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TCGA-WB-A86G-01A-PR

Redacted



PATHOLOGY EXAMINATION

PATIENT NAME: [REDACTED]

MED. REC. #: [REDACTED]

SOC. SEC. #: [REDACTED]

GENDER: [REDACTED]

ACCOUNT #: [REDACTED]

CLIENT: [REDACTED]

PHYSICIAN: [REDACTED]

ADDITIONAL: [REDACTED]

COPY TO/NOTES: [REDACTED]

SPECIMEN(S) RECEIVED:

- A: Right breast lumpectomy needle localized *short double stitch, superior margin *single long, lateral
- B: Left breast sentinel node #1
- C: Left breast sentinel node #2
- D: Left breast needle localized subareolar biopsy - short double stitch superior, single long lateral margin
- E: Left breast anterior margin *stitch to mark tumor side
- F: Left breast superior margin *stitch to mark tumor side
- G: Left breast medial margin *stitch to mark tumor side
- H: Left breast inferior margin *stitch to mark tumor side
- I: Left breast lateral margin *stitch to mark tumor side
- J: Left breast posterior (deep) margin *stitch to mark tumor side
- K: Left breast, axillary sentinel node #3
- L: Left breast needle localized lumpectomy *short double stitch, superior margin *single long, lateral
- M: Left breast lumpectomy, new anterior margin *stitch marks tumor side
- N: Left breast lumpectomy, new medial margin *stitch marks tumor side
- O: Left breast lumpectomy, new inferior margin *stitch marks tumor side
- P: Left breast lump additional anterior margin
- Q: Left breast lump additional inferior margin
- R: Left breast lumpectomy new superior margin

CLINICAL DATA/HISTORY:

Tissue banking - bx of right breast papillary lesion.

*ICD-O-3
Carcinoma, lobular infiltrating
NOS 8520/3
Site: Breast NOS C50.9
path: Breast, central portion
C50.1
10/4/14*

FINAL PATHOLOGIC DIAGNOSIS:

A. RIGHT BREAST, NEEDLE LOCALIZED LUMPECTOMY:

- INTERMEDIATE GRADE DUCTAL CARCINOMA IN SITU, SOLID TYPE.
 - 2 MM IN GREATEST EXTENT.
 - <1 MM TO MEDIAL MARGIN.
- INTRADUCTAL PAPILLOMA WITH FLORID DUCTAL HYPERPLASIA.
- FIBROCYSTIC CHANGE.
- PREVIOUS BIOPSY SITE.
- SEE SYNOPTIC REPORT #1.

B, C, K. LEFT BREAST SENTINEL NODES #1-3:

- THREE LYMPH NODES, NEGATIVE FOR METASTATIC CARCINOMA (0/3).

D. LEFT BREAST, SUBAREOLAR, NEEDLE LOCALIZED LUMPECTOMY:

- MULTIFOCAL INVASIVE LOBULAR CARCINOMA.
 - LARGEST FOCUS 1.2 MM IN GREATEST EXTENT.
 - <1 MM TO MEDIAL MARGIN.
 - 1 MM TO POSTERIOR MARGIN.
- INTRADUCTAL PAPILLOMA WITH FLORID DUCTAL HYPERPLASIA.
- FIBROCYSTIC CHANGE.
- PREVIOUS BIOPSY SITE.
- SEE SYNOPTIC REPORT #2.

E - J, L-R. LEFT BREAST, NEEDLE LOCALIZED LUMPECTOMIES X2 WITH SEPARATELY SUBMITTED MARGINS DESIGNATED AS ANTERIOR, SUPERIOR, MEDIAL, INFERIOR, LATERAL, POSTERIOR (DEEP),

NEW ANTERIOR, NEW MEDIAL, NEW INFERIOR, ADDITIONAL ANTERIOR, ADDITIONAL INFERIOR, NEW SUPERIOR:

- MULTIFOCAL INVASIVE LOBULAR CARCINOMA
 - LARGEST FOCUS AT LEAST 2.3 CM. IN GREATEST DIMENSION.
 - FINAL MARGINS NEGATIVE WITH CLOSEST BEING 3MM TO INFERIOR AND 9 MM TO ANTERIOR.
- INTRADUCTAL PAPILLOMAS.
- FLORID DUCTAL HYPERPLASIA.
- FIBROCYSTIC CHANGE.
- SEE SYNOPTIC REPORT #2.

SYNOPTIC REPORT #1 (RIGHT BREAST LUMPECTOMY):

- PROCEDURE: EXCISION WITH WIRE GUIDED LOCALIZATION.
- SPECIMEN LATERALITY: RIGHT.
- SIZE (EXTENT) OF DCIS:
 - 2 MM IN GREATEST EXTENT.
 - NUMBER OF BLOCKS WITH DCIS: 1.
 - NUMBER OF BLOCKS EXAMINED: 8.
- HISTOLOGIC TYPE: DUCTAL CARCINOMA IN SITU.
- ARCHITECTURAL PATTERN: SOLID.
- NUCLEAR GRADE: G2 (INTERMEDIATE).
- NECROSIS: NOT IDENTIFIED.
- MARGINS: UNINVOLVED BY DCIS.
 - DISTANCE FROM CLOSEST MARGIN: <1 MM (MEDIAL).
- PATHOLOGIC STAGING: pT1a (DCIS).
- ADDITIONAL PATHOLOGIC FINDINGS:
 - INTRADUCTAL PAPILLOMA WITH FLORID HYPERPLASIA.
 - FIBROCYSTIC CHANGE.
- ANCILLARY STUDIES: HORMONE RECEPTORS TO BE PERFORMED AND REPORTED IN AN ADDENDUM.
 - COLD ISCHEMIA TIME: 11 MINUTES.
 - FORMALIN FIXATION TIME: 10 HOURS 33 MINUTES.

SYNOPTIC REPORT #2 (LEFT BREAST SUBAREOLAR LUMPECTOMY):

- PROCEDURE: EXCISION WITH WIRE GUIDED LOCALIZATION.
- LYMPH NODE SAMPLING: SENTINEL LYMPH NODES.
- SPECIMEN LATERALITY: LEFT.
- HISTOLOGIC TYPE OF INVASIVE CARCINOMA: INVASIVE LOBULAR CARCINOMA.
- TUMOR SIZE: SIZE OF LARGEST INVASIVE CARCINOMA 1.2 MM IN GREATEST DIMENSION.
- HISTOLOGIC GRADE (NOTTINGHAM HISTOLOGIC SCORE):
 - GLANDULAR / TUBULAR DIFFERENTIATION: SCORE 3.
 - NUCLEAR PLEOMORPHISM: SCORE 1.
 - MITOTIC RATE: SCORE 1.
 - OVERALL GRADE: GRADE 1.
- TUMOR FOCALITY: MULTIPLE FOCI OF INVASIVE CARCINOMA.
 - AT LEAST 2.
 - SIZES OF INDIVIDUAL FOCI: RANGING FROM LESS THAN 0.5 MM TO 1.2 MM.
- DUCTAL CARCINOMA IN-SITU: NOT PRESENT.
- LOBULAR CARCINOMA IN-SITU: PRESENT.
- MARGINS: UNINVOLVED BY INVASIVE CARCINOMA.
 - DISTANCE FROM CLOSEST MARGIN: <1 MM (MEDIAL).
- LYMPH NODES: SEE FULL DESCRIPTION UNDER SYNOPTIC REPORT #3.
- LYMPHOVASCULAR INVASION: NOT IDENTIFIED.
- PATHOLOGIC STAGING: mpT1a pN0(sn)(l-).
- ADDITIONAL PATHOLOGIC FINDINGS:
 - INTRADUCTAL PAPILLOMA WITH FLORID DUCTAL HYPERPLASIA.
 - FIBROCYSTIC CHANGE.

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- **ANCILLARY STUDIES:** NOT PERFORMED ON CURRENT SPECIMEN. PERFORMED AND PREVIOUSLY REPORTED ON BIOPSIES FROM OTHER LEFT BREAST SITES [REDACTED] SEE SYNOPSIS REPORT #3.

COLD ISCHEMIA TIME OF CURRENT SPECIMEN: 35 MINUTES.

FORMALIN FIXATION TIME OF CURRENT SPECIMEN: 9 HOURS 41 MINUTES.

