



Sample #

FINAL PATHOLOGIC DIAGNOSIS

A. Lymph node, sentinel #1, right axillary, excision:

- One lymph node, negative for metastatic carcinoma (0/1).
- Biopsy site changes identified.

B. Lymph node, sentinel #2, right axillary, excision:

- One lymph node, negative for metastatic carcinoma (0/1).

C. Lymph node, sentinel #3, right axillary, excision:

- One lymph node, negative for metastatic carcinoma (0/1).

D. Lymph node, sentinel #4, right axillary, excision:

- One lymph node, negative for metastatic carcinoma (0/1).

E. Breast, right, partial mastectomy:

- Invasive lobular carcinoma, see breast pathologic parameters.
- Margins of excision free of tumor, distance to the closest margin >2 mm to superior and anterior.
- Lobular intraepithelial neoplasia (LCIS), classic type.
- Atypical ductal hyperplasia.
- Previous biopsy site identified with extensive fat necrosis.

ICD-O-3
Carcinoma, lobular infiltrative NOS
8520/3
Site B Breast NOS C50.9
JW 5/16/13

- Flat epithelial atypia, focally associated with microcalcifications.
- Sclerosing adenosis, focally associated with microcalcifications.
- Microcalcifications in benign ductal and stroma.
- Fibrocystic changes with cystic apocrine metaplasia.

F. Breast, additional superior medial margin, excision:

- Focal atypical ductal hyperplasia.
- Lobular intraepithelial neoplasia (ALH/LCIS).
- Focal flat epithelial atypia.
- Sclerosing adenosis focally associated with microcalcifications.
- Microcalcifications in benign ductules and stroma.
- Fibrocystic changes with cystic apocrine metaplasia.
- Duct ectasia.

Breast Pathologic Parameters

Specimen E: Breast, right, partial mastectomy

1. Invasive carcinoma:

A. Size: Gross measurement: 1.6 x 1.5 x 1.4 cm

B. Composite histologic (modified SBR) grade II

- Architecture: 3
- Nuclear grade: 2
- Mitotic count: 1

C. Associated lobular intraepithelial neoplasia (LCIS):

- Within main mass (forming <5% of tumor volume)
- Extending away from main mass

3. Excisional biopsy margins: Free of tumor

- Invasive carcinoma > 2 mm from anterior and superior margins
- Additional margins greater than 3 mm away

4. Blood vessel and lymphatic invasion: Not definitively identified

5. Axillary lymph nodes: Negative for tumor (0/4)

6. Special studies (see)::

- Strong expression of ER in 90% of invasive tumor nuclei
- Strong expression of PR in 50% of invasive tumor nuclei
- Her2/neu antigen (FISH) Not amplified. Ratio 1.5

7. pTNM: pT1c, N0(sn), MX

Clinical History:

The patient is an year old female with a history of biopsy proven grade II ILC of the right breast who undergoes right breast needle localization

lumpectomy and right axillary sentinel node dissection. Most recent breast imaging on showed in the right breast at the 10 o' clock position an irregularly shaped heterogenous enhancing mass with irregular margins and metallic clip artifact at mid depth measuring 1.4 x 1.2 x 1.2 cm representing the biopsy proven malignant lesion. Posterior to that main mass was a focal non-mass like enhancement measuring 1.6 x 1.1 cm suspicious for extension of the disease with a total extent of 2.8 cm.

Comment

Part E: The tumor reveals a mixed ductal and lobular morphologic appearance, however, immunohistochemical stains for E-cadherin were performed on representative areas and supports the presence of a lobular carcinoma.

Case presented at multidisciplinary breast conference on

Specimens Received:

A: Right axillary sentinel node#1

B: Right axillary sentinel node #2

C: Right axillary sentinel node #3

D: Right axillary sentinel node #4

E: Right breast partial mastectomy

F: Additional superior medial margin

Gross Description:

The specimen is received in six containers each labeled with the patient's name and medical record number.

