

Redacted



Sex: Female
D.O.B.:
MRN #:
Ref Physician:

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
IPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 2/30/12	

Collected:
Received:
Reported:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

- A. Right axillary sentinel lymph node #1:
Metastatic lobular carcinoma involving subcapsular sinuses (detected by pancytokeratin IHC stains only; greater than 200 individual cells identified - 1/1).
- B. Right axillary sentinel lymph node #2, excision:
Metastatic lobular carcinoma involving subcapsular sinuses (detectable by pancytokeratin IHC only; fewer than 200 cells identified - 1/1).
- C. Right axillary sentinel lymph node #3, excision:
Single lymph node negative for metastatic tumor by routine sections and pancytokeratin immunohistochemistry (0/1).
- D. Right axillary sentinel lymph node #4, excision:
Single lymph node negative for metastatic tumor by routine sections and pancytokeratin immunohistochemistry (0/1).
- E. Right breast, simple mastectomy:
In situ and invasive lobular carcinoma, with invasive tumor measuring up to 7 cm in maximal dimension grossly.
Invasive lobular carcinoma is Bloom-Richardson grade II (architectural score - 3; nuclear grade - 2; mitotic rate - 1).
No evidence of angiolymphatic invasion.
Random sections through the quadrants show an isolated microscopic foci of invasive lobular carcinoma well away from the main tumor mass.
Negative deep inked surgical margin of resection.
Nipple with extensive LCIS colonizing lactiferous ducts.
Prognostic markers have been previously reported, but because of duration from diagnosis will be repeated on block E7. Addendum report to follow.
pTNM Stage: T3N1(mi)

Electronic Signature:

CLINICAL INFORMATION

CLINICAL HISTORY:

Preoperative Diagnosis: Right modified radical mastectomy with sentinel node mapping with frozen section. Invasive lobular carcinoma and lobular carcinoma in situ. ER positive. PR positive.
Postoperative Diagnosis:
Symptoms/Radiologic Findings:

SPECIMENS:

- A. Right axillary sentinel node with frozen section
- B. Right axilla sentinel node
- C. Right axilla sentinel node
- D. Right axilla sentinel node
- E. Right breast

ICD-03
carcinoma, lobular, infiltrating
8520/3
Site: breast, NOS
C50.9 4-3-12 RD

GROSS DESCRIPTION:

The specimen is received in five containers labeled with the patient's name

- A. Container A is additionally labeled 'right axilla sentinel node #1' and contains a 1.5 cm yellow-tan firm fatty nodule consistent with lymph node. The specimen is entirely submitted for frozen section with the residual entirely resubmitted for permanent section in cassette A labeled.
- B. Container B is additionally labeled 'right axillary sentinel node #2' and contains a 0.7 cm yellow-tan firm fatty nodule consistent with possible lymph node. The nodule is bisected and entirely submitted in cassette B labeled

C. Container C is additionally labeled 'right axillary sentinel node #3' and contains a 3.8 x 2.0 x 0.5 cm yellow-tan fibrofatty soft tissue. On palpation, a 1.2 cm yellow-tan firm fatty nodule is identified consistent with possible lymph node. This nodule is bisected and entirely submitted in cassette C labeled

D. Container D is additionally labeled 'right axillary sentinel node #4' and contains a 0.9 cm yellow-tan firm fatty nodule consistent with lymph node. The specimen is bisected and entirely submitted in cassette D labeled

E. Container E is additionally labeled 'right breast' and contains a 625 gram, 22.0 x 14.5 x 4.0 cm simple mastectomy specimen partially surfaced by 22.0 x 9.5 cm ellipse of pink-tan wrinkled skin bearing a central 1.5 x 1.5 x 1.5 cm everted nipple. Orientation is not offered or possible. Located 3.8 cm from the nipple is a 2.0 cm in length well delineated, partly healed scar. The deep margin is inked and the specimen is serially sectioned to reveal a 7.0 x 3.4 x 3.0 cm ill-defined gray-white mass that resides 2.5 cm below the skin and approaches to within 1.8 cm of the inked deep margin. The remainder of the cut surface is comprised of yellow-tan fibroadipose tissue with no additional lesions identified. Representative sections are submitted in cassettes E1 through E11 labeled as follows: 1, nipple; 2, skin scar; 3, mass to inked deep margin, perpendicular; 4 through 8, additional mass; 9 through 11, representative sections from three uninvolved quadrants. Additionally, a yellow, green and blue cassette are submitted for research each labeled

INTRA-OPERATIVE CONSULTATION:

FROZEN SECTION DIAGNOSIS: Part A - FSDX: No neoplasm identified (0/1) per Dr.