SYNOPSIS REPORT #3 (LEFT BREAST LUMPECTOMIES X2 WITH SEPARATELY SUBMITTED MARGINS):

- **PROCEDURE:** EXCISIONS WITH WIRE GUIDED LOCALIZATION (2).
- **LYMPH NODE SAMPLING:** SENTINEL LYMPH NODES.
- **SPECIMEN LATERALITY:** LEFT.
- **HISTOLOGIC TYPE OF INVASIVE CARCINOMA:** INVASIVE LOBULAR CARCINOMA.
- **TUMOR SIZE:**
 - SIZE OF LARGEST INVASIVE CARCINOMA AT LEAST 2.3 CM. IN GREATEST DIMENSION.
- **HISTOLOGIC GRADE (NOTTINGHAM HISTOLOGIC SCORE):**
 - GLANDULAR / TUBULAR DIFFERENTIATION: SCORE 3.
 - NUCLEAR PLEOMORPHISM: SCORE 1.
 - MITOTIC RATE: SCORE 1.
 - OVERALL GRADE: GRADE 1.
- **TUMOR FOCALITY:** MULTIPLE FOCI OF INVASIVE CARCINOMA.
 - AT LEAST 7.
 - SIZES OF INDIVIDUAL FOCI: RANGING FROM LESS THAN 0.5 MM TO AT LEAST 2.3 CM.
- **DUCTAL CARCINOMA IN-SITU:** NOT PRESENT.
- **LOBULAR CARCINOMA IN-SITU:** PRESENT.
- **MARGINS:** SEPARATELY SUBMITTED FINAL MARGINS UNINVOLVED BY INVASIVE CARCINOMA.
 - DISTANCE FROM CLOSEST MARGIN: 3 MM FROM INFERIOR AND 9 MM FROM ANTERIOR.
- **LYMPH NODES:**
 - NUMBER OF SENTINEL LYMPH NODES EXAMINED: 3.
 - TOTAL NUMBER OF LYMPH NODES EXAMINED: 3.
 - NUMBER OF LYMPH NODES WITH MACROMETASTASIS: 0.
 - NUMBER OF LYMPH NODES WITH MICROMETASTASIS: 0.
 - NUMBER OF LYMPH NODES WITH ISOLATED TUMOR CELLS: 0.
 - NUMBER OF LYMPH NODES WITHOUT TUMOR CELLS IDENTIFIED: 3.
 - METHOD OF EVALUATION OF SENTINEL LYMPH NODES: MULTIPLE H&E LEVELS AND IMMUNOHISTOCHEMISTRY.
- **LYMPHOVASCULAR INVASION:** NOT IDENTIFIED.
- **PATHOLOGIC STAGING:** mpT2a pN0(sn)(1-).
- **ADDITIONAL PATHOLOGIC FINDINGS:**
 - INTRADUCTAL PAPILLOMAS.
 - FIBROCYSTIC CHANGE.
 - FLORID DUCTAL HYPERPLASIA.
 - FOCAL FIBROADENOMATOID CHANGE.
- **ANCILLARY STUDIES:** AS PERFORMED AND PREVIOUSLY REPORTED (BIOPSIES FROM [REDACTED])
 - FOR SITE #1 (SUSPICIOUS MASS 5 CM FROM NIPPLE):
 - ESTROGEN RECEPTOR: POSITIVE (3+, 90%).
 - PROGESTERONE RECEPTOR: POSITIVE (3+, 84%).
 - HER-2: NEGATIVE (1+).
 - FOR SITE #2 (10 O'CLOCK 7 - 8 CM FROM NIPPLE):
 - ESTROGEN RECEPTOR: POSITIVE 3+, 85%.
 - PROGESTERONE RECEPTOR: POSITIVE (3+, 77%).
 - HER-2: NEGATIVE (0).

COLD ISCHEMIA TIME OF CURRENT SPECIMEN: 13 MINUTES.

FORMALIN FIXATION TIME OF CURRENT SPECIMEN: 9 HOURS 18 MINUTES.

COMMENT: The case was discussed with the [REDACTED] on [REDACTED]. The separately submitted margins are oriented as being around both lumpectomy specimens within the Part L container. Consultant: [REDACTED]

ELECTRONICALLY SIGNED OUT

FROZEN SECTION DIAGNOSIS:

B AND C. NEGATIVE LYMPH NODES.
 E, G, and H: MARGINS POSITIVE FOR INVASIVE LOBULAR CARCINOMA.
 F. MARGIN NEGATIVE FOR INVASIVE CARCINOMA; LCIS PRESENT.
 I and J: NEGATIVE FOR MALIGNANCY.
 K: NEGATIVE LYMPH NODE.
 M. POSITIVE FOR INVASIVE LOBULAR CARCINOMA.
 N. NEGATIVE FOR MALIGNANCY.
 O. POSITIVE FOR INVASIVE LOBULAR CARCINOMA.

