

1CD-0-3
Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 1/27/11 JW

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SURGICAL PATHOLOGY REPORT

Patient: Specimen #:
FMP/SSN:
DOB/Age/Sex: Race: WHITE Taken:
Location: Received:
Physician(s): Reported:

SPECIMEN:

A: RIGHT BREAST B: RIGHT AXILLARY CONTENTS

UUID:161E2817-7DB2-46F8-BFEB-256DBBEFE633
TCGA-A2-A05V-01A-PR

Redacted

FINAL DIAGNOSIS:

A. RIGHT BREAST, MASTECTOMY:

TUMOR TYPE: INFILTRATING DUCTAL CARCINOMA, NO SPECIAL TYPE.

NOTTINGHAM GRADE: POORLY DIFFERENTIATED (G3).

NOTTINGHAM SCORE: 9/9

(Tubules= 3, Nuclei= 3, Mitoses= 3; mitotic count 14 per 10 HPF at 40x power)

TUMOR SIZE (GREATEST DIMENSION): 4.5 CM (MEASURED GROSSLY)

TUMOR NECROSIS: PRESENT, IN INFILTRATING COMPONENT AND DCIS.

MICROCALCIFICATIONS: PRESENT IN INFILTRATING COMPONENT AND BENIGN PROCESSES.

VENOUS / LYMPHATIC INVASION: PRESENT; EXTENSIVE.

MARGINS: DEEP MARGIN POSITIVE FOR TUMOR IN TISSUE AND LYMPHATICS.

INTRADUCTAL COMPONENT: PRESENT; MINIMAL.

NIPPLE INVOLVEMENT: PRESENT (without Pagetoid spread).

SKIN INVOLVEMENT: PRESENT.

MULTICENTRICITY: PRESENT; MULTIPLE SEPARATE MICROSCOPIC FOCI IN OTHER QUADRANTS (SEE COMMENT).

ESTROGEN RECEPTORS: Previously ordered and positive

PROGESTERONE RECEPTORS: Previously ordered and positive.

HER 2 NEU by IHC: Previously ordered; weakly positive.

HER 2 Neu BY FISH: Previously ordered and pending.

PATHOLOGIC STAGE: pT4d N2a MX

ADDITIONAL PATHOLOGIC CHANGES:

-DUCTAL CARCINOMA IN-SITU, HIGH GRADE.

-CYSTIC CHANGE WITH APOCRINE METAPLASIA.

B. LYMPH NODES, RIGHT AXILLA, DISSECTION:

EIGHT LYMPH NODES POSITIVE FOR TUMOR, WITH EXTENSIVE EXTRACAPSULAR EXTENSION IDENTIFIED, AND DEPOSITS LARGER THAN 2 MM.

COMMENT:

ER, PR, and Her2Neu are performed on the patient's prior material collected by mammotome biopsy, and will not be repeated. This tumor shows satellite nodules throughout all quadrants

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #: -

FINAL DIAGNOSIS (continued):

sampled except the lower outer quadrant. These nodules are not measured separately as separate primary tumors; they appear to have arisen from intramammary lymphatic spread. It is likewise difficult to measure the degree of extranodal extension of tumor from the lymph nodes due to the extensive perinodal tumor deposits.

** Report Electronically Signed Out **

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CLINICAL DIAGNOSIS AND HISTORY:

yo white female with right nipple inversion, right breast. Prior mammotome biopsy with ductal carcinoma.

- A. Right breast, Long stitch lateral, short stitch superior (fresh)
- B. Right axillary contents including thoraco bundle (fresh)

GROSS DESCRIPTION:

A. Specimen received in formalin labeled with patient's name consists of a 627 gram right mastectomy specimen oriented with short stitch superior and long stitch lateral. Specimen measures 24 cm superior to inferior, 23 cm medial to lateral, 4 cm anterior to posterior. Superficial skin ellipse measures 9.5 x 4 cm and displays a centrally located inverted nipple. No scar is noted. No discharge is noted. Deep resection margin shows scant portions of muscular tissue. Deep margin inked black and superficial margin is inked blue. Serial sections reveal a centrally located poorly defined firm pink white mass measuring 4.5 x 4.5 x 2.0 cm. Periphery of the mass shows hemorrhage consistent with previous biopsy. Mass abuts deep margin. Fibrous parenchyma surrounding mass is nodular and cystic suggestive of additional foci. Located in the deep margin of mid inner quadrant is a 0.4 cm firm tan ill defined nodule consistent with possible additional lesion (located approximately 2 cm from central lesion). Sectioning of nipple shows dense fibrous tissue with possible lesion involvement. Remainder of parenchyma is lobulated yellow tan and fatty with scant fibrous tissue. No lymph nodes identified. Representative sections:

- A1: skin
- A2: nipple
- A3: mass (lateral portion)
- A4: mass and adjacent fibrous tissue (medial portion)

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

GROSS DESCRIPTION (continued):

A5: mid inner quadrant nodule with margins

A6: mass with deep margin (central)

A7: upper outer quadrant

A8: lower outer quadrant

A9: lower inner quadrant

A10: upper inner quadrant. Matched sections of A1-A4 and A7-A10 are submitted for CBCP protocol.

A11-A20 represent additional sections of mass. Remaining breast tissue is unoriented, no sutures remain in tissue. Representative samples of lesion beneath elliptical wedge of skin and nipple are represented. A13-A14 represent one match set. Specimen submitted.

B. Received in formalin labeled with patient's name labeled "RIGHT AXILLARY CONTENTS INCLUDING SARCO BUNDLE" consists of an 11 x 6 x 3 cm irregular unoriented portion of fatty tissue. Sectioning reveals two matted portions of soft tissue measuring 4 x 3.5 x 1.5 cm and 8 x 4 x 1.2 cm. On sectioning the cut surfaces show dense indurated fibrotic tissue with red tan lymphoid tissue noted along periphery of the smaller portion tissue. Single intact discrete lymph node is identified and remaining tissue which measures 0.6 cm. Exact number of lymph nodes cannot be determined. Representative sections are as follows:

B1-B3: smaller portion of tissue

B4-B6: larger portion of tissue

B7: one bisected lymph node.

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