 x 1 x 1 cm brown-yellow fragment of fibroadipose tissue. The specimen is sectioned and submitted entirely in block A1.

B. "Sentinel node #2, hot not blue". Received fresh and placed in formalin is a 3.5 x 1.5 x 1.2 cm fragment of brown-yellow fibroadipose tissue. The specimen is sectioned and submitted entirely in blocks B1 and B2.

C. "Right breast mass". Received fresh and placed in formalin is a 10.5 (M-L) by 7.7 (A-P) by 4.0 (S-I) cm excisional breast biopsy. The anterior is inked blue, the posterior is inked black, the superior is inked red, and the inferior is inked yellow. There is a 4.6 x 1.5 cm ellipse of skin. There is a 2.0 x 1.8 x 1.0 cm well circumscribed firm white nodule in the anterior middle portion of the biopsy. The mass approaches within 2.0 mm of the anterior margin and within 0.5 cm of the ellipse of skin. Representative sections are taken medially to laterally from blocks C1-C25.

## BLOCK SUMMARY:

- C1- most medial section
- C2- second most medial section
- C3-10- representative sections moving laterally towards mass
- C11-21- representative sections with mass
- C22-25- representative section moving laterally

D. "Final anterior, inferior margin". Received fresh and placed in formalin is a 3 x 2 x 1 cm fragment of brown-yellow fibroadipose tissue. A stitch is placed on the margin by the surgeon. Blue ink is placed next to the suture, the suture is removed, and the specimen is bisected. The inked blue side is placed in blocks D1 and D2. The rest of the specimen is placed in block D3.

Dr. Dr. slides to Dr.

## MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

## DIAGNOSIS:

A. "SENTINEL NODE #1, HOT AND BLUE", (EXCISIONAL BIOPSY):

METASTATIC CARCINOMA IN ONE LYMPH NODE (1/1).  
 SIZE OF METASTASIS: 0.8 CM  
 NEGATIVE FOR EXTRACAPSULAR EXTENSION.

B. "SENTINEL NODE #2, HOT NOT BLUE", (EXCISIONAL BIOPSY):

ONE LYMPH NODE (0/1), NEGATIVE FOR MALIGNANCY.  
 IMMUNOHISTOCHEMICAL STAINS FOR CYTOKERATIN ARE NEGATIVE.

C. "RIGHT BREAST MASS", (EXCISIONAL BIOPSY):

INVASIVE ADENOCARCINOMA OF THE BREAST.  
 HISTOLOGIC TYPE: DUCTAL.

UID:E1FDF8E8-9D75-4629-9C78-6019DAF8190E  
 TCGA-B6-A1KC-01A-PR

Redacted



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

NOTTINGHAM COMBINED HISTOLOGIC GRADE: 3 OF 3.  
 TUBULE FORMATION SCORE: 3  
 NUCLEAR PLEOMORPHISM SCORE: 3  
 MITOTIC RATE SCORE: 2  
 GROSS TUMOR SIZE: 2.0 X 1.8 X 1.0 CM.  
 SIZE OF INVASIVE COMPONENT: 2.0 X 1.8 X 1.0 CM.  
 LYMPHATIC/VASCULAR INVASION: PRESENT.  
 MULTIFOCAL TUMOR: ABSENT.

IN-SITU CARCINOMA: PRESENT.  
 TYPE OF IN-SITU CARCINOMA: CRIBRIFORM AND COMEDO.  
 NUCLEAR GRADE OF IN-SITU CARCINOMA: 3 OF 3.  
 NECROSIS: PRESENT.  
 DCIS EXTENDING OUTSIDE INVASIVE TUMOR MASS: ABSENT.  
 SIZE OF IN-SITU CARCINOMA: SOLITARY MICROSCOPIC FOCUS (<0.2 CM).

STATUS OF NON-NEOPLASTIC BREAST TISSUE: MINUTE FIBROADENOMA, APOCRINE  
 METAPLASIA.

SKIN FREE OF TUMOR.  
 SIZE OF BIOPSY: 10.5 X 7.7 X 4.0 CM.  
 MICROCALCIFICATIONS: PRESENT IN ASSOCIATION WITH IN-SITU CARCINOMA.  
 SURGICAL MARGIN STATUS: ANTERIOR MARGIN CLOSE (TUMOR GROSSLY APPROACHES TO  
 WITHIN 0.2 CM OF THE MARGIN). SEE FINAL ANTERIOR  
 MARGIN, SPECIMEN "D" BELOW.

ESTROGEN/PROGESTERONE RECEPTOR, CELL CYCLE, AND HER2/NEU ANALYSIS:  
 PERFORMED PREVIOUSLY, SEE

D. "FINAL ANTERIOR, INFERIOR MARGIN", (EXCISION):

ADIPOSE AND BREAST PARENCHYMA, NEGATIVE FOR MALIGNANCY.

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

, M.D. Page #

Electronically signed:

CI ADDENDUM 1:

Please see for results of supplementary  
 tests.

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

M.D., Ph.D. Pager

Electronically signed:

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPAA Discrepancy		
Prior Malignancy History		
Unilateral/Synchronous Primary Noted		
See 1e (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed:	