

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is Circle:	CONFIRMED	DISQUALIFIED
Reviewer Initials	RE	Date Reviewed

JUN 4/25/11

UUID:468CD293-C9F7-43C6-A40A-18FCDD22F6AA
TCGA-AR-A24V-01A-PR Redacted



Final Diagnosis

Breast, right; wide local excision: Infiltrating ductal carcinoma, Nottingham grade II (of III) [tubules 2/3, nuclei 2/3, mitoses 2/3; Nottingham score 7/9], forming a mass (2.4 x 1.7 x 1.6 cm) [AJCC pT2]. Biopsy site changes are present. Ductal carcinoma in situ, solid and micropapillary type, intermediate nuclear grade, comprising 5-25% of the tumor mass. Angiolymphatic invasion is identified. All surgical resection margins, after re-excision of the medial margin, are negative for tumor (minimum tumor free margin, 1.0 cm, inferior margin).

Lymph nodes, right axillary sentinel Nos. 1 and 2, sentinel biopsy: A single (1 of 2) axillary sentinel lymph node is positive (for micrometastasis [AJCC pN1mi(sn)]), with 2 metastases, the largest measuring 1.0 mm and smallest 0.5 mm.

Immunohistochemical cytokeratin stain was performed on the paraffin embedded sentinel lymph node tissue and confirms the H&E impression.

1CD-0-3

carcinoma, infiltrating duct, nos 8500/3

Site: breast, nos C50.9

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4/25/11