GROSS DESCRIPTION:

A. Right breast lumpectomy needle localized "short double stitch, superior margin "single long, lateral: Received fresh labeled [REDACTED] - right breast lumpectomy needle localization" and consists of oriented fragment of fibrofatty tissue weighing 11 grams and measuring 4 x 3 x 2.5 cm. The specimen is oriented by two attached sutures and is inked as follows: superior - orange, lateral - yellow, inferior - red, medial - green, anterior - blue, posterior - black. A localization needle extends from the lateral margin. The specimen is serially sectioned revealing abundant dense fibrosis throughout with no grossly normal breast tissue appreciated. The dense fibrosis extends to within 0.1 cm. of all margins. No portion of the specimen is submitted for tissue banking due to the lack of discrete mass. The specimen is entirely submitted A1) lateral margin, A2-A3) superior, inferior, anterior and posterior margins. A4) superior, anterior, posterior margin, A5) inferior, anterior, posterior margins, A6) superior, inferior, anterior and posterior margins. A7) inferior, superior and lateral margin. A8) medial and anterior margins. All margins are perpendicular. The specimen has a cold ischemia time of 11 minutes. At the completion of processing the breast tissue will have a formalin fixation time of 10 hours and 33 minutes.

B. Left breast sentinel node #1: Received fresh for frozen section evaluation labeled [REDACTED] left breast sentinel lymph node" and consists of a single tan lymph node measuring 1.2 cm. in greatest dimension. The specimen is entirely frozen in B-FS1 cryoblock frozen section remnant as B1.

C. Left breast sentinel node #2: Received fresh for frozen section evaluation labeled [REDACTED] left breast sentinel lymph node #2" and consists of a single fatty lymph node measuring 3 x 2.5 x 1 cm. The specimen is bisected revealing fatty cut surfaces. The specimen is entirely frozen as C-FS1 - C-FS2 cryoblocks, frozen section remnant as C1 - C2.

D. Left breast needle localized subareolar biopsy - short double stitch superior, single long lateral margin: Received fresh labeled [REDACTED] - Left breast needle localized subareolar biopsy" and consists of an oriented fragment of fibrofatty tissue weighing 11 grams and measuring 7 x 3 x 2 cm. The specimen is oriented by two attached sutures and is inked as follows: Superior orange, lateral yellow, inferior red, medial green, anterior blue, posterior black. A localization needle extends from the lateral margin. The specimen is serially sectioned, revealing an ill-defined tan firm area measuring 0.5 cm in greatest dimension that lies 0.2 cm from the posterior margin at its closest point. A representative portion of the mass is submitted for tissue banking. Within the same container are two unoriented fragments of blue-tinged fibrofatty tissue, one weighing 3 grams and measuring 4.5 x 2 x 1 cm, and the second weighing 6 grams and measuring 6 x 4 x 0.6 cm. The smaller unoriented fragment is marked with orange ink, and the larger unoriented fragment is marked with red ink. The unoriented fragments are serially sectioned, revealing dense fibrosis and lobulated yellow adipose tissue. Representative sections of the specimen are submitted including the mass in its entirety. D1) Mass at closest point to posterior margin and tissue adjacent to portion of specimen submitted for tissue banking. D2-D3) Tissue adjacent to mass including anterior, posterior, and lateral margins. D4-D5) Dense fibrosis with anterior and posterior margins. D6) Dense fibrosis and inferior margin. D7) Dense fibrosis and superior margin. D8) Dense fibrosis with anterior and posterior margins. D9) Central transverse smaller section, two fragments. D10) Central transverse larger unoriented fragment, two fragments. The specimen has a cold ischemia start time of [REDACTED] and was received in pathology and immediately placed in formalin at [REDACTED] for a cold ischemia time of 35 minutes. At the completion of processing, tissue will have been fixed in formalin for 9 hours and 41 minutes.

