

Carcinoma, infiltrating ductal, NOS 8500/3
Sitx: breast, NOS 8500.9 for 2/10/11

Patient

Surgical Pathology: Additional Info

Surg Path

UUID:40EE8416-9DD8-457D-94AC-A871B5C62873
 TCGA-B6-A1KF-01A-PR

Redacted

CLINICAL HISTORY:

Right breast carcinoma.

GROSS EXAMINATION:

A. "Right breast tissue (AF1)", received fresh. An oriented breast excision with sutures as follows: Long - lateral, short - superior, (Dr.). A 4.3 x 0.8 cm ellipse of tan skin with a 6.8 x 5.2 x 3.4 cm of underlying fibrofatty breast tissue is inked as follows: Superior - blue, inferior - black, posterior - green. The specimen is sectioned from lateral to medial to reveal a circumscribed firm yellow sabulous 2.4 x 1.5 x approximately 1.5 cm mass. The mass is within 0.1 cm of the green inked posterior margin and within 0.2 cm of the blue inked superior margin. The lesion's edge is approximately 0.4 cm from the black inked inferior margin, 2.5 cm subjacent to the skin surface and approximately 0.6 cm from the lateral margin. The adjacent parenchyma is composed of lobules of yellow-pink adipose intermixed with focally dense white-pink fibroconnective tissue with no additional lesions noted. Representative sections from the mass is frozen as AF1. The remnant is submitted as A1.

Block Summary:

- A1 - Frozen section remnant.
- A2-14 Representative sections from lateral towards medial respectively. The sections include the entire lesion in relationship to the closest margins as well as the lateral margin (A2) and the medial margin A14.
- A15-25 Remaining breast, submitted in toto. See photograph on file in pathology department for location of blocks.

B. "Right breast tissue new posterior margin suture in new margin", received fresh. A 3.9 x 2.7 x 0.8 cm portion of fibrofatty tissue with a suture on one surface. The suture surface is marked blue, the specimen is transversely sectioned and entirely submitted as B1-B4.

C. "Right breast tissue new superior margin suture on new margin", received fresh. A 4.1 x 2.7 x 1.2 cm portion of yellow-white fibrofatty tissue with a suture present on one surface. The suture surface is marked blue, the specimen is transversely sectioned and submitted as C1-C4.

D. "Right axillary node, suture on apex". received fresh. An 11.2 x 7.5 x 1.2 cm portion of fibrofatty tissue with a suture present at the apex. The specimen is dissected for lymph node candidates.

Block Summary:

- D1 - 1 Lymph candidate proximal.
- D2 - 3 lymph node candidates, medial.
- D3- 6 Lymph nodes, medial.
- D4-5 Bisected lymph node candidate.
- D6 2 lymph node candidates, distal.
- D7 - 2 lymph node candidates, distal.

/Dr.

| Criteria | Yes | No |
|--------------------------------|----------------|--------------|
| Diagnosis Discrepancy | | X |
| Primary Tumor Site Discrepancy | | X |
| HIPAA Discrepancy | | X |
| Prior Malignancy History | | X |
| Dual/Synchronous Primary Noted | | X |
| Cases (circle): | QUALIFIED | DISQUALIFIED |
| Reviewed by: | Date Reviewed: | 5/3/11 |

INTRA OPERATIVE CONSULTATION:

- A. "Right breast tissue" AF1- invasive carcinoma present. (Dr.

DIAGNOSIS:

- A. "RIGHT BREAST TISSUE" (EXCISIONAL BIOPSY):

INFILTRATING CARCINOMA PRESENT, HISTOLOGIC TYPE DUCTAL.

https:

N.S.A.B.P. NUCLEAR GRADE: 3 OF 3.
 N.S.A.B.P. HISTOLOGIC GRADE: 3 OF 3.
 GROSS TUMOR SIZE: 2.4 X 2.4 X 1.5 CM.
 SIZE OF INVASIVE COMPONENT: 2.4 X ~~2.4~~ X 1.5 CM.
 LYMPHATIC/VASCULAR INVASION: ABSENT.
 MULTIFOCAL TUMOR: ABSENT.

IN-SITU CARCINOMA: PRESENT, OCCUPYING LESS THAN 5% OF TUMOR (SEE COMMENT).
 TYPE OF IN-SITU CARCINOMA: COMEDO AND CRIBRIFORM.
 SIZE OF IN-SITU CARCINOMA: APPROXIMATELY 4.8 CM, SEE COMMENT.
 EXTENSIVE INTRADUCTAL COMPONENT: ABSENT.

STATUS OF NON-NEOPLASTIC BREAST TISSUE: BENIGN FIBROCYSTIC CHANGES.
 SIZE OF BIOPSY: 6.8 X 5.2 X 3.4 CM.
 MICROCALCIFICATIONS ABSENT.
 SURGICAL MARGIN STATUS: NEGATIVE (CLOSEST MARGIN 3 MM TO DCIS).

ESTROGEN/PROGESTERONE RECEPTOR AND CELL CYCLE ANALYSIS: PENDING.
 METHODOLOGY: IMMUNOHISTOCHEMISTRY, PARAFFIN BLOCK A6.
 RESULTS WILL BE ISSUED IN AN ADDENDUM.

COMMENT: Although there is very little in-situ carcinoma within the invasive tumor mass, there is a large area of DCIS adjacent to the tumor, extending in a medial direction to near the medial margin. Based on the number of slides involved, the DCIS involves an area of approximately 4.8 cm in largest dimension.

B. "RIGHT BREAST TISSUE, NEW POSTERIOR MARGIN" (RE-EXCISION):

BREAST TISSUE, NO EVIDENCE OF MALIGNANCY.

C. "RIGHT BREAST TISSUE, NEW SUPERIOR MARGIN" (RE-EXCISION):

BREAST TISSUE, NO EVIDENCE OF MALIGNANCY.

D. "RIGHT AXILLARY LYMPH NODES" (DISSECTION):

METASTATIC ADENOCARCINOMA IN TWO OF FOURTEEN AXILLARY LYMPH NODES (2/14).
 SIZE OF LARGEST METASTASIS: 1.0 CM.
 EXTRACAPSULAR EXTENSION: ABSENT.

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

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ADDENDUM 1:

Tissue was sent to the _____ for assay of the estrogen and progesterone receptors. The estrogen receptor activity was judged to be negative with an estimated FMOL value of 0. The progesterone receptor activity was judged as negative with an estimated FMOL of value of 0. Please refer to _____ for a complete report.

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

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ADDENDUM 2:

This addendum is issued to report the results of an additional study. The previous diagnoses are unchanged. An immunostain for HER2/neu shows moderate (2+) membrane staining in approximately 50-75% of the tumor cells and is interpreted as POSITIVE for HER2/neu overexpression.

METHODOLOGY:

Immunostaining for HER2/neu (c-erbB-2) oncoprotein is performed on recut sections of Block A6. The immunostaining is done using DAKO rabbit anti-human c-erbB-2 oncoprotein which is an affinity-isolated antibody product number . The immunostaining is performed after antigen retrieval by heating the unstained sections at 95 degrees centigrade for 20 minutes in 10 mM citrate buffer, pH 6.0. The primary antibody is used at a dilution of 1:1500 (manual staining) or 1:2000 (autostainer), with an incubation for one hour at 37 degrees centigrade. The Histostain Plus kit is used as the detection system.

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

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