1CD-0-3 Carcinoma, infiltrating lobular 8520/3 Path Site: breat, upper order quadrent C50.4 COCF Site: breat, Nos C50.9 2/15/11

SPECIMENS:

A. SLN #1 RIGHT AXILLA

B. RIGHT BREAST

- C. RIGHT BREAST UPPER OUTER QUADRANT
- D. RIGHT BREAST LATERAL FLAP
- E. LEFT BREAST AND AXILLARY TAIL
- F. ADDITIONAL AXILLARY CONTENTS

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- A. SLN #1 RIGHT AXILLA
- **B. RIGHT BREAST**
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GROSS DESCRIPTION:

A. SLN #1 RIGHT AXILLA

Received fresh labeled with the patient's identification and "SLN #1 right axilla" is a piece of fibroadipose tissue, $4.5 \times 3.1 \times 1$ cm. It is searched for lymph nodes. Four lymph nodes are identified measuring $2.5 \times 1.1 \times 0.6$ cm, $1.5 \times 1.1 \times 1$ cm, $0.6 \times 0.4 \times 0.2$ cm, and $0.6 \times 0.5 \times 0.2$ cm. The 3 smaller lymph nodes are inked orange, green, and black; the lymph nodes are bisected and half of each is submitted for frozen section diagnosis. Lymph nodes are submitted entirely:

FSA1: frozen section of 2 lymph nodes, bisected (1/2 of each)

FSA2: frozen section of 2 lymph nodes, bisected (1/2 of each)

A3: remainder of lymph nodes from FSA1

A4: remainder of lymph nodes from FSA2

B. RIGHT BREAST

Received fresh labeled with the patient's identification and "right breast" is an oriented 1697g, $38 \times 30 \times 30 \times 30$ cm simple mastectomy with 23×20 cm tan-brown skin ellipse and 1.3cm everted nipple. Ink code: anterior-superior: blue, anterior-inferior: orange, posterior-black. The specimen is serially sectioned into 19 slices from lateral to medial with nipple in slice 10 revealing a 4cm area of scar tissue, with a 1cm central previous biopsy site, 4.6cm from the deep margin in the UIQ of slice 12. The specimen is radiographed and 3 biopsy clips are identified (in the UC of slice 10, and two in the UIQ of slice 12), 1.5cm from the closest anterior-superior margin in the UIQ of slice 12. A second possible 1 x 0.9 x 0.7cm previous biopsy site is identified in 3.8cm from the deep margin in the UOQ of slice 7. Representatively submitted:

B1: nipple slice 10

B2: UOQ slice 5

B3: UOQ slice 6

B4: UOQ previous bx site UOQ slice 7

B5: LOQ slice 7

B6: UOQ slice 8

B7: LOQ slice 8

B8: UOQ slice 8

B9: UOQ slice 9

B10: LOQ slice 9

B11-B14: UC with clip ID in B13 slice 10

B15: deep margin and skin UC slice 10

B16: LC slice 10

B17-B18: UIQ slice 11

B19: LIQ slice 11

B20: UIQ skin slice 12

B21-B23: UIQ with 2 bx clips slice 12

B24: LIQ slice 12

B25: UIQ slice 13

C. RIGHT BREAST UPPER OUTER QUADRANT

Received fresh labeled with the patient's identification and "upper outer quadrant" is an oriented (suture at final anterior margin) 30 g, 11.3 x 3.7 x 0.9 cm fibrofatty tissue. Final margin is inked black. Serial sectioning reveals no discrete lesions. Representatively submitted in cassette C1-C3.

