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**Clinical Diagnosis & History:**

/o female with left breast mass. Mammo showed 2 lesions in UOQ left breast. Core biopsies IDC and DCIS. Proceeding to MRM.

**Specimens Submitted:**

- 1: SP: Left breast with level 1 and low level 2 axillary contents
- 2: SP: Additional level 2 left axillary contents
- 3: SP: Left level 2 and level 3 axillary contents

**DIAGNOSIS:**

1) BREAST WITH LEVEL I AND LOW LEVEL II AXILLARY CONTENTS, LEFT; MODIFIED RADICAL MASTECTOMY AND AXILLARY LYMPH NODE DISSECTION:

- TWO SEPARATE TUMOR NODULES: ONE IS LOCATED IN THE UPPER OUTER QUADRANT AND SHOWS AN INVASIVE DUCTAL CARCINOMA, POORLY DIFFERENTIATED (HISTOLOGIC GRADE III/III, NUCLEAR GRADE III/III), MEASURING 3.9 CM IN LARGEST DIMENSION GROSSLY.
- THE SECOND IS LOCATED IN THE UPPER AND LOWER OUTER QUADRANTS AT 3:00 AND IS COMPOSED OF PREDOMINANTLY DUCTAL CARCINOMA IN SITU (DCIS) WITH SEVERAL FOCI OF INVASIVE DUCTAL CARCINOMA, POORLY DIFFERENTIATED AND SIMILAR TO ABOVE, RANGING IN SIZE FROM LESS THAN 0.1 CM TO ABOUT 0.4 CM.
- THE DUCTAL CARCINOMA IN SITU (DCIS) IS OF THE SOLID AND CRIBRIFORM TYPES WITH HIGH NUCLEAR GRADE, EXTENSIVE NECROSIS AND FOCALLY INVOLVES A LARGE LACTIFEROUS DUCT OF THE NIPPLE.
- CALCIFICATIONS ARE PRESENT IN THE IN SITU AND INVASIVE CARCINOMA, AND IN BENIGN BREAST PARENCHYMA.
- VASCULAR INVASION IS PRESENT.
- NO INVOLVEMENT OF THE SURGICAL MARGINS BY EITHER INVASIVE OR IN SITU CARCINOMA IS IDENTIFIED.
- NO SKIN INVOLVEMENT BY CARCINOMA IS IDENTIFIED.
- THE REMAINING BREAST TISSUE SHOWS PREVIOUS BIOPSY SITE AND MILD FIBROCYSTIC CHANGES.
- THE LYMPH NODE STATUS IS AS FOLLOWS (EXPRESSED AS THE NUMBER OF POSITIVE LYMPH NODES IN RELATION TO THE TOTAL NUMBER OF LYMPH NODES EXAMINED): THERE IS EXTRANODAL TUMOR EXTENSION (>2 MM).
- RESULTS OF IMMUNOHISTOCHEMICAL STAINS ARE AS FOLLOWS:

ER: 0% NUCLEAR STAINING  
 PR: 0% NUCLEAR STAINING  
 HER-2/NEU (HERCEPT): NEGATIVE (STAINING INTENSITY OF 1+)

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 TCGA-AO-A0JL-01A-PR



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1CD-0-3

Carcinoma, infiltrating duct, NOS 8500/3  
 Site: breast, NOS C50.9 bw  
 10/22/11

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Malignancy		
Case is (circle):		
Reviewer Initials	bw 10/22/11	

- 2) AXILLARY CONTENTS, LEFT ADDITIONAL LEVEL II; DISSECTION:  
- TWELVE BENIGN LYMPH NODES (0/12).
- 3) AXILLARY CONTENTS, LEFT LEVELS II AND III; DISSECTION:  
- THREE BENIGN LYMPH NODES (0/3).

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.

\*\*\* Report Electronically Signed Out \*\*\*

Special Studies:

Result	Special Stain	Comment
	ER-C	
	PR-C	
	HER2-C	
	NEG CONT	
	IMM RECUT	
	NEG-HER2	

Gross Description:

1) The specimen is received fresh labeled, "Left breast with level 1 and low level 2 axillary contents, stitch marks axillary contents" and consists of a breast with attached axillary tail. The breast measures 37.0 x 26.0 x 6.7 cm with overlying skin ellipse measuring 36.5 x 18.0 cm. Situated on the skin surface is an everted nipple measuring 1.4 x 1.2 x 0.1 cm and areola measuring 4.8 x 4.5 cm. The skin shows no visible scars. A suture demarcates the axillary tail which measures 11.0 x 4.0 x 3.5 cm. The posterior surface of the breast is inked black and the specimen is serially sectioned to reveal a white tan firm ill-defined mass in the upper outer quadrant measuring 3.9 x 3.7 x 3.3 cm, located 1.5 from the deep margin. There is a biopsy site identified in the lower outer quadrant, corresponding to the three o'clock position, measuring 2.0 x 2.0 x 1.5 cm. The remaining breast tissue shows predominantly yellow lobulated adipose tissue admixed with white-tan fibrous soft tissue with no other gross identifiable lesions. The axillary tissue is dissected to reveal several grossly positive lymph nodes, measuring up to 4.5 cm. Representative sections of the mastectomy specimen and all identified axillary lymph nodes are submitted (the large grossly positive lymph nodes are representatively submitted). Tissue is taken for TPS.

Summary of sections:

N - nipple  
NB - nipple base  
S - skin  
D - deep margin  
T - tumor

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BX - separate biopsy site  
 UIQ - upper inner quadrant  
 LIQ - lower inner quadrant  
 UOQ - upper outer quadrant  
 LOQ - lower outer quadrant  
 LN - individual lymph nodes

2) The specimen is received in formalin, labeled "Additional level 2 left axillary contents" and consists of an axillary dissection measuring 7 x 4.5 x 0.8 cm. The specimen consists of soft yellow-tan lobulated tissue with several pink-tan lymph nodes identified on cut section ranging from 0.2 cm to 1.8 cm in greatest dimension. The specimen is submitted for lymph node digest dissection.

Summary of sections:  
 LN - lymph nodes

3) The specimen is received in formalin, labeled "Left level 2 and level 3 axillary contents" and consists of an unoriented axillary dissection measuring 7.5 x 4.7 x 1.8 cm. The specimen consists of yellow tan lobulated tissue, which on sectioning reveals several pink-tan lymph nodes ranging from 0.2 cm to 2.3 cm in greatest dimension. The specimen is submitted for lymph node dissection.

Summary of sections:  
 LN - lymph nodes

#### Summary of Sections:

Part 1: SP: Left breast with level 1 and low level 2 axillary contents

Block	Sect. Site	PCs
3	BX	3
1	D	1
2	LIQ	2
4	LN	4
2	LOQ	2
1	N	1
1	NB	1
1	S	1
3	T	3
2	UIQ	2
2	UOQ	2

Part 2: SP: Additional level 2 left axillary contents

Block	Sect. Site	PCs
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Part 3: SP: Left level 2 and level 3 axillary contents

Block	Sect.	Site	PCs
2		LN	2

\*\* End of Report \*\*