

Clinical Diagnosis & History:
Right breast cancer with axillary positive FNA.

Specimens Submitted:

- 1: SP: Right breast and axillary contents level 1 and 2
- 2: SP: Additional level one lymph node, right axilla

DIAGNOSIS:

1. BREAST, RIGHT; MODIFIED RADICAL MASTECTOMY:
 - MULTIPLE FOCI INVASIVE DUCTAL CARCINOMA WITH NEUROENDOCRINE DIFFERENTIATION, HISTOLOGIC GRADE III/III (SLIGHT OR NO TUBULE FORMATION), NUCLEAR GRADE III/III (MARKED VARIATION IN SIZE AND SHAPE) RANGING IN SIZE FROM 0.1 CM TO 4.2 CM.
 - THERE IS A DOMINANT TUMOR MASS WHICH MEASURES 4.2 CM IN GREATEST DIMENSION WITH MULTIPLE SATELLITE NODULES SPANNING AN AREA OF 9.0 CM.
 - DUCTAL CARCINOMA IN-SITU (DCIS) IS ALSO IDENTIFIED, SOLID, FLAT/CLINGING, MICROPAPILLARY, AND CIBRIFORM TYPES WITH INTERMEDIATE TO HIGH NUCLEAR GRADE AND MILD NECROSIS.
 - THE DCIS CONSTITUTES LESS THAN OR EQUAL TO 25% OF THE TOTAL TUMOR MASS, AND IS PRESENT ADMIXED WITH THE INVASIVE COMPONENT.
 - THE INVASIVE CARCINOMA IS LOCATED IN ALL FOUR QUADRANTS AND THE CENTRAL AREA.
 - THE DCIS IS LOCATED IN ALL FOUR QUADRANTS AND THE CENTRAL AREA.
 - SMALL FOCUS OF LOBULAR CARCINOMA IN SITU (LCIS) IS IDENTIFIED
 - NO INVOLVEMENT OF THE NIPPLE BY EITHER IN SITU OR INVASIVE CARCINOMA IS IDENTIFIED.
 - CALCIFICATIONS ARE PRESENT IN THE INVASIVE AND IN SITU CARCINOMA.
 - NO VASCULAR INVASION IS NOTED.
 - NO INVOLVEMENT OF THE SURGICAL MARGINS BY EITHER INVASIVE OR IN SITU CARCINOMA IS IDENTIFIED.
 - NO SKIN INVOLVEMENT BY CARCINOMA IS IDENTIFIED.
 - BIOPSY SITE, FIBROCYSTIC, AND COLUMNAR CHANGES AND MICROSCOPIC INTRADUCTAL PAPILLOMAS ARE ALSO IDENTIFIED

Verified by STRINGS
pru tss.

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TCGA-AO-A0J3-01A-PR Redacted



- THE LYMPH NODE STATUS IS AS FOLLOWS (EXPRESSED AS THE NUMBER OF POSITIVE LYMPH NODES IN RELATION TO THE TOTAL NUMBER OF LYMPH NODES EXAMINED):
LEVEL I: 0/23; LEVEL II: 0/11; INTRAMAMMARY (ELEVEN O' CLOCK): 1/1.
- THE METASTATIC FOCUS MEASURES 1.9 CM.
- THERE IS NO EXTRANODAL EXTENSION OF CARCINOMA.

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1CD-0-3

Carcinoma, infiltrating duct mixed w/ other types (neuroendocrine)
8523/3

Site: breast nos C50.9

lw
10/27/11

Criteria	Yes	No
Diagnosis Discrepancy	X	
Primary Tumor Site Discrepancy	X	
TGPA Discrepancy	X	
Prior Malignancy History		
Dist/Synchronous Primary / Noted		
Case is (circle):		
Reviewer Initials	MS	DISQUALIFIED
Date Reviewed	9/20/11	
	MS 10/27/11	

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF
THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED
THIS REPORT.

*** Report Electronically Signed Out ***

Gross Description:
M.D.

1) The specimen is received fresh and labeled, "right breast and axillary contents levels 1 and 2" and consists of a breast measuring 33.0 x 27.5 x 6.0 cm with overlying skin ellipse measuring 33.0 x 17.0 cm. Situated centrally on the skin surface is a flattened nipple measuring 0.9 x 0.9 cm and areola measuring 4.2 cm. The skin shows bruising at the 8 o'clock positions. No definitive scars are appreciated. A suture demarcates the axillary contents which measures 11.0 x 6.5 cm. Two tags are present, designating levels 1 and 2. The posterior surface of the breast is inked black and the anterior/superior red and interior/inferior green. The specimen is serially sectioned to reveal a firm tumor nodule measuring 4.2 x 3.5 x 3.2 cm located centrally at the subareolar aspect, located 1.0 cm from the deep margin with surrounding firm satellite extension involving a 9.0 x 5.5 x 5.0 cm area involving all four quadrants. A full face section of the largest tumor nodule is taken, sectioned and submitted accordingly. Additional representative sections showing the satellite nodules are submitted. The remaining breast tissue shows, lobular adipose tissue with scant white fibrous breast tissue. The axillary tissue is dissected to reveal an enlarged tan lymph node located in the upper outer quadrant at 11 o'clock position, measuring 2.5 cm in greatest dimension with a grossly positive cut surface. A representative section of the lymph node is submitted. All identified lymph nodes are submitted. Representative sections are submitted. All dissected lymph nodes are entirely submitted. 2

Summary of sections:

N - nipple
NB - nipple base
S - representative skin
D - tumor to deep margin
TSS - tumor (full face, trisected)
TN-- largest tumor nodule to surrounding papillary nodules
PN-- surrounding papillary tumor nodules
UIQ - upper inner quadrant
LIQ - lower inner quadrant
UOQ - upper outer quadrant
LOQ - lower outer quadrant
LN11-- grossly positive 11 o'clock lymph node
LN1-- lymph nodes (level 1)
BLN1-- bisected lymph nodes (level 1)

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TLN1-- trisected lymph nodes (level 1)
 SLN1serially sectioned single lymph node (level 1)
 LN2 - lymph nodes (level 2)
 BLN2-- bisected lymph node (level 2)

2) The specimen is received in formalin, labeled "Additional level 1 lymph node, right axilla" and consists of a single pink tan fatty lymph node measuring 1.2 x 1 x 0.3 cm. The lymph node is entirely submitted.

Summary of sections:
LN- lymph node

Summary of Sections:

Part 1: SP: Right breast and axillary contents level 1 and 2

Block	Sect.	Site	PCs
4		BLN1	4
1		BLN2	1
1	D		1
2	LIQ		2
3	LN1		3
1	LN11		1
2	LN2		2
2	LOQ		2
3	N		3
1	NB		1
1	S		1
4	SLN1		4
3	TLN1		3
2	TN		2
3	TSS		3
2	UIQ		2
2	UOQ		2

3

Part 2: SP:Additional level one lymph node , right axilla

Block	Sect.	Site	PCs
1		LN	1

Procedures/Addenda:

Addendum

Date Ordered:

Date Complete:

Date Reported: .

Status: Signed Out

By:

D.

Addendum Diagnosis

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14 RIGHT BREAST AND AXILLARY CONTENTS, LEVEL 1 AND 2:
IMMUNOHISTOCHEMICAL STAINS SHOW THE TUMOR CELLS TO BE NEGATIVE FOR
HER2 (0/1+).

M.D.

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** End of Report **