D. RIGHT BREAST LATERAL FLAP

Received fresh labeled with the patient's identification and "right breast lateral flap" is an oriented (suture at final anterior margin) 16 g, 6.6 x 3.9 x 1.2 cm fibrofatty tissue. Final margin is inked black. Serial sectioning reveals no discrete lesions. Representatively submitted in cassettes D1-D3. E. LEFT BREAST AND AXILLARY TAIL

Received fresh labeled with the patient's identification and "left breast and axillary tail" is an oriented 1844g, 30 x 27 x 5cm modified radical mastectomy with 25 x 21cm tan-brown skin ellipse and 1.5cm everted nipple. Ink code: anterior-superior: blue, anterior-inferior: orange, posterior-black. The specimen is serially sectioned into 13 slices from medial to lateral with nipple in slices 5-9 revealing a 4 x 3 x 2.8cm tan-white firm well-circumscribed mass in the UOQ of slices 9-10, 3cm from the deep margin. A dense firm ill-defined fibrous area 2cm in greatest dimension is identified in the UC of slice 6, 2.5cm from the closest posterior margin. The axillary tail is 11 x 10 x 4cm. Dissection reveals 18 lymph nodes ranging from 0.2 x 0.2 x 0.2cm to 1.4 x 1 x 1cm. A portion of the specimen is submitted for tissue procurement. Representatively submitted:

E1: nipple slice 5

E2: nipple slice 6

E3: LIQ slice 3

E4: UIQ slice 4

E5: UC slice 5

E6: LC slice 5

E7-E8: nodular area UC slice 6

E9: LC slice 6

E10-E11: UOQ slice 7

E12: LOQ slice 7

E13: UOQ slice 8

E14-E16: mass UOQ slice 9

E17: skin and deep margin UOQ slice 9

E18: LOQ slice 9

E19: mass UOQ slice 10

E20: LOQ

E21: 5 lymph nodes

E22: 5 lymph nodes

E23: 3 lymph nodes

E24: 2 lymph nodes

E25: 1 lymph node

E26: 1 lymph node

E27: 1 lymph node

HW

F. ADDITIONAL AXILLARY CONTENTS

Received fresh labeled with the patient's identification and "additional axillary contents" are pieces of yellow-tan fat in aggregate, 3.6 x 2.8 x 0.6 cm; containing a lymph node, 0.8 x 0.6 x 0.2 cm. Submitted entirely:

F1: 1 lymph node

F2-F3: remainder of soft tissue

DIAGNOSIS:

A. LYMPH NODE, SENTINEL #1, RIGHT AXILLA, EXCISION:

- TWO REACTIVE LYMPH NODES, NEGATIVE FOR METASTATIC CARCINOMA (0/2).
- B. BREAST, RIGHT, MASTECTOMY:
 - ADENOID CYSTIC CARCINOMA (3 CM AGGREGATE SIZE).
 - LOBULAR CARCINOMA- IN- SITÙ (LCIS), NUCLEAR GRADE 2.
 - RESECTION MARGINS ARE NEGATIVE FOR CARCINOMA.
 - FIBROADENOMA (0.35 CM).
- SCLEROSING ADENOSIS, USUAL DUCTAL HYPERPLASIA, APOCRINE **METAPLASIA** AND MICROCALCIFICATIONS.
- C. BREAST, RIGHT UPPER OUTER QUADRANT, EXCISION:
 - FATTY BREAST TISSUE, NO TUMOR IS SEEN.
- D. BREAST, RIGHT LATERAL FLAP, EXCISION:
 - FATTY BREAST TISSUE, NO TUMOR IS SEEN.

E. BREAST AND AXILLARY TAIL, LEFT, MASTECTOMY:

- INVASIVE LOBULAR CARCINOMA, MAINLY PLEOMORPHIC TYPE, SBR GRADE 3, SOLID GROWTH PATTERN.

- TUMOR MEASURES 4CM.

- RESECTION MARGINS ARE NEGATIVE FOR CARCINOMA.
- RADIAL SCAR.
- EIGHTEEN REACTIVE LYMPH NODES, NEGATIVE FOR METASTATIC CARCINOMA (0/18).

F. LYMPH NODE, ADDITIONAL AXILLARY CONTENTS, EXCISION:

- ONE REACTIVE LYMPH NODE, NEGATIVE FOR METASTATIC CARCINOMA (0/1).