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

Received fresh and placed in formalin is a 1.5 x 1.2 x 1.0 cm firm, rubbery lymph node that is dissected and entirely submitted in cassette A1.

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

Received fresh and placed in formalin is a 0.7 x 0.6 x 0.4 cm tan, rubbery lymph node candidate that is entirely submitted in cassette B1.

C. Container C is further designated as '3. Right axillary sentinel node #3.'

Received fresh and placed in formalin is a 0.9 x 0.7 x 0.4 cm tan, rubbery lymph node candidate. It is entirely submitted in cassette C1.

D. Container D is further designated as '4. Right axillary sentinel node #4.'

Received fresh and placed in formalin is a 0.6 x 0.5 x 0.2 cm tan, rubbery lymph

node candidate that is entirely submitted in cassette D1.

E. Container E is further designated as '5. Right breast partial mastectomy' with the paper work additionally designating 1 stitch = lateral. Received fresh and placed in formalin is a 99.5 gram, 8.5 cm (superior to inferior) x 10.0 cm (medial to lateral) x 3.5 cm (anterior to posterior) breast lumpectomy specimen on a radiographic grid with a corresponding x-ray film. There is a metallic clip located in the center of a spiculated irregularly shaped mass which corresponds to C3-C4, D3-D4 and D5. The metallic clip is located in D4. There is a questionable extension of the mass into grids E3-E4. A wire extends through the center of this mass entering at B5 and terminating at F1. The specimen is received with two sutures, long designating lateral and short designating superior. The margins are inked as follows: superior blue, inferior green, anterior black, posterior red, lateral violet and medial yellow. The specimen is serially sectioned from lateral to medial into 14 slices to reveal a 1.6 x 1.5 x 1.4 cm firm, white poorly circumscribed mass extending from slice 6 to slice 9. There is a metallic clip found on the center of this mass in slice 8. The mass approaches the anterior margin within 0.3 cm (slice 9) and the posterior margin within 0.6 cm (slice 7). Additionally, the lesion is 3.5 cm from the inferior margin and 0.7 cm from the superior margin. The mass is greater than 2 cm from both the medial and lateral margins. The wire terminates in slice 11. The remainder of the breast tissue consists of grossly unremarkable yellow, lobulated adipose tissue. Representative sections are submitted as follows:

E1: mass with clip (slice 8) showing approach to posterior and superior margins

E2-E3: anterior margin from slice 8

E4-E5: mass in slice 7 showing closest approach to posterior margin

E6-E7: mass in slice 6 demonstrating biopsy site changes

E8: inferior margin from slice 6

E9-E10: mass in slice 10 showing nearest approach to anterior margin

E11: posterior margin slice 7

E12-E13: posterior inferior margin slice 8

E14: posterior margin slice 9

E15: anterior margin slice 9

E16: anterior margin slice 8

E17: anterior superior margin slice 6

E18-E20: sections immediately lateral to mass (slice 5)

E21-E22: sections immediately medial to mass (slice 10)

E23: grossly unremarkable breast parenchyma slice 3

E24: grossly unremarkable breast parenchyma slice 12

E25: lateral margin serially sectioned (slice 1)

E26: medial margin serially sectioned (slice 14)

F.Container F is further designated as '3. Additional superior medial margin, short stitch marks new true margin.' Received fresh is a 38.0 gram portion of yellow, lobulated fibroadipose tissue that measures 8.5 x 6.0 x 1.5 cm. The short stitch designates the new true margin. This aspect is inked blue. The specimen does not have any further orientation. The specimen is serially sectioned to reveal that is primarily composed of yellow, lobulated adipose

tissue with a region of enhanced firm, white fibrosis measuring 2.4 x 1.5 x 1.5 cm that appears to abut the new true margin. The specimen is entirely submitted sequentially in cassettes F1-F23 with the fibrotic region in F9-F14.

Pathologist Sign Out:

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Malignancy		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewed by Initials:	Kmt	4/11/13