E. Left breast anterior margin "stitch to mark tumor side: Received fresh for frozen section evaluation labeled [REDACTED] Lumpectomy left anterior margin, stitch to tumor side", and consists of three oriented fatty tissue fragments measuring 2 x 1.5 x 0.5 cm, 2.5 x 1.5 x 1 cm and 2.2 x 1.6 x 0.6 cm. The tumor sides are designated by attached sutures and the anterior margins are marked in blue ink. Central transverse sections of the specimen are frozen in EFS1 cryoblock, frozen section remnant as E1.

F. Left breast superior margin "stitch to mark tumor side: Received fresh for frozen section evaluation labeled [REDACTED] Lumpectomy left superior margin, stitch to tumor side", and consists of an oriented fragment of fibrofatty tissue measuring 3.5 x 2 x 1 cm. The tumor side is designated by an attached suture and the superior margin is

marked with orange ink. A central transverse section of the specimen is frozen in FFS1 cryoblock, frozen section remnant as F1.

G. Left breast medial margin "stitch to mark tumor side: Received fresh for frozen section evaluation [redacted] - Lumpectomy left medial margin, stitch to tumor side", and consists of an oriented fragment of fibrofatty tissue measuring 3.5 x 2 x 0.5 cm. The tumor side is designated by an attached suture and the medial margin is marked with green ink. A central transverse section of the specimen is frozen in GFS1 cryoblock, frozen section remnant as G1.

H. Left breast inferior margin "stitch to mark tumor side: Received fresh for frozen section evaluation [redacted] - Lumpectomy left inferior margin, stitch to tumor side", and consists of an oriented fragment of fibrofatty tissue measuring 2.5 x 2 x 1 cm. The tumor side is designated by an attached suture and the inferior margin is marked with red ink. A central transverse section of the specimen is frozen in HFS1 cryoblock, frozen section remnant as H1.

I. Left breast lateral margin "stitch to mark tumor side: Received fresh for frozen section evaluation [redacted] - Lumpectomy left lateral margin, stitch to tumor side", and consists of an oriented fragment of fibrofatty tissue measuring 3.1 x 2 x 1 cm. The tumor side is designated by an attached suture and the lateral margin is marked with yellow ink. A central transverse section of the specimen is frozen in IFS1 cryoblock, frozen section remnant as I1.

J. Left breast posterior (deep) margin "stitch to mark tumor side: Received fresh for frozen section evaluation [redacted] - Lumpectomy left posterior margin, stitch to tumor side", and consists of an oriented fragment of fibrofatty tissue measuring 1.5 x 1.5 x 0.5 cm. The tumor side is designated by an attached suture and the posterior margin is marked with black ink. A central transverse section of the specimen is frozen in JFS1 cryoblock, frozen section remnant as J1.

K. Left breast, axillary sentinel node #3: Received fresh for frozen section evaluation labeled [redacted] - Axillary sentinel lymph node #3, left breast", and consists of a fatty tan lymph node measuring 2 cm in greatest dimension. The lymph node is bisected and entirely frozen in KFS1 cryoblock, frozen section remnant as K1.

L. Left breast needle localized lumpectomy "short double stitch, superior margin "single long, lateral: Received fresh labeled [redacted] - Left breast needle localized lumpectomy" and consists of two oriented fragments of fibrofatty tissue, each bearing localization clips.

One lumpectomy fragment weighs 7 grams and measures 4.9 x 3.5 x 1 cm. The specimen is oriented by two attached sutures and is inked as follows: superior orange, lateral yellow, inferior red, medial green, anterior purple, posterior black. The localization needle on this fragment extends from the anterior margin. This portion of the specimen is serially sectioned revealing dense fibrosis with no discrete masses. No portion of this lumpectomy is submitted for tissue banking due to the lack of grossly appreciated abnormality.

The second lumpectomy specimen weighs 18 grams and measures 6 x 4 x 2.5 cm. The specimen is oriented by two attached sutures and is inked as follows: superior orange, lateral yellow, inferior red, medial green, anterior blue, posterior black. The localization needle on this lumpectomy specimen extends from the inferior margin. The specimen is serially sectioned revealing two ill-defined masses, both bearing mammotome clips. The larger of the two masses measures 1 x 1 x 0.9 cm and lies within 0.1 cm of both the posterior and inferior margins. Approximately 0.5 cm superior to this mass is an additional ill-defined mass measuring 0.9 cm in greatest dimension that lies 0.1 cm from the superior margin at its closest point. The remaining cut surfaces show lobulated, yellow adipose tissue. A representative portion from each mass is submitted for tissue banking.

