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Clinical Diagnosis & History:
y/o female with right invasive lobular carcinoma.

Specimens Submitted:
1: SP: Right breast

DIAGNOSIS:

- 1) BREAST, RIGHT; MASTECTOMY:
- INVASIVE LOBULAR CARCINOMA, CLASSICAL TYPE, MEASURING 0.4 CM IN LARGEST DIMENSION MICROSCOPICALLY.
- FOCAL DUCTAL CARCINOMA IN SITU (DCIS) IS ALSO IDENTIFIED, WITH SQUAMOID MORPHOLOGY, SOLID TYPE WITH INTERMEDIATE NUCLEAR GRADE AND MINIMAL NECROSIS, IS PRESENT ADJACENT TO BIOPSY CAVITY.
- LOBULAR CARCINOMA IN SITU (LCIS) IS ALSO IDENTIFIED, CLASSICAL TYPE (TYPE A).
- THE NIPPLE BASE IS INVOLVED BY INVASIVE CARCINOMA.
- CALCIFICATIONS ARE PRESENT IN BENIGN BREAST PARENCHYMA.
- NO VASCULAR INVASION IS NOTED.
- NO INVOLVEMENT OF THE SURGICAL MARGINS BY INVASIVE CARCINOMA IS IDENTIFIED.
- THE SKIN SHOWS AN ULCER.
- THE ATTACHED SKELETAL MUSCLE IS UNINVOLVED BY CARCINOMA.
- THE NON-NEOPLASTIC BREAST TISSUE SHOWS BIOPSY SITE CHANGES.
- FOUR BENIGN INTRAMAMMARY LYMPH NODES (0/4).

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:
MD

M.D.

- 1). The specimen is received fresh labeled, "right breast" and consists of a

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ICD-0-3
carcinoma, infiltrating lobular, NOS 8520/3
Site: breast, NOS C50.9 lw 10/22/11

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TCGA-AO-A0J9-01A-PR Redacted



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		
Dual/Synchronous Primary Noted		
Case is (circle):	DISQUALIFIED	DISQUALIFIED
Reviewer Initials	MD	lw 10/22/11

breast without attached axillary tail. The breast measures 30.5 x 17.5 x 7.5 cm with overlying skin ellipse measuring 30.5 x 8 cm. The nipple measures 1.2 x 1.2 x 1 cm and areola measures 5 x 5 cm. Two centimeters above the nipple (upper inner quadrant), there is a well healed scar, measuring 8 cm. A skin defect and ulceration is identified in the axillary area, measuring 1.0 x 0.5 cm. The skin is slightly red, suggestive of a possible surgical draining site. At the posterior aspect of the specimen, there is a fibrotic area, measuring 6.5 x 3.5 cm. A suture demarcates the axilla. The posterior surface of the breast is inked blue. Serial sectioning of the specimen reveals a biopsy cavity under the scar, measuring 4 x 4 cm. The biopsy cavity is about 0.3 cm from the posterior inked margin. The cavity is lined by hemorrhagic fibrotic tissue with bright yellow, fat necrosis. No gross nodule is identified. Under the skin defect, there is a hemorrhagic area, measuring 1 x 0.4 cm. This area is very close to the posterior fibrosis. Sectioning the rest of the breast reveals a fatty cut surface. A few intramammary lymph nodes are identified. Representative sections are submitted.

Summary of sections:

N - nipple
 NB - nipple base
 S - skin with scar
 SD - skin defect
 F - posterior fibrotic area
 D - deep margin
 Bx - biopsy cavity
 L - lesion under the skin defect
 UIQ - upper inner quadrant
 LIQ - lower inner quadrant
 UOQ - upper outer quadrant
 LOQ - lower outer quadrant
 LN - intramammary lymph nodes, entirely submitted

Summary of Sections:

Part 1: SP: Right breast

Block	Sect.	Site	PCs	
12		BX		12
1		D		1
1		F		1
2		L		2
2		LIQ		2
3		LN		3
2		LOQ		2
1		N		1
1		NB		1
1		S		1
1		SD		1
2		UIQ		2
2		UOQ		2

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** End of Report **