SYNOPTIC REPORT - BREAST

Specimens Involved

Specimens: A: SLN #1 RIGHT AXILLA

B: RIGHT BREAST

C: RIGHT BREAST UPPER OUTER QUADRANT

D: RIGHT BREAST LATERAL FLAP

Specimen Type:

Mastectomy

Needle Localization: No

Laterality: Right

Invasive Tumor: Present

Multifocality: No

WHO CLASSIFICATION

Adenoid cystic carcinoma 8200/3

Tumor size: 3cm

Tumor Site: Upper outer quadrant

Margins: Negative

Distance from closest margin: 3.8cm

deep

Necrosis: Absent

Vascular/Lymphatic Invasion: Indeterminate

Lobular neoplasia:

LCIS

Lymph nodes:

Sentinel lymph node Negative 0/2

Lymph node status:

Non-neoplastic areas: Fibroadenoma, extensive sclerosing adenosis, usual ductal hyperplasia, apocrine

metaplasia

DCIS not present

ER/PR/HER2 Results

ER: Negative PR: Negative Performed on Case:

Pathological staging (pTN): pT 2 N 0

Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

SYNOPTIC REPORT - BREAST

Specimens Involved

Specimens: E: LEFT BREAST AND AXILLARY TAIL

F: ADDITIONAL AXILLARY CONTENTS

Specimen Type:

Mastectomy

Needle Localization: No

Laterality: (Left)

Present

Invasive Tumor: Multifocality: No

WHO CLASSIFICATION

Invasive lobular carcinoma 8520/3

Tumor size: 4cm

Tumor Site: Upper outer quadrant

Margins: Negative

Distance from closest margin: 3cm

deep

Tubular Score: 3 Nuclear Grade: 3 Mitotic Score: 3

Modified Scarff Bloom Richardson Grade:

Necrosis: Present

Vascular/Lymphatic Invasion: Indeterminate

Lobular neoplasia: LCIS

Lymph nodes: Axillary dissection Lymph node status: Negative 0 / 19

Non-neoplastic areas: Sclerosing adenosis, usual ductal hyperplasia, fibroadenomatoid changes, radial

3

scar

DCIS not present

ER/PR/HER2 Results

FR: Negative

ER: Negative PR: Negative

HER2: Negative by FISH Performed on Case:

Pathological staging (pTN): pT 2 N 0

Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

CLINICAL HISTORY:

year African American with history of ADH and LCIS with radial scar of right breast. WLE done 4-Was followed with imaging and was found to have right adenocystic carcinoma and ILC on left.

PRE-OPERATIVE DIAGNOSIS:

Bilateral breast cancer.

INTRAOPERATIVE CONSULTATION:

FSA1-FSA2: One focus with atypical cells defer to permanent.

Diagnosis called by Dr. to Dr. at (A).

ADDENDUM:

SUMMARY OF IMMUNOHISTOCHEMISTRY/SPECIAL STAINS

Material: Block B6 Population: Tumor Cells

Stain/Marker: Result: Comment:

HERCEPTIN Negative

The interpretation of the above immunohistochemistry stain or stains is guided by published results in the medical literature, provided package information from the manufacturer and by internal review of staining performance and assay validation within the Immunohistochemistry Laboratory of the. The use of one or more reagents in the above tests is regulated as an analyte specific reagent (ASR). These tests were developed and their performance characteristic determined by the Department of Pathology

TSS:

Laboratory at. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

Special stains and/or immunohistochemical stains were performed with appropriately stained positive and negative controls.

Gross Dictation:,
Microscopic/Diagnostic Dictation:
Final Review: Pathologist, '
Final Review: Pathologist,
Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologi

Criteria

Originals Discrepancy

Primary Tumor (the Discrepancy

HIPAA Discrepancy

Prior Mulgra scy History

Dual/Synchromys Primary Roteo

Case is (i.i.rie).

Reviewer Initials

Date Reviewer

Outhorized Tumor Street

Date Reviewer

Outhorized Tumor Street

Outhorized