

Carcinoma, infiltrating ductal, NOS 850d3
Site: breast, NOS C50.9

Patient

1/25/11 hr

Surgical Pathology:

Surg Path

CLINICAL HISTORY:
Breast lesion.

GROSS EXAMINATION:

A. "Left breast excision, long lateral, short superior", in formalin. The specimen consists of a 9.5 x 8.8 x 2.3 cm sample of firm, white, fibroadipose tissue with an attached skin ellipse measuring 4.8 x 0.7 cm. The skin includes a 3.5 cm scar. The specimen is inked as follows: superior margin blue; inferior margin black; deep surgical margin green. The specimen is sectioned serially from medial to lateral revealing a firm, white, scirrhous lesion diffusely involving the entire specimen and extending to all margins. There are focal areas of punctate hemorrhage and cyst formation.

BLOCK SUMMARY:

A1 representative sample of tissue from extreme medial portion of sample.
A2-A6 representative slices of tissue through mid medial portion of sample showing approach to all surgical margins, divided into five portions.
A7-A11 representative slice of tissue taken from mid-lateral portion of sample, showing approach to all surgical margins, divided into five portions.
A12 representative sample of tissue taken from extreme lateral portion of sample.

B. "Axillary dissection", fresh. The specimen consists of a 7.5 x 7.0 x 2.0 cm sample of fibroadipose tissue. Several sutures are attached, however, the specimen is unoriented. Twenty-one lymph node candidates were identified within the samples. The largest measures 2.0 x 1.3 x 0.8 cm and is firm in consistency.

BLOCK SUMMARY:

B1 five lymph node candidates.
B2 eight lymph node candidates.
B3 six lymph node candidates.
B4 one (bisected) lymph node candidate.
B5 one (bisected) lymph node candidate.
Dr.

UUID:C0E92852-4146-468C-9713-2DE9C331689F
TCGA-B6-A0WY-01A-PR

Redacted



REVISED DIAGNOSIS:

A. "LEFT BREAST EXCISION, LONG LATERAL, SHORT SUPERIOR" (EXCISIONAL BIOPSY):

INFILTRATING ADENOCARCINOMA, HISTOLOGIC TYPE INFILTRATING DUCTAL.
N.S.A.B.P. HISTOLOGIC GRADE, 2 TO 3, NUCLEAR GRADE, 2.
GROSS TUMOR SIZE, 1.6 CM.
SIZE OF INVASION COMPONENT, 1.5 CM.
IN SITU CARCINOMA, PRESENT. OCCUPYING 10% OF TUMOR.
EXTENSIVE INTRADUCTAL COMPONENT, NOT PRESENT.
TYPE OF IN SITU CARCINOMA, SOLID.

SURROUNDING NON-NEOPLASTIC BREAST TISSUE SHOWS DUCT ECTASIA INTRADUCTAL PAPILLOMATOSIS, AND APOCRINE METAPLASIA.

LYMPHATIC/VASCULAR INVASION, PRESENT AND EXTENSIVE.
SURGICAL MARGIN STATUS, CLOSE MULTIFOCALLY WITH CARCINOMA MOST CLOSELY APPROACHING SUPERIOR MARGIN. ALL MARGINS TECHNICALLY FREE OF MALIGNANCY.

ESTROGEN/PROGESTERONE AND CELL CYCLE ANALYSIS PENDING, YES ON FRESH TISSUE.

B. "AXILLARY LYMPH NODES" (AXILLARY DISSECTION):

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

DATE REVIEWED: 1/26/11

THREE OF TWENTY-ONE LYMPH NODE ARE POSITIVE FOR METASTATIC CARCINOMA.

ONE LYMPH NODE SHOWS EXTRACAPSULAR EXTENSION.

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

M.D. Pager#

Date Signed:

ADDENDUM 1:

Material was sent to _____ for assay of the Progesterone receptors. The Estrogen receptor was judged as positive within an estimated fmol value of 20. The Progesterone receptor activity was judged as negative with an estimated fmol value of 4. Please refer to report for more complete details.

Verified by:

M.D. Pager#

Date Signed: