argical Pathology

Surg Path

CLINICAL HISTORY:

Right breast mass with needle aspiration compatible with infiltrating ductal carcinoma. Right breast carcinoma.

GROSS EXAMINATION:

A. "Right breast", in formalin. This is a 2700 gram, 36 x 21.5 x 63 cm modified radical mastectomy specimen with an attached skin ellipse 31 x 22 cm. The skin contains circumferential 8.3 x 2.2 cm area and a retracted 1.5 cm nipple. There is no biopsy scar or other skin lesions. Upon sectioning most of the breast tissue is fibrofatty yellow-white in appearance. In the upper outer quadrant. There is a 3.0 x 2.8 x 3.0 cm firm, infiltrating pink-grey mass. It is 2 cm deep from the skin, 5 cm from the nearest lateral margin and 5.0 cm from the nearest deep margin. Tissue has been submitted for ER/PR studies. No other focal lesions are found. Attached is a 13.0 x 9.0 x 4.0 axillary tail containing multiple potential lymph node candidates. A suture demarks level I from levels II and III.

BLOCK SUMMARY:

A1-A3- tumor.

A4- deep margin.

A5- lateral margin.

A6- lower outer quadrant.

A7- upper medial quadrant.

A8- lower medial quadrant.

A9- skin overlying tumor mass.

A10- nipple.

All- areola.

A12- bisected lymph node candidate level I.

Al3- three lymph node candidates level I.

Al4- three lymph nod candidates level II.

Al5- five respective lymph node candidates level II.

A16- one bisected lymph node candidate level III.

A17- one bisected lymph node candidate level III.

Al8- three potential lymph node candidates level III.

Dr. . with Dr.

DIAGNOSIS:

A. "RIGHT BREAST", (MODIFIED RADICAL MASTECTOMY):

INFILTRATING CARCINOMA PRESENT, INFILTRATING DUCTAL (TUBULOLOBULAR SUBTYPE) N.S.A.B.P HISTOLOGIC GRADE 1-2 OF 3.

N.S.A.B.P. NUCLEAR GRADE 1-2 OF 3.

GROSS TUMOR SIZE, 3 CM.

INVASIVE TUMOR SIZE, 3 CM.

LOCATION OF TUMOR, UPPER OUTER QUADRANT.

MULTIFOCAL TUMOR, NO.

IN SITU CARCINOMA PRESENT OCCUPYING LESS THAN 5% OF TUMOR.

TYPE OF IN SITU CARCINOMA, DUCTAL NON-COMEDO TYPE.

STATUS OF NON-NEOPLASTIC BREAST TISSUE, INTRADUCTAL HYPERPLASIA

MODERATE, MICROCYST FORMATION, APOCRINE METAPLASIA, SCLEROSING ADENOSIS.

LYMPHATIC/VASCULAR INVASION, PRESENT. SURGICAL MARGIN STATUS, NEGATIVE. NIPPLE STATUS, PAGET'S DISEASE ABSENT. SKIN STATUS, FREE OF MALIGNANCY. MUSCLE STATUS, NOT SAMPLED.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		×
HIPAA Discrepancy		_ X
Prior Malignancy History		X_
Qual/Synchronous Primary Noted		1 1
Case is function.	SOUALIFIED	
Reviewer Initials Date Reviewed:_	TIMOR	
No.		

UUID: B587CCDD-1ED2-437A-BDF0-684AF474A8A6

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TCGA-B6-A0WZ-01A-PR



LYMPH NODE STATUS, 11 OF 21 LYMPH NODES POSITIVE FOR CARCINOMA (11/21). EXTRACAPSULAR EXTENSION, PRESENT IN 4 OF 21 NODES EXAMINED. SIZE OF LARGEST INVOLVED LYMPH NODE, 1.6 CM.

ESTROGEN/PROGESTERONE AND CELL CYCLE ANALYSIS PENDING, YES.

Verified by:

M.D. Pager#

Date Signed:

ADDENDUM 1:

Tissue was sent to the for assay of the Estrogen and Progesterone receptors. The Estrogen receptor activity was judged as positive with an estimated fmol valve of 127. The Progesterone receptor activity was judged as positive with an estimated fmol valve of 152. Please refer to for a complete report.

Verified by:

M.D. Pager#

Date Signed:

