

Redacted



ICD-0-3

Carcinoma - Infiltrating duct, nos  
8500/3

SPECIMEN

- A. Left axillary sentinel node
- B. Left breast, silk suture on superior breast

Site: breast, nos C50.9

for  
11/16/10

CLINICAL NOTES

PRE-OP DIAGNOSIS: Left breast cancer.  
CLINICAL HISTORY: -year-old female with grade 1 IDC.  
POST-OP DIAGNOSIS: Left breast cancer.

FROZEN SECTION DIAGNOSIS

- A. Lymph node negative for metastatic disease.

GROSS DESCRIPTION

A. Part A is received fresh for frozen section labeled "left axillary sentinel node". It consists of three portions of adipose tissue measuring 2.3 x 2.2 x 1 cm in aggregate. Within the fat a single fatty tan lymph node is found measuring 1.7 x 0.6 x 0.4 cm. The node is bisected and all submitted in one block.

B. Received fresh for tissue procurement labeled "left breast" is a 19.5 cm (medial to lateral) x 13.8 cm (superior to inferior) x 2 cm (anterior to posterior) diffusely cauterized soft, lobulated tan gold-white portion of fibroadipose tissue in keeping with breast designated as left per requisition slip and container and oriented by a single suture as stated previously. There is a 14.5 cm (medial to lateral) x 4.3 cm (superior to inferior) wrinkled white skin ellipse with diffuse red-purple ecchymosis and a central, slightly flattened, 1.7 x 1.7 x 0.4 cm nipple along the anterior aspect. The intact deep margin is inked black and the specimen is sectioned. There is a moderately well circumscribed, 2.8 cm (medial to lateral) x 1.8 cm (superior to inferior) x 1.6 cm (anterior to posterior) rubbery tan-white lesion at the junction of the lower inner and outer quadrants. The lesion focally extends to within 0.6 cm of the inked deep margin and is 1 cm from the anterior surface (subsequently inked blue). A few cylindrical firm tan-white structures in keeping with site of prior needle core biopsy are evident. A portion of tumor and a portion of normal breast are submitted for tissue procurement as requested. The cut surfaces throughout the remainder of the specimen consist predominantly of glistening lobulated golden yellow adipose tissue with a minimal amount of interspersed delicate tan-white fibrous tissue. No additional mass lesion or abnormality is identified. Representative sections are submitted in twelve blocks as labeled. RS-12.

BLOCK SUMMARY: 1-3 - Tumor to inked deep margin; 4 - tumor to anterior surface; 5,6 - tumor to adjacent parenchyma; 7 - random upper-outer quadrant; 8 - upper-inner quadrant; 9 - lower-inner quadrant; 10 - lower-outer quadrant; 11 - junction of the four quadrants; 12 - nipple.

MICROSCOPIC DESCRIPTION

A. This single lymph node is examined microscopically in its entirety and at multiple levels. It is negative for metastatic disease, 0/1.

B. This simple mastectomy specimen contains a central, fairly well demarcated infiltrating low grade ductal carcinoma. No definite ductal carcinoma in situ is present. Invasive carcinoma:

Histologic type: Infiltrating ductal carcinoma.  
Histologic grade: Well differentiated  
Overall grade: Elston SBR grade 1  
Architectural score: 1

Nuclear score: 1-2  
Mitotic score: 1  
Greatest dimension (pT): The tumor measures 2.8 cm., pT2  
Specimen margins: Negative  
Vessel invasion: Negative  
Calcification: Present  
Nipple (Paget's): Negative for Paget's disease.  
Invasion of skin or chest wall: Negative.

Description of non-tumorous breast: Fibrocystic changes are present including cysts, apocrine metaplasia, ductal hyperplasia, intraductal papillomatosis, rare focus of atypical ductal hyperplasia and rare focus of atypical lobular hyperplasia. A 1 cm. fibroadenoma is also noted.

Lymph nodes: As per part A, a single lymph node is negative for metastatic disease. (pN0)

Distant metastasis (pM): Cannot be assessed.

Prognostic markers: Previously performed.

14, 4x2

#### DIAGNOSIS

- A. Left axillary sentinel node, excision - Single lymph node negative for metastatic disease.  
B. Left breast, simple mastectomy - Breast with infiltrating ductal carcinoma, Elston SBR grade 1. Margins of resection, skin and nipple negative for tumor. Fibrocystic changes, rare atypical ductal hyperplasia and rare atypical lobular hyperplasia also present. A 1 cm. fibroadenoma is noted.

#### DIAGNOSIS

-----  
M.D. (Electronic Signature)

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case Is (circle):	QUALIFIED	UNQUALIFIED
Reviewer Initials	W	W
Date Reviewed	1/10/10	