Representative sections of the specimen, including both masses in their entirety, are submitted. L1 medial margin, first described lumpectomy. L2-L4 first described lumpectomy, superior, anterior, inferior and posterior margins. L5 first described lumpectomy, superior margin. L6 first described lumpectomy, lateral margin. L7 mass at closest point to inferior margin. L8 inferior mass at inferior margin. L9 intervening tissue between inferior and superior mass. L10 superior mass at closest point to superior margin. L11 superior mass. L12 tissue adjacent to inferior mass. L13 anterior margin. L14 lateral margin. L15 medial margin.

All margins are perpendicular. The specimen has a cold ischemia time of 13 minutes. At the completion of processing, the breast tissue will have a formalin fixation time of 9 hours and 18 minutes.

M. Left breast lumpectomy, new anterior margin "stitch marks tumor side: Received fresh for frozen section evaluation labeled [redacted] - Left breast lumpectomy new anterior margin, stitch to tumor side", and consists of an oriented fragment of fibrofatty tissue measuring 3 x 2.2 x 0.5 cm. The tumor side is designated by an attached suture and the new anterior margin is marked with blue ink. A central transverse section of the specimen is frozen in MFS1 cryoblock, frozen section remnant as M1.

N. Left breast lumpectomy, new medial margin "stitch marks tumor side: Received fresh for frozen section evaluation labeled [redacted] - Left breast lumpectomy new medial margin, stitch marks tumor side", and consists of an oriented fragment of fibrofatty tissue measuring 2 x 2 x 0.5 cm. The tumor side is designated by an attached suture and the new medial margin is marked with green ink. A central transverse section of the specimen is frozen in NFS1 cryoblock, frozen section remnant as N1.

O. Left breast lumpectomy, new inferior margin *stitch marks tumor side: Received fresh for frozen section evaluation labeled [REDACTED] - Left breast lumpectomy new inferior margin, stitch marks tumor side", and consists of an oriented fragment of fibrofatty tissue measuring 3 x 2 x 1 cm. The tumor side is designated by an attached suture and the new inferior margin is marked with red ink. A central transverse section of the specimen is frozen in OFS1 cryoblock, frozen section remnant as O1.

P. Left breast lump additional anterior margin: Received fresh labeled [REDACTED] - Left breast lump additional anterior margin", are two irregular, yellow, lobulated portions of fibroadipose tissue averaging 2.0 x 1.8 x 1.0 cm. Each tissue displays a stitch designating the tumor side. The margins are differentially inked red and orange and representative sections are submitted in P1.

Cold ischemia time [REDACTED], formalin fixation time [REDACTED] At the completion of processing, tissue will have been fixed in formalin for 7 hours and 10 minutes.

Q. Left breast lump additional inferior margin: Received fresh labeled [REDACTED] - Left breast lump additional inferior margin", are two irregular, yellow, lobulated portions of fibroadipose tissue averaging 2.0 x 1.3 x 0.7 cm. Each tissue displays a stitch designating the tumor side. The margins are differentially inked yellow and green and representative sections are submitted in Q1.

Cold ischemia time [REDACTED], formalin fixation time [REDACTED] At the completion of processing, tissue will have been fixed in formalin for 7 hours and 10 minutes.

R. Left breast lumpectomy new superior margin: Received in formalin labeled [REDACTED] - Left breast lumpectomy, new superior margin, stitch tumor side", is a 2.6 x 2.5 x 0.8 cm irregular, yellow, lobulated portion of fibroadipose tissue which displays a stitch designating the tumor side. The margin is inked red, and a representative section is submitted in R1.

Cold ischemia time [REDACTED], formalin fixation time [REDACTED] At the completion of processing, tissue will have been fixed in formalin for 8 hours and 36 minutes.

MICROSCOPIC DESCRIPTION:

A. Sections from the entirely submitted specimen show a partially fragmented and cauterized intraductal papilloma with florid hyperplasia. In the surrounding breast parenchyma there is fibrocystic change with florid hyperplasia and papillary apocrine change. A single focus of intermediate grade, solid type ductal carcinoma in situ is present in A8 less than 1 mm to the green inked medial margin. Invasive carcinoma is not identified.

B. A single lymph node is negative for metastatic carcinoma. This is confirmed with a pancytokeratin immunohistochemical stain. An additional level is reviewed.

C. A single sectioned lymph node is negative for metastatic carcinoma. This is confirmed with an immunohistochemical stain for pancytokeratin. An additional level is reviewed.

D. Sections reveal at least two foci of invasive lobular carcinoma with associated lobular carcinoma in situ. These foci are 1.2 mm and approximately 0.6 mm in greatest extent. The smaller focus lies approximately 0.5 mm from the green inked medial margin. The 1.2 mm focus lies approximately 1 mm from the green inked medial margin and black inked posterior margin. Additionally there is an intraductal papilloma with florid hyperplasia. Fibrocystic change is seen. Previous biopsy site is identified.

E. Sections of mammary parenchyma, which are inked blue, show invasive lobular carcinoma. This confirms the frozen section diagnosis.

F. Portions of mammary parenchyma, which are inked orange, show a focus of lobular carcinoma in-situ. This confirms the frozen section diagnosis.

G. A portion of mammary parenchyma, which is inked green, shows an area of invasive lobular carcinoma. This is only seen on the frozen sections and not on the permanent section.

H. Mammary parenchyma, which is inked red, shows invasive lobular carcinoma. This confirms the frozen section diagnosis.

I. Mammary parenchyma, which is inked yellow, shows fibrocystic changes. There is no atypia, in-situ carcinoma, or invasive carcinoma. This confirms the frozen section diagnosis.

J. Mammary parenchyma with attached portion of skeletal muscle is inked black. There is no atypia, in-situ, or invasive carcinoma. This confirms the frozen section diagnosis.

K. A single bisected lymph node is negative for metastatic carcinoma. This is confirmed with a pancytokeratin immunohistochemical stain. An additional level is reviewed.

L. Sections from the smaller oriented lumpectomy show multiple foci, at least four, of invasive lobular carcinoma ranging in size from less than 1 mm up to 3 mm in size. Invasive lobular carcinoma extends to the black inked posterior margin and the orange inked superior margin. There is associated lobular carcinoma in-situ. The second lumpectomy specimen also shows multiple foci of invasive lobular carcinoma, with the largest focus measuring at least 2.3 cm. In greatest dimension and spanning the area of both grossly identified masses. Additionally multiple foci of invasive lobular carcinoma are identified in the sections not from these masses. Invasive foci measure from less than 1 mm up to the largest of at least 2.3 cm. Again, there is associated lobular carcinoma in-situ. Biopsy site change is identified. Invasive lobular carcinoma extends to the red inked inferior margin and

blue inked anterior margin on the second lumpectomy specimen. Other benign changes seen include florid ductal hyperplasia, intraductal papillomas, fibrocystic change, and fibroadenomatoid change. No atypical ductal lesions are identified. No lymphovascular invasion is identified.

M. A portion of mammary parenchyma, which is inked blue, shows invasive lobular carcinoma. This confirms the frozen section diagnosis.

N. A portion of mammary parenchyma, which is inked green, is negative for atypia or malignancy. This confirms the frozen section diagnosis.

O. A portion of mammary parenchyma, which is inked red, shows invasive lobular carcinoma. This confirms the frozen section diagnosis.

P. Portions of mammary parenchyma, which are inked orange and red, show a focus of invasive lobular carcinoma lying 0.9 cm. from the orange inked margin.

Q. Portions of mammary parenchyma, which are inked yellow and green, show a focus of invasive lobular carcinoma, 0.3 cm. from the yellow inked margin.

R. A portion of mammary parenchyma, which is inked red, is negative for atypia or malignancy.

| Criteria | Yes | No |
|--------------------------------|-----------|-------------------------------------|
| Diagnosis Discrepancy | | <input checked="" type="checkbox"/> |
| Primary Tumor Site Discrepancy | | <input checked="" type="checkbox"/> |
| HPAA Discrepancy | | <input checked="" type="checkbox"/> |
| Prior Malignancy History | | <input checked="" type="checkbox"/> |
| Dual/Synchronous Primary Noted | | <input checked="" type="checkbox"/> |
| Case is (circle): | QUALIFIED | DISQUALIFIED |
| Reviewer Initials | SC | 10/8/13 |