

# SURGICAL PATHOLOGY REPORT

Material Submitted: left breast with axillary contents

Clinical History: ICD-0-3

Carcinoma, infiltrating ductal, nos

8500/3

Clinical Diagnosis: Site: breast, nos C50.9

Operating Surgeon: Dr. 1/25/11 hr

Pathology Number

## Gross Examination:

The specimen is received in a single container, labeled with the patient's name, history number, date and "left breast and axillary contents". Received is a breast measuring approximately 23.0 x 16.0 x 8.5 cm. Also received is axillary contents measuring 8.0 cm. x 9.0 cm. x 3.0 cm. There is no previous scars or other lesions on the surface of the breast. Noted grossly was a 5.0 x 5.0 x 4.0 cm. mass submitted for receptors. The specimen has been inked in blue and sectioned extensively before accessioning. Examination of the specimen reveals a firm white nodule measuring approximately 3.5 x 3.0 cm. in two dimensions. Gross inspection of the tumor at the deep margin does not show extension through the deep margin grossly. Representative sections are submitted as follows:

- II - IV  
 Block I: representative section of tumor to show deep margin.  
 Block II: representative section of tumor to show deep margin.  
 Blocks III and IV: representative sections of the tumor.

Palpation of the remainder of the breast does not reveal any separate nodules from the main tumor region. From the main mass, a couple of satellite nodules are noted that appear to be contiguous with the main mass. A section of this area is submitted in Block V.

- Block VI: representative section of nipple.  
 Block VII: representative section of skin over tumor.  
 Block VIII: random sample of upper inner quadrant.  
 Block IX: random sample of lower inner quadrant.  
 Block X: random sample of upper outer quadrant.  
 Block XI: random sample of lower outer quadrant.

The axillary contents are separate from the remainder of the specimen and palpated for lymph nodes. Lymph node candidates are submitted from the inferior to the superior direction. They are submitted as follows:

- Block XII: two lymph node candidates.  
 Block XIII: three lymph node candidates.  
 Block XIV: three lymph node candidates.  
 Block XV: five lymph node candidates.  
 Block XVI: three lymph node candidates.  
 Block XVII: three lymph node candidates.  
 Block XVIII: five lymph node candidates.

UID: 2D3D759B-D06A-4FC6-855A-5E9F83ADBED9  
 TCGA-B6-A016-01A-PR Redacted



| Criteria                                | Yes                    | No           |
|---|------------------------|--------------|
| Diagnosis Discrepancy                   |                        | ✓            |
| Primary Tumor Site Discrepancy          |                        | ✓            |
| HIPAA Discrepancy                       |                        | ✓            |
| Prior Malignancy History                |                        | ✓            |
| Ductal/Intraductal, noninvasive Primary |                        | ✓            |
| Case is Circled                         | QUALIFIED              | DISQUALIFIED |
| Reviewer Initials                       | JMB                    |              |
|   | Date Reviewed: 1/18/11 |              |

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- Block XIX: five lymph node candidates.
- Block XX: three lymph node candidates.
- Block XXI: five lymph node candidates.
- Block XXII: five lymph node candidates.
- Block XXIII: three lymph node candidates.
- Block XXIV: three lymph node candidates.

**MICROSCOPIC:** The apparent satellite nodules seen grossly (Block 5) consist of sclerosis and hemangioma (so-called "peritubular hemangioma"). Portions of the carcinoma have intermediate grade nuclei, but areas have a high grade nuclear pattern.

**DIAGNOSIS:**

#1 "LEFT" BREAST, MASTECTOMY:

A. LARGE (5.0 x 5.0 x 4.0 CM.) INFILTRATING DUCTAL CARCINOMA, N.S.A.B.P. NUCLEAR GRADE POORLY DIFFERENTIATED, HISTOLOGIC GRADE 3 OF 3.

B. FOCAL INTRATUMORAL INTRADUCTAL CARCINOMA.

C. PROMINENT VASCULAR INVASION BY CARCINOMA.

D. NO CARCINOMA IDENTIFIED IN SURGICAL MARGINS.

E. HEMANGIOMA.

F. FIBROCYSTIC CHANGES:

1. MARKED DUCTAL EPITHELIAL HYPERPLASIA.
2. PAPILLARY APOCRINE METAPLASIA.
3. DUCT ECTASIA.
4. SCLEROSIS.

#2 "LEFT" AXILLARY DISSECTION:

A. METASTATIC CARCINOMA IN 6 OF 32 LYMPH NODES.

B. FOCAL CARCINOMA IN PERINODAL BLOOD VESSELS.