

Carcinoma, infiltrating duct, NOS 8500/3

Site: breast, NOS C50.9

lw  
4/27/11

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UUID:881555D4-78D9-4235-AABE-F852CA6F1585  
TCGA-A2-A25E-01A-PR

Redacted |



Patient:  
FMP/SSN:  
DOB/Age/Sex:  
Location:  
Physician(s):

(Age: F Race:

Specimen #:

Taken:  
Received:  
Reported:

**\*\*AMENDED\*\*****SPECIMEN: LEFT BREAST MASTECTOMY AND AXILLARY CONTENTS****FINAL DIAGNOSIS:****A. BREAST, (LEFT) RADICAL MASTECTOMY:**

- RESIDUAL INVASIVE DUCTAL CARCINOMA, MODERATELY DIFFERENTIATED BY COMBINED HISTOLOGIC CRITERIA, PRESENT IN THE AREA OF BIOPSY CAVITY AND LOWER OUTER QUADRANT
- ESTIMATED TUMOR SIZE BASED ON PREVIOUS NEEDLE LOCALIZATION BIOPSIES AT LEAST 3.0 CM.
- SEPERATE TUMOR MASS IN THE UPPER OUTER QUADRANT: INFILTRATING DUCTAL CARCINOMA, POORLY DIFFERENTIATED. TUMOR SIZE: 2.0 CM (GROSS) MARGIN: TUMOR WITHIN 1MM OF SUPERIOR SUPERFICIAL MARGIN
- DUCTAL CARCINOMA IN SITU, INTERMEDIATE-GRADE, PREDOMINANTLY SOLID AND CRIBRIFORM TYPES.
- DEEP MARGIN: TUMOR (DCIS) EXTENDS WITHIN 1.0 MM OF DEEP SURGICAL MARGIN IN ONE SECTION (SLIDE A12).
- METASTASIS TO 6/10 AXILLARY LYMPH NODES WITH EXTRA CAPSULAR EXTENSION.
- SKIN AND NIPPLE NEGATIVE FOR CARCINOMA. - FIBROCYSTIC CHANGES. - - BIOPSY SITE CHANGES.
- AJCC STAGE: T2N2MX

COMMENT: The amendment is made to report that there is a separate tumor mass in the upper outer quadrant and also the deep margin status.

The amendment is made in the absence of the primary pathologist.

## SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

FINAL DIAGNOSIS (continued):

\*\* Report Electronically Signed Out \*\*

## CLINICAL DIAGNOSIS AND HISTORY:

Left breast carcinoma.

## GROSS DESCRIPTION:

Received fresh is a 167 gm modified radical mastectomy specimen with the following measurements: breast 12.6 x 11.6 x 1.6 cm, overlying ellipse of nipple-bearing skin 7.2 x 5.5 cm, attached axillary contents 12.5 x 3.5 x 0.9 cm. Ink code: blue = superior superficial, green = inferior superficial, black = posterior. The skin is notable for a 2.0 cm well healed scar near the lateral edge of the ellipse. Examination of the axilla reveals multiple firm lymph nodes. A separate mass is present in the upper outer quadrant measuring 2.0 x 1.4 x 1.4 cm. The breast is then serially sectioned revealing extensive white fibrous tissue with a 1.2 cm multiloculated biopsy cavity with associated hemorrhage and fat necrosis in the lower outer quadrant. Sections of the tumor mass and skin and breast samples for protocol with matching paraffin sections are follows: cassette A1 grossly normal skin (medial tip), cassettes A2 and A3 2.0 cm tumor mass from upper outer quadrant, cassette A4 1.7 cm lymph node, high axilla (grossly positive), cassette A5 1.8 cm grossly normal lymph node, high axilla, cassette A6 biopsy cavity site, lower outer quadrant, cassette A7 grossly normal fibrous tissue, lower outer quadrant (approximately 2.0 cm from biopsy cavity) cassette A8 grossly normal fibrous tissue, upper outer quadrant, cassette A9 grossly normal fibrous tissue upper inner quadrant, cassette A10 grossly normal fibrous tissue lower inner quadrant, cassette A11 representative sections of nipple and scar from skin, cassette A12 biopsy cavity deep margin lateral, cassette A13 biopsy cavity superior medial, A14 biopsy cavity inferior medial, A15 four additional lymph nodes from axillary tail, A16 two additional lymph nodes from axillary tail, cassette A17 one lymph node bisected from axillary tail.

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (check):	QUALIFIED	DISQUALIFIED
Reviewer Initials	DATE Reviewed: 4/27/14	