Carcinoma Infeltrating duct, Nos 8500/3 165-0-3

PATIENT HISTORY:

Site Code: breast, NOS The patient is a -year-old female with no clinical history or LMP given.

12/15/10 w

Right breast CA.

PRE-OP DIAGNOSIS: POST-OP DIAGNOSIS:

PROCEDURE:

Same.

Right segmental mastectomy, sentinel node.



### ADDENDA:

## **Addendum**

**ESTROGEN/PROGESTERONE AND HER-2/NEU REPORT** 

Using appropriate positive and negative controls, the test for the presence of these hormone receptor proteins is performed by the immunoperoxidase method, and reported according to the consensus statement on adjuvant therapy for breast cancer, of A positive ER or PR tumor shows any nuclear immunostaining, and is semiquantitated as indicated below.

Result

Semiquantitative Statement

ER negative

Percent cells staining as: (0 100%).

PR negative

Percent cells staining as: (0 100%).

HER-2/NEU DAKO HERCEPTEST: A WEAK TO MODERATE COMPLETE MEMBRANE STAINING IS OBSERVED IN MORE THAN 10% OF THE TUMOR CELLS. HER-2/NEU IS INTERPRETED AS WEAKLY POSITIVE (SCORE 2+).

NOTE: Her-2/Neu FISH was ordered and will be subsequently reported.

The Her-2/neu and estrogen/progesterone receptor assays were performed with FDA approved

methods.

## **FINAL DIAGNOSIS:**

PART 1: BREAST, RIGHT, SEGMENTAL MASTECTOMY -

- A. INFILTRATING DUCTAL CARCINOMA, 3.1 CM, POORLY DIFFERENTIATED, NOTTINGHAM SCORE = 9/9 (TUBULES = 3, NUCLEAR GRADE = 3, MITOSES = 3).
- LYMPHOVASCULAR INVASION IS IDENTIFIED.
- C. SEPARATE FOCI OF DUCTAL CARCINOMA IN SITU, SOLID TYPE, HIGH NUCLEAR GRADE.
- D. THE DUCTAL CARCINOMA IN SITU EXTENDS CLOSE ( < 0.1 CM) TO THE POSTERIOR SURGICAL MARGIN OF RECECTION.
- ALL SURGICAL MARGINS OF RESECTION ARE FREE OF TUMOR.
- F. NON-NEOPLASTIC BREAST WITH FIBROCYTIC CHANGES.

PART 2: SENTINEL LYMPH NODE #1, RIGHT AXILLA, BIOPSY -

ONE (1) LYMPH NODE, NEGATIVE FOR TUMOR (0/1), (see comment).

PART 3: SENTINEL LYMPH NODE #2, RIGHT AXILLA, BIOPSY --

ONE LYMPH NODE, NEGATIVE FOR TUMOR, (0/1),(see comment).

PART 4: NON-SENTINEL LYMPH NODE, RIGHT AXILLA, BIOPSY -ONE LYMPH NODE, NEGATIVE FOR TUMOR, (0/1).

#### COMMENT:

Cytokeratin (AE1/3) stains have been performed and confirm the negative status of the sentinal lymph nodes.

Criteria .	Yes	No
Diagnosis Discrepancy		K
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malign ancy History		_ K
Dual/Synchronous Primary Noted		
Cisc is (circle) CALIFIER / DI	SQUALIFIED	
Reviewer Initials Date Reviewed:	ווכונו	<u> </u>
W	***	

# MICROSCOPIC:

# SYNOPTIC - PRIMARY INVASIVE CARCINOMA OF BREAST

OTHOPHC -	RIMARY INVASIVE CAP	RCINOMA OF RREAST
A Laterality: 1		DREAS!
1. Right 2 1 04		
B. Procedure: 1		
1. Segmentectomy		
2. Simple mastectomy	3. Modified radical n	nastectomy
C. Location: 6	4. Re-excision	,
Central subargolar	4	
2. UOQ	4. LOQ	
3. UIQ	5. LIQ	
D. Size of tumor (maximum dimension invasive a	6. Not specified	
D. Size of tumor (maximum dimension invasive of E. Type (invasive component): 1	omponent by gross or mic	croscopic exam): 3.1 cm
i Duciai, NOS		· · · · · · · · · · · · · · · · · · ·
2. Tubular	5. Cribriform	9. Metaplastic
3. Mucinous	6. Papillary 7. Lobular	10. Other
4. Medullary	8. Carcinoid like	
F. If lobular carcinoma, specify type: N/A	o. Cardnoid like	
i. Classical	4. Signet ring	<b></b>
2. Solid	5. Trabecular	7. Pleomorphic
3. Alveolar	6. Tubulobular	
G. Nottingham Score:	o. I dodiobaia	
G1. Nuclear grade: 3		
G2. Tubule formation: 3		
G3. Mitotic activity score: 3		
G4. Total Nottingham score: 9		
G5. Nottingham grade (1, 2, 3): 3		
H. Angiolymphatic invasion: 2		
Dermal lymphatic invasion: 2     1. Yes		•
J. Calcification: <u>I</u>	<ol><li>Not applicable</li></ol>	
=		
1. No 2. Yes – benign zones K. Type of in situ component: 2	<ol><li>Yes – malignant zon</li></ol>	es
1. Cribriform		
2. Solid	4. Micropapillary	7. Lobular
3. Papillary	5. Apocrine	
L. Percentage of tumor occupied by in situ compone	6. Comedo	
M. Surgical margins involved by invasive componen	ent; n/a	
1. NO 2 Yes - focal	2 Van dies.	
N. Surgical margins involved by in situ component:	3. Yes - diffuse	
1. NO 2 Yes focal	3. Yes - diffuse	
O. Paget's disease of nipple: 2	o. Tes - diffuse	
1. Yes 2. No		
P. Number of positive lymph nodes: 0		
U. Fotal number of lymph nodes examined 3		
N. Senunei node metastasis: 2		
1. Yes 2. No		
S. Only micrometastases to lymph nodes (none large	er than 0.2 cm): n/a	
T. Metastasis/es to a lymph node 2 cm. or more in gr	eatest dimension: n/a	
U. Lymph node metastasis/es with extracapsular extra 1. Yes 2. No	ension: <u>n/a</u>	
V. Metastases to ipsilateral internal mammary lymph 1. Yes 2. No	node (if applicable): n/a	
W. Skin involved (ulceration): 2		•
1. Yes 2. No		
X. Non-neoplastic breast tissue: 6		
1. ADH	4 Elbrandon :	_
2. ALH	4. Fibroadenoma	7. LCIS
3. Radical scar	5. Papilloma 6. FCD	8. Other
Y. Multicentricity/multifocality of invasive foci: 2	0. I*Q <b>D</b>	
I. Yes 2 No		
Z. TNM stage: T2N0MX	Criteria	Yes No
— <del></del>	Diagnosis Discrepancy	
	Primary Tumor Site Discrep	anty
	Prior Malignancy History Dual/Synchronous Primary	Noted
		130.00