

Patient:

UID: F5A14797-6676-4331-9424-D8B82008924  
TCGA-B6-A408-01A-PR

Redacted

AP Surgical Pathology: Additional Info

Surg Path

# CLINICAL HISTORY:

Left breast cancer. Per E browser, invasive ductal carcinoma with lobular features in the left axillary tail.

# GROSS EXAMINATION:

A. "Left breast with axillary contents", received unfixed and placed in formalin is a 842 gram, 24 x 18.5 x 7 cm mastectomy specimen with a 20 x 10 cm attached skin ellipse and a 1.1 cm nipple. The specimen is received with incisions in the lateral aspect of the breast and in the axillary tail. The specimen is oriented with a long suture at the lateral edge. Per requisition there is also a short stitch to indicate superior, but no short stitch is present on the specimen.

There is a 2.1 x 2 x 1.2 cm firm, tan mass at lateral 3:00. The mass is 0.3 cm from the closest deep margin, 2 cm from the superior margin, 5.8 cm from the inferior margin, 3.5 cm from the lateral margin and 20 cm from the medial margin. The mass is 0.2 cm from the overlying skin, which is slightly puckered. The remainder of the breast consists of grossly unremarkable fibroadipose tissue. Multiple lymph nodes are identified in the axillary tail, 1.7 cm in greatest dimension.

# BLOCK SUMMARY:

- A1-8- entire mass with the closest approach to skin in A1 and closest approach to deep margin in A2
- A9- superior margin nearest to tumor, tangential
- A10-13- intact lymph node candidates
- A14-16- one lymph node, bisected in each
- A17- representative upper inner quadrant
- A18- representative lower inner quadrant
- A19- representative upper outer quadrant
- A20- representative lower outer quadrant
- A21- nipple

# MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

# PATHOLOGIC STAGE:

PROCEDURE: MODIFIED RADICAL MASTECTOMY

PATHOLOGIC STAGE (AJCC Edition): pT2 pN3a pMX

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated, and does not incorporate information on any specimens submitted separately to our Cytology section, past pathology information, imaging studies, or clinical or operative findings. Pathology stage is only a component to be considered in determining the clinical stage, and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

# DIAGNOSIS:

A. "LEFT BREAST WITH AXILLARY CONTENTS" (MODIFIED RADICAL MASTECTOMY):

RESIDUAL INVASIVE ADENOCARCINOMA OF THE BREAST.

HISTOLOGIC TYPE: DUCTAL WITH LOBULAR FEATURES.

NOTTINGHAM COMBINED HISTOLOGIC GRADE: 2 OF 3.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary		X
Case # (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RMH	
Date Reviewed:	01/22/12	

1C0-3

adenocarcinoma, ductal and lobular

Site: breast, NOS

852213

7-2-12

CO

TUBULE FORMATION SCORE: 2  
NUCLEAR PLEOMORPHISM SCORE: 3.  
MITOTIC RATE SCORE: 2  
GROSS TUMOR SIZE: 2.1 X 2 X 1.2 CM.  
SIZE OF INVASIVE COMPONENT: 2.1 CM.  
LOCATION OF THE TUMOR: 3:00, LATERAL NEAR THE AXILLARY TAIL.  
LYMPHATIC/VASCULAR INVASION: PRESENT.  
MULTIFOCAL TUMOR: ABSENT.

IN-SITU CARCINOMA: PRESENT.  
TYPE OF IN-SITU CARCINOMA: CRIBRIFORM.  
NUCLEAR GRADE OF IN-SITU CARCINOMA: 2 OF 3.  
NECROSIS: PRESENT.  
DCIS EXTENDING OUTSIDE INVASIVE TUMOR MASS: ABSENT.  
SIZE OF IN-SITU CARCINOMA: NOT APPLICABLE.

NIPPLE STATUS: FREE OF TUMOR.  
SKIN STATUS: FREE OF TUMOR.  
MUSCLE STATUS: NOT SAMPLED.  
STATUS OF NON-NEOPLASTIC BREAST TISSUE: FIBROCYSTIC CHANGES. HEMATOMA.

SURGICAL MARGIN STATUS: NEGATIVE.

AXILLARY LYMPH NODE STATUS: TEN OF TWENTY-THREE LYMPH NODES POSITIVE  
FOR METASTATIC CARCINOMA (10/23).  
SIZE OF LARGEST LYMPH NODE METASTASIS: 1.1 CM.  
EXTRANODAL EXTENSION: PRESENT.

ESTROGEN/PROGESTERONE RECEPTOR, CELL CYCLE, EGFR AND HER2/NEU ANALYSIS:  
NOT PERFORMED.

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

\_\_\_\_\_  
Electronically signed:

ADDENDUM 1:  
Please see  
tests.

for results of supplementary

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

\_\_\_\_\_  
Electronically signed:

Performed by:

Ordering MD: