



Sample #

ICD-O-3 NK
Carcinoma, lobular infiltrating
8520/3
Site @ Breast NOS C50.9
5/16/13 JW

FINAL PATHOLOGIC DIAGNOSIS

A. Right axillary sentinel node #1:

- One lymph node, negative for metastatic carcinoma (0/1)(HE and CKAE1/AE3).

B. Right axillary sentinel node #2:

- One lymph node, negative for metastatic carcinoma (0/1)(HE and CKAE1/AE3).

C. Right breast, simple mastectomy:

- Invasive lobular carcinoma, SBR grade II, multicentric, see breast pathologic parameters.
- Lobular carcinoma in situ and atypical lobular hyperplasia.
- Margins of resection are negative, distance to the closest margin (anterior-inferior) is > 1.5 mm for invasive carcinoma, see comment.
- Previous biopsy sites identified.
- Intraductal hyperplasia, usual type.
- Ectatic ducts.
- Apocrine metaplasia.
- Nipple focally involved by LCIS.
- Skin with scar, negative for malignancy, see comment.

D. Skin; lateral corner, excision:

- Skin and subcutaneous tissue, no evidence of malignancy.

Breast Pathologic Parameters

1. Invasive carcinoma: Three mass lesions:

A. Gross measurement:

a) 9:30 to 10:30 position: 4.4 cm

b) 8:30 position: 2 cm

C) 4:00 position: 1 cm

B. Composite histologic (modified SBR) grade: II

- Architecture: 3

- Nuclear grade: 2

- Mitotic count: 1

C. Associated intraductal carcinoma in situ (LCIS):

- Within main masses (forming 10 % of tumor volume)

- Extending away from main masses

2. Excisional biopsy margins: Free of tumor

- Invasive carcinoma > 1.5 mm from anterior-inferior (closest) margin

(lesion C)

- Additional margins from lesions A and B are > 2 mm away.

3. Blood vessel and lymphatic invasion: Highly suspicious in breast parenchyma

4. Nipple: focally involved by LCIS

5. Skin: uninvolved

6. Skeletal muscle: absent

7. Axillary lymph nodes: Negative (0/2)

9. Special studies (see outside case biopsy of upper outer and lower inner quadrant):

- ER: Moderate in > 75% of invasive tumor nuclei
- PR: Strong expression in > 90 % of invasive tumor nuclei
- Her2/neu antigen (IHC): 2+, equivocal
- Her2/neu antigen (FISH): pending on block C7 (9:30 to 10:30 position)

10. pTNM (AJCC, 7th edition, 2010): pT2(m), No(sn), MX

Effective this Checklist utilizes the 7th edition TNM staging system for breast of the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC).

Clinical History:

The patient is a year old female with a history of invasive lobular carcinoma grade 2 of 3 and lobular carcinoma in-situ of the right breast. She undergoes right simple mastectomy and sentinel lymph node biopsy.

Comment

C. CKAE1/AE3 is negative in the skin section with scar. Myosin heavy chain performed on C12 reveals absence of a myoepithelial cell layer supporting invasive carcinoma.

Specimens Received:

A: Right axillary sentinel node #1

B: Right axillary sentinel node

C: Right breast

D: Skin; biopsy

Gross Description:

Received are four containers, each labeled with the patient's name and medical record number.

A. Container A is further designated '1. Right axillary sentinel node #1.'

Received fresh for frozen section diagnosis is a 3 x 1.5 x 1 cm lymph node which is bisected and entirely frozen. Frozen section diagnosis is 'one lymph node negative for tumor' by Dr. The frozen section remnant is submitted entirely in cassettes A1-A2FS.

B. Container B is further designated '2. Right axillary sentinel node #2.'

Received fresh and placed in formalin is a 0.9 x 0.8 x 0.4 cm blue lymph node which is submitted entirely incassette B1.

C. Container C is further designated '3. Right breast, double short stitch

superior, double long stitch lateral.' Received fresh is a 1,259 gm mastectomy specimen measuring 30 cm from medial to lateral, 21 cm from superior to

inferior, and 8 cm from anterior to posterior. There is a short stitch marking

the superior edge and a long stitch marking the lateral edge. There is a 25.5 x

14.5 cm ellipse of pink-tan skin with a 4.1 cm areola and a 1.1 cm nipple. The

anterior-superior margin is inked in blue, the anterior-inferior margin is inked

in green, and the posterior/deep margin is inked in black. The specimen is then

sliced into 16 slices with slice #1 being the most lateral slice. In slices

9-10 at the 9:30 to 10:30 position is a main mass measuring 4.4 x 4 x 2.6 cm.

The mass extends to 2 cm from the inked, black margin. In addition at the 8:30

position in slices 7-8 there is a 2 x 1.5 x 1 cm mass which is 6 cm from the

inked, black margin and 0.4 from the inked green margin. In slice 15 at the 4

o'clock position there is a 1 x 1 x 0.5 cm firm, white nodule which is 0.5 cm

from the inked, green margin and 3 cm from the inked, black margin. The nipple is amputated, bisected and submitted entirely in cassette C1. the skin surrounding the tissue just deep to the nipple are submitted in cassette C2. At 6 cm lateral to the nipple is a 0.5 x 0.3 cm slightly raised area of skin which is the same, pink-tan color as the surrounding skin. This is submitted in cassette C3. Representative sections are submitted as follows:

C4: lesion from slice 7

C5: lesion from slice 8

C6-C7: mass from slice 9 with the black ink in C6

C8: additional representative section of mass from slice 9

C9-10: mass from slice 10 with the inked blue margin in C9 (grossly tumor is only in C10)

C11: scar like area from slice 15

C12: scar like area from slice 15

In the superior area of slices 13-14 is a 3 x 2 x 2 cm vaguely nodular area dense, white-tan parenchyma. This area is 1.5 cm from the inked, blue margin and 3 cm from the black margin.

C13: vaguely nodular area from slice 13

C14: vaguely nodular area from slice 14

C15: representative section from the upper-outer quadrant from slice 3

C16: representative section from the lower-outer quadrant from slice 5

C17: representative slice from the upper-inner quadrant from slice 16

C18: representative section from lower-inner quadrant from slice 14

D. Container D is further designated '4. Skin; biopsy.' Received fresh and placed in formalin is a 14 gram, 4 x 2.5 cm ellipse of pink-tan skin with a central 1.9 x 0.9 cm defect. It is excised to a depth of 1 cm. The deep margin is inked black. The circumferential margin is inked blue. The specimen is serially sectioned to reveal yellow, lobular unremarkable subcutaneous adipose tissue. Representative sections are submitted in cassettes D1-D2.

V.D.

Pathologist Sign Out:

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	KML	Date Reviewed: 4/12/13