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1CB-0-3

Carcinoma, infiltrating duct, NOS 8500/3

Site: breast, NOS C50.9 lw

4/27/11

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

Date Coll:

SURGICAL PATHOLOGY REPORT

SPECIMEN

- A. Left axillary sentinel node
- B. Left breast (arrow points up)
- C. Right axillary sentinel node
- D. Right axillary sentinel node #2 active in blue
- E. Right breast (arrow points up).
- F. Left axillary contents

CLINICAL NOTES

PRE-OP DIAGNOSIS: Bilateral breast.

FROZEN SECTION DIAGNOSIS

- A) Sentinel lymph node, left axilla, biopsy: One lymph node, positive for carcinoma.
- C. Sentinel lymph node, right axilla, biopsy: One lymph node, negative for carcinoma.
- D. Sentinel lymph node, right axilla #2, biopsy: One lymph node, negative for carcinoma.

GROSS DESCRIPTION

A. The specimen is received unfixed labeled "left axillary sentinel node" and consists of a yellow and red piece of soft tissue measuring 2.5 x 2 x 0.8 cm. On cut section there is a contained lymph node measuring 1.2 cm. in greatest dimension. The node is bisected and submitted all for frozen section diagnosis as requested.

B. The specimen is received unfixed labeled "left breast arrow points up" and consists of a breast resection specimen measuring 19.5 x 18.5 x 3.0 cm. There is an overlying white ellipse of skin measuring 16 x 9.3 cm. There is a central areola measuring 3 x 4 cm. and a central nipple measuring 1.2 x 1 x 0.4 cm. There is an arrow incised in the skin and there is an area of induration at the superior edge of the areola that might be a biopsy scar. It measures 1.5 x 0.7 cm. The deep surface of the specimen is inked. The breast is sectioned at 1 cm. intervals in the deep surface towards the skin. Some blue-domed cysts are present. There is a relatively central red area compatible with a biopsy site defect and there is some firmness around this area. The firm area measures 1.5 x 1.5 x approximately 1.5 cm. This area is central and inferior and there is another area that is central below the indurated part of the skin that looks like carcinoma grossly and measures 1.2 x 1.5 x approximately 1.5 cm. A portion of the larger area is taken for research purposes. Sections after fixation.

Block summary: 1,2 nipple and skin with tumor; 3 deep margin; 4-6 biopsy site; 7-10 quadrants (UO, UI, LO, LI)

C. Received unfixed labeled "right axillary sentinel node" and consist of two pieces of yellow and red soft tissue measuring 2 x 1.8 x 0.7 cm. and 2.5 x 2.5 x 0.7 cm. There is a contained lymph node measuring 1 cm. in greatest dimension and the entire node is submitted for frozen section diagnosis as requested.

D. Received unfixed labeled "right axillary sentinel node #2 active in blue" and consist of a yellow, red and blue piece of soft tissue measuring 5.5 x 3 x 0.6 cm. There is a partially blue contained lymph node measuring 2.3 cm. in greatest dimension. The specimen is submitted all for frozen section diagnosis as requested.

E. [The original gross dictation on specimen E. is lost.] The specimen was received unfixed labeled right breast and consisted of a 27 x 19 x 4.5 cm breast resection specimen with overlying ellipse of skin measuring 16.5 x 9 cm. There was a central areola and nipple. An area of arrow was incised to the skin. Some blue dye and injected. The deep surface the specimen was inked and the breast resection at 1 cm intervals from the deep surface towards the skin. There was a central biopsy site and additional relatively central firm area compatible with carcinoma.

Block summary: 1,2 nipple; 3 skin; 4 - deep margin; 5-7 biopsy site; 8,9 area resembling tumor; 10-13 quadrants (UO.UI.LO.LI)

F. The specimen was received unfixed, labeled "left axillary contents" and consists of a yellow and pink of soft tissue measuring 12 x 8 x 2 cm. RS-2.

MICROSCOPIC DESCRIPTION

A. Metastatic carcinoma is present in one lymph node. The tumor is 0.7 cm in diameter. No extranodal tumor is seen.

B.

Invasive carcinoma

Tumor type: Infiltrating ductal carcinoma

Tumor grade: 1 (Elston SBR grade; A/N/M = 2/2/1)

Mitotic index: 3 mitoses/10 HPFs (1 HPF = 0.196 sq mm)

Tumor size: 1.5 cm

Vessel invasion: Absent

Calcification: Absent

pTNM stage: T1 pN1a

Prognostic markers: Requested

Nipple: Carcinoma is present in skin adjacent to the nipple
Deep margin: Negative for malignancy

Nontumorous breast: Sections from the biopsy site away from the tumor show scar, cyst formation, columnar metaplasia, benign calcification, usual ductal hyperplasia and focal atypical ductal hyperplasia.

C. A Single lymph node is negative for malignancy

D. A single lymph node is negative for malignancy

E.

Invasive carcinoma

Tumor type: Infiltrating ductal carcinoma

Tumor grade: 2 (Elston SBR grade; A/N/M = 3/2/1)

Mitotic index: 3 mitoses/10 HPFs (1 HPF = 0.196 sq mm)

Tumor size: 1.2 cm on the glass slide

Vessel invasion: Absent

Calcification: Absent

pTNM stage: T1

Prognostic markers: See previous biopsy

The tumor is specimen E from the right breast has a central fibrotic focus.

Sections near the biopsy site away from the gross carcinoma described above show columnar metaplasia, usual ductal hyperplasia, cyst formation apocrine metaplasia. An atypical area is p63 positive.

F. There is no evidence of malignancy in any of 4 lymph nodes.

4x6,25x3,20,14x3

DIAGNOSIS

- A. Sentinel lymph node, left axilla, biopsy: Metastatic carcinoma in a single lymph node
B. Breast, left, resection: Infiltrating ductal carcinoma, Elston SBR grade 1
C. Sentinel lymph node, right axilla, biopsy: A single lymph node is negative for malignancy
D. Sentinel lymph node #2, right axilla, biopsy: A single lymph node is negative for malignancy
E. Breast, right, resection: Infiltrating ductal carcinoma, Elston SBR grade 2
F. Lymph nodes, left axilla, biopsy: There is no evidence of malignancy in any of 4 lymph nodes

Primary

Bilateral
Breast

Electronic Signature)

--- End Of Report ---

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IHPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials: <i>JS</i>	Date Reviewed: <i>4/27/11</i>	