



Patient:

Med. Record. No.:

Date of Birth:

Submitted by:

Report also to:

Age:

Sex: F

Pathology #:

Date of Procedure:

Date Received:

Pathology Report

DIAGNOSIS:

A. Right axillary sentinel node:

Lymph node with metastatic mammary carcinoma (5 mm focus), with extranodal extension (less than 2 mm).

B. Right axillary sentinel nodes:

Metastatic mammary carcinoma (5 mm focus), without extracapsular extension involving 1 of 2 lymph nodes.

C. Left breast tissue:

Benign breast tissue with fibrocystic changes.

D.

ICD-O-3
carcinoma, infiltrating lobular, NOS
8520/3
Site: breast, NOS C50.9

SPECIMEN

Laterality: Right breast

Specimen(s): Modified radical mastectomy

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9/27/12

TUMOR

Histologic type: Invasive lobular carcinoma (two separate lesions)

Histologic grade: Grade 1

Tumor grade (Nottingham combined) based on the following:

Tubule formation score: 3

Nuclear pleomorphism score: 1

Mitotic count score: 1

Total score (range of 3-9): 5

Tumor size (greatest dimension): 7 cm

Tumor site (quadrant): Upper outer

Tumor site (add'l descriptors): O'clock orientation.

Larger lesion - upper outer (9:00 - 11:00) 5-6 cm
from nipple; and smaller lesion - upper inner (2:00)
7-8 cm from nipple

Peritumoral intralymphatic tumor emboli: Absent

Dermal lymphatic involvement: Absent

Status of skin/nipple: Not involved

Coexistent DCIS: Absent

Pathology Report

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Nodal		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BTH	
Date Reviewed	9/12/12	

fw
9/18/12

Patient: [REDACTED]

Microcalcifications: Absent
Additional findings: None

MARGINS

Regarding invasive carcinoma:

Margin(s) positive: Posterior margin - 2mm linear extent
Margin(s) negative: Superior: > 1 cm
Medial: > 1 cm
Inferior: > 1 cm
Lateral: > 1 cm

ANCILLARY STUDIES

IHC for ER and PR: Performed on a prior sample
See report:
HER2 amplification by FISH: Performed on a prior sample
See report:

REGIONAL LYMPH NODES

Positive for metastatic carcinoma (at least one focus > 0.2mm in size)

Number of nodes positive: 2
Total number of nodes evaluated: 26
Size of largest metastatic focus: 5mm
Extranodal extension: Present
(tumor extends 2 mm or less beyond node capsule)

Comment:

The two positive lymph nodes are the sentinel lymph nodes from Part A (one sentinel node) and Part B (1 of 2 sentinel nodes).

STAGING (AJCC)

Primary Tumor: pT3
Lymph Nodes: pN1a
Distant Metastasis: Not applicable

CLINICAL INFORMATION:

Right breast multicentric cancer, ER/PR done previous biopsy

SPECIMEN(S) RECEIVED:

- A. Right axillary sentinel node
- B. Right axillary sentinel nodes
- C. Left breast tissue
- D. Right modified radical mastectomy with multicentric cancer

GROSS DESCRIPTION:

A. Received fresh is a 2.3 x 2 x 1.5 cm fragment of golden yellow fibroadipose tissue containing one rubbery, partially fat-replaced 1.1 x 1 x 0.4 cm lymph node. The node is bisected and submitted for frozen section in A1.

FROZEN SECTION DIAGNOSIS: Lymph node, positive for metastatic breast carcinoma.

Patient: [REDACTED]

B. Received fresh is a 3 x 2 x 1.5 cm fragment of golden yellow fibroadipose tissue. Dissection reveals two rubbery, partially fat-replaced nodes, 0.6 x 0.6 x 0.4 cm and 1.1 x 0.9 x 0.5 cm. Both nodes are bisected and submitted for permanent section in B1 and B2.

C. Received fresh are two fragments of lobular golden yellow fibroadipose tissue along with attached and unattached smooth, unremarkable tan-red skin weighing 256 grams in aggregate and measuring from 5 x 3.4 x 2.2 cm to 16 x 11 x 3.5 cm. Sectioning reveals a cut surface consistent of lobular yellow adipose tissue interspersed with fibrous pink-white breast parenchyma. Representative tissue is submitted in C1 - C2.

D. Fixed in formalin for approximately 33 hours is a 1,215 gram modified radical mastectomy with the breast proper measuring 20 cm from medial to lateral x 19.5 cm from superior to inferior x 7 cm from anterior to posterior. Dissection of the 11 x 6 x 4 cm axillary tail reveals several rubbery tan-red lymph nodes, 0.3 to 2.3 x 1.5 x 1.1 cm. There is an 18 x 9 cm ellipse of tan-red skin on the anterior surface with a superomedial placed nipple. The superior margin is inked black, inferior blue, medial green, lateral yellow and posterior red. The specimen is serially sectioned from medial to lateral into 17 slices measuring from 1 to 1.3 cm. In the upper outer quadrant of the breast is a large firm, multinodular, ill-defined 7 x 5 x 3.8 cm pink-gray mass which extends from the 9 to 11 o'clock position, 5-6 cm away from the nipple. This large, multinodular lesion appears grossly to come within 0.5 cm of the posterior margin, 1.5 cm of the superior margin and greater than 2 cm away from all remaining margins. In the upper inner quadrant of the breast at approximately the 2 o'clock position, 7-8 cm away from the nipple is a smaller, firm, ill-defined 0.9 x 0.9 x 0.8 cm pink-gray mass located 1 cm away from the superior margin and greater than 2 cm from all remaining margins. This mass appears grossly to be located 3.5 cm away from the larger lesion. The rest of the specimen consists of lobular yellow adipose tissue interspersed with fibrous pink-white breast parenchyma. A photograph of slices 4 through 14 is taken to illustrate both lesions and their relationship to the inked margins. Sections submitted are indicated on the photograph and are sub-labeled D10-D25. Sections to include the mass at 2 o'clock are in D10 and D11, and the mass at the 1 to 3 o'clock position is in D14, D15, D17, D20, D21, D22, D23, D24 and D25. The nipple is in D13, and an additional section of medial breast is in D8 and lateral breast in D9. The lymph nodes are submitted as follows: D1-D2 - one node trisected; D3 - one node bisected; D4-D7 - intact lymph nodes; D8 - medial breast tissue; D9 - lateral breast tissue.

Slides were microscopically examined by the pathologist.

Immunohistochemistry Results

Formalin-fixed, paraffin-embedded tissue is utilized. Tissue sections are incubated with the following antibodies. Positive and negative controls stain appropriately. Complete procedural methodology is available upon request. Results indicated below:

Material: Block D22

Marker For:	Result	Comment
e-Cadherin	Negative	

The immunohistochemical findings support the diagnosis of invasive lobular carcinoma.

Note: The performance characteristics of all immunohistochemical stains cited in this report were determined by the Department of Pathology at [REDACTED] as part of an ongoing quality assurance program and in compliance with federally mandated regulations drawn from the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). Some of these tests may rely on the use of "analyte specific reagents" and 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. Nevertheless, federal rules concerning the medical use of analyte specific reagents require that the following disclaimer be attached to this report. These tests are used for clinical purposes and should not be regarded as investigational or for research.
The immunohistochemistry laboratory at [REDACTED] Department of Pathology is certified by the Centers for Medicare and Medicaid Services (formerly HCFA) as a high complexity laboratory under CLIA '88.

Patient: [REDACTED]

MRN: [REDACTED]

Evaluation performed by
[REDACTED]
Electronically signed