

carcinoma, infiltrating ductal, NOS
Site: breast, NOS C50.9

1/25/11 hu

Surgical Pathology

Surg Path

CLINICAL HISTORY:

Large primary tumor left breast.

GROSS EXAMINATION:

A. "Left breast biopsy", received fresh. Fibroadipose tissue 5.4 x 4 cm containing a central infiltrative yellow white stellate tumor 3 cm in diameter. A1- AF1. Representative sections in Block A2-A4.

B. "Left breast", fresh. A breast measuring 23 x 15 x 6 cm with an overlying skin ellipse 17 x 9 cm. There is a retracted nipple toward the medial aspect. A sutured incision 6 cm across is present towards the lateral aspect. Numerous slightly elevated brown warty lesions are present on the skin adjacent to the nipple. Attached axillary tissue is present measuring 13 x 3 x 5 cm and this contains numerous enlarged lymph nodes, the largest of which measures 2.5 cm across. The largest three nodes have been marked with a suture and bisected. Sectioning the breast shows a cavity beneath located in the upper outer quadrant the incision measuring 5 cm in diameter. The deep margin is 0.5 cm from the deep edge of the cavity. None of these tumor tissues is present within wall. The remaining breast tissue is irregular fibrous but shows no suspicious lesions.

Block Summary:

- B1- nipple and adjacent skin lesions.
- B2- nipple.
- B3- deep margin.
- B4, B5- cavity wall.
- B6- lower outer quadrant.
- B7- lower outer quadrant.
- B8- upper inner quadrant.
- B9- upper outer quadrant.
- B10- one lymph node lower axilla.
- B11, B12- one lymph node.
- B13- fibrous tissue mid axilla.
- B14, B15- two lymph nodes.
- B16- three lymph nodes.
- B17- four lymph nodes.
- B18- four lymph nodes upper axilla.
- B19- four lymph nodes.
- B20- two lymph nodes.

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TCGA-B6-A0X1-01A-PR

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Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
Primary Discrepancy		
HPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Metastasis		
Case is (circle):		
Reviewer Initials		

QUALIFIED / DISQUALIFIED

Date Reviewed: 1/25/11

INTRA OPERATIVE CONSULTATION:

AF1 "Invasive ductal carcinoma". Tissue sent for ER/PR.

MICROSCOPIC EXAMINATION:

Sections show poorly differentiated invasive ductal carcinoma of no special type invading breast tissue. The tumor is composed of highly atypical pleomorphic epithelial cells forming sheets, cords, and columns with minimal attempt at the gland formation. There is extensive lymphatic channel invasion by tumor, and extensive tumor necrosis is present.

DIAGNOSIS:

A. "LEFT BREAST BIOPSY":

INVASIVE DUCTAL CARCINOMA OF NO SPECIAL TYPE MEASURING 3 CM ACROSS.
NSABP NUCLEAR GRADE 3, HISTOLOGIC GRADE 3.
EXTENSIVE LYMPHATIC CHANNEL INVASION AND TUMOR NECROSIS IS PRESENT.

NO ADJACENT IN SITU CARCINOMA PRESENT.

B. "LEFT BREAST BIOPSY", LEFT RADICAL MASTECTOMY.:

BIOPSY CAVITY WALL CONTAINS RESIDUAL HIGH GRADE INVASIVE DUCTAL CARCINOMA
OF NO SPECIAL TYPE SIMILAR TO THE ABOVE TUMOR.

DEEP MARGIN IS FREE OF TUMOR.

NIPPLE AND NIPPLE DUCT ARE FREE OF TUMOR.

SEPARATE FOCI OF TUMOR IS IDENTIFIED IN THE UPPER INNER QUADRANT,
REPRESENTING MULTIFOCAL TUMOR.

METASTATIC TUMOR PRESENT IN 16 OF 21 LYMPH NODES WITH EXTRACAPSULAR
INVASION OF TUMOR PRESENT.

(3 OUT OF 4 LOWER AXILLA, 9 OUT OF 11 MID AXILLA, 4 OUT 6 UPPER AXILLA)

MULTIPLE SEBORRHEIC KERATOSIS ON SKIN ADJACENT TO NIPPLE.

Verified by:

(Electronic Signature)

Date Signed: