

Surgical Pathology Report

Name: [REDACTED]
DOB: [REDACTED]
Gender: F
MRN: [REDACTED]
Location: [REDACTED]
Physician: [REDACTED]

Case #: [REDACTED]
Collected: [REDACTED]
Received: [REDACTED]
Reported: [REDACTED]
Copy To: [REDACTED]

Pathologic Interpretation:

- A. Left axillary lymph node biopsy:
- One lymph node (1) negative for carcinoma.
- Immunohistochemistry for keratin is negative.

10D-0-3

Carcinoma, infiltrating lobular, NOS 8520/3

- B. Left axillary lymph node biopsy:
- One lymph node (1) negative for carcinoma.
- Immunohistochemistry for keratin is negative.

Path Site: breast, lower outer quadrant C50.5 2/9/11
CQC Site: breast, NOS C50.9 per

- C. Left axillary lymph node biopsy:
- One lymph node (1) negative for carcinoma.
- Immunohistochemistry for keratin is negative.

- D. Left breast mastectomy:
- INVASIVE CARCINOMA, with lobular features, moderately differentiated Nottingham grade 2 (3 + 3 + 1 = 7), largest extent of tumor grossly measuring 2.0 cm (see note).
- IN SITU CARCINOMA, with lobular features, high nuclear grade, central comedo necrosis and calcifications is present in 4 out of 12 slides (see note).
- Biopsy site is present.
- Margins negative for in situ and invasive carcinoma.
- No lymphovascular invasion is present.
- Immunohistochemical results:
 Estrogen receptor: Positive
 Progesterone receptor: Positive
 HER-2: Positive (3+)
 E-Cadherin: Negative

UUID: 79C0D757-508E-4375-AF69-E577629EE0CA
TCGA-EW-A1J3-01A-PR

Redacted



Note: This is an unusual neoplasm with morphologic features of a lobular in situ and invasive carcinoma that is E-cadherin negative, with high nuclear grade and necrosis, and positive HER-2. The biological behavior and clinical course of such neoplasms, which are sometimes referred to as Pleomorphic Lobular Carcinoma, may be similar to ductal carcinomas.

Surgical Pathology Tumor Summary

Specimen: Total breast

Procedure: Total mastectomy

Lymph node sampling: Sentinel lymph node

Specimen Integrity: Single intact specimen

Specimen Laterality: Left

Tumor Site: Lower outer quadrant

Tumor Size: Greatest dimension of largest focus of invasion over 0.1 cm: 2.0 cm

Tumor Focality: Single focus of invasive carcinoma

Skin: Invasive carcinoma does not invade into the dermis or epidermis without skin

Skeletal muscle: No skeletal muscle present

Lobular carcinoma in situ: Present

Histologic Type of Invasive Carcinoma: Invasive carcinoma with lobular features

Glandular (Acinar)/Tubular Differentiation: Score 3 < 10% of the tumor are forming glandular/tubular structures

Nuclear Pleomorphism: Score 3: Vesicular nuclei, often with prominent nucleoli, exhibiting marked variation in size and shape, occasionally with very large and bizarre forms

Mitotic count: Score 1

Overall grade: Grade 2: scores of 6 or 7

Margins: Margins uninvolved by invasive carcinoma

Distance from closest margin: 1.2 cm from deep margin

Lymph-vascular invasion: Not identified

Lymph nodes: Number of sentinel lymph nodes examined: 3

SURGICAL PATHOL Report

Total number of lymph nodes examined (sentinel and nonsentinel): 3
Number of lymph nodes with isolated tumor cells (<0.2 mm and <200 cells): 0
Size of largest metastatic deposit (if present): 0

Extranodal extension: Not identified

Method of evaluation of sentinel lymph nodes: Immunohistochemistry (pending)

Pathologic staging: pT1c: Tumor >10 mm but <20 mm in greatest dimension

pNO: (i+): Malignant cells in regional lymph nodes no greater than 0.2 cm and no more than 200 cells (detected by H & E or IHC including ITC).

Distant Metastasis: Not applicable

Estrogen Receptor: Performed on this specimen

Results: Immunoreactive tumor cells present (>1%)

Progesterone Receptor: Performed on this specimen

Results: Immunoreactive tumor cells present (>1%)

HER2/neu: Performed on this specimen

Results: Positive (Score 3+)

Microcalcifications: Present in situ carcinoma

NOTE: Some Immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory. These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID5-ER, PgR 636-PR, A485-HER2, H-11-EGFR. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by Envision Method. The results are read by a pathologist as positive or negative.

As the attending pathologist, I attest that I: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).

Electronically Signed Out By

Procedures/Addenda

Addendum

Date Ordered: .

Status: Signed Out

Date Complete: .

Date Reported: .

Addendum Diagnosis

- D. LEFT BREAST MASTECTOMY:
- The tumor cells are positive for HER2 gene amplification by CISH (performed at

Intraoperative Consultation

- A. Left axilla 1 FS: No obvious malignancy; however, immunostains are pending.
B. Left axilla 1 - FS: No obvious malignancy; however, immunostains are pending.
C. Left axilla 1 FS: No obvious malignancy; however, immunostains are pending.

Clinical History:

SURGICAL PATHOL Report

Patient with biopsy-proven infiltrating lobular carcinoma. Please evaluate margins and if sentinel nodes are H&E negative, do immunohistochemistry.

Operation Performed

Left total mastectomy with sentinel lymph node biopsy, possible axillary node dissection

Pre Operative Diagnosis:

Infiltrating lobular carcinoma of left breast

Specimen(s) Received:

- A: Left axilla 1 - FS
- B: Left axilla 1 - FS
- C: Left axilla 1 - FS
- D: Left breast

Gross Description:

- A. Received fresh is a 1 x 1 x 0.2 cm adipose tissue fragment. The specimen is submitted in toto in one block for frozen section.
- B. Received fresh is a 2 x 1 x 0.6 cm adipose tissue fragment. The specimen is submitted in toto in one block for frozen section.
- C. Received fresh is a 0.5 x 0.4 x 0.1 cm adipose tissue fragment. The specimen is submitted in toto in one block for frozen section.
- D. Received in formalin is an 871-gram, 20 x 16 x 6 cm mastectomy specimen. An ellipse of skin is identified; it measures 16 x 9 x 0.2 cm. The nipple and areola measure 1.8 cm and 4.5 cm, respectively. The specimen is oriented with one stitch superior and two stitches medial. The specimen is inked and cross sectioned in the frozen room. A 2 x 1.5 x 1.2 cm, ill-defined lesion was identified in the left lower outer quadrant. This lesion is located 1.2 cm from the deep resection margin (closest). A 0.2 x 0.1 cm tissue sample was taken by Dr. A 0.3 x 0.3 cm tissue sample was taken for tissue bank. A 0.5 x 0.4 x 0.1 cm tissue sample was taken by Dr. for research. An additional piece of adipose tissue and skin accompanies the specimen; it measures 7.5 x 4 x 2.5 cm. The skin measures 7 x 2.5 x 0.1 cm. Cross sections throughout the specimen show a multilobulated adipose tissue. No lesions are identified. The fat to stroma ratio is 40:60. The specimen is submitted as follows:
 - 1 Section of nipple and areola
 - 2 Lesion in relation to the deep margin (closest)
 - 3-5 Remainder of lesion in toto
 - 6 Section of left upper inner quadrant
 - 7 Section of left lower inner quadrant
 - 8 Section of central compartment
 - 9 Section of left upper outer quadrant
 - 10 Section of left lower outer quadrant
 - 11&12 Sections of additional breast tissue segment

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials		