



Sample #

FINAL PATHOLOGIC DIAGNOSIS

A. Left breast, modified radical mastectomy:

- Invasive lobular carcinoma, SBR grade II, see pathologic parameters and comment.
- Lobular carcinoma in situ, classic type.
- Metastatic carcinoma in thirteen of fifteen lymph nodes (13/15); biopsy site present in one node.

Breast Pathologic Parameters

1. Invasive carcinoma:

A. Microscopic measurement: 6.6cm (slices 5-11); 20% cellularity. See comment.

B. Composite histologic (modified SBR) grade: II

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

C. Associated lobular carcinoma in situ (LCIS):

- Within main mass and extending away

2. Excisional biopsy margins: Widely (>1cm) free of tumor

3. Blood vessel and lymphatic invasion: Absent

4. Nipple and skin: unremarkable

5. Axillary lymph nodes: Positive (13/15)

- Size of largest metastatic deposit: 1cm

- Extranodal extension: present, largest focus 2mm (multifocal)

6. Special studies (see

- ER: Moderate to strong expression in 80% of invasive tumor nuclei

- PR: No expression of invasive tumor nuclei

- HER2 antigen (FISH): Non-amplified (ratio: 1.10)

7. pTNM (AJCC, 7th edition, 2010): pT3, N3, MX.

ICD O-3
Carcinoma, lobular infiltrating NOS
8520/3
Site @ Breast NOS C50.9
9/10/13

Clinical History:

The patient is a year-old female with breast cancer undergoing left breast modified radical mastectomy.

Comment

The tumor exhibits 20% cellularity. Although extensive hyalinization is present

in the tumor bed, this feature was also seen on the pre-treatment biopsy. Hence, response to chemotherapy is difficult to assess. Of note, no significant treatment response is seen in the lymph nodes.

Specimens Received:

A: Left breast modified radical mastectomy

Gross Description:

A. The specimen is received in a single container labeled with the patient's name, medical record number, and additionally identified as, 'left breast modified radical mastectomy'. Received fresh and placed in formalin is a 1,276.6 gm modified radical mastectomy specimen. The specimen is received oriented with a suture designating left axillary tail. The specimen measures 26.5 cm from superior to inferior, 27.5 cm from medial to lateral, and 5 cm from anterior to posterior. There is an attached 9.5 x 9 x 2.5 cm axillary tail. On the anterior surface is a 23.5 x 13 cm tan-white ellipse of skin with a 6 x 5 cm areola and a 1.1 x 1 cm flattened nipple. The nipple-areolar complex reveals no evidence of ulceration or retraction.

The specimen is inked as follows:

superior edge - blue;

inferior edge - green;

posterior - black.

The specimen is serially sectioned from medial to lateral into 21 slices to reveal a firm, bulging, scallop tan-white to pink 8.5 x 6.5 x 4.2 cm mass in slices 5-13. The mass is 0.7 cm from posterior margin (black) and 0.5 cm from anterior skin. A biopsy tract filled with gel is present in places 6-7, with clip present in slice 7. The remainder of the specimen consists of approximately 5% dense gray-white fibrous breast parenchyma and 95% lobulated yellow adipose tissue. No additional masses or nodules are grossly identified. Sectioning through the axillary tail reveals multiple tan-brown, rubbery lymph nodes ranging from 0.6 x 0.4 x 0.4- 2 x 0.9 x 0.5 cm in greatest dimension. Breast specimens are fixed for at least 6 hours in 10% NBF and no more than 72 hours.

Block summary:

A1: mass closest approach to posterior margin (black), slice 13

A2: mass, slice 12

A3: mass, slice 11

A4: mass, slice 10

A5: mass, slice 9

A6: mass closest approach to skin, slice 8
 A7: mass biopsy tract, slice 7
 A8: mass biopsy tract, slice 6
 A9: mass, slice 5
 A10: medial to lesion, slice 4
 A11: medial to lesion, slice 14
 A12: medial to lesion, slice 15
 A13: upper-inner quadrant, slice 5
 A14: upper-outer quadrant slice 12
 A15: lower-outer quadrant slice 9
 A16: lower-inner quadrant slice 4
 A17: nipple
 A18: skin subjacent to nipple
 A19-A23: one lymph node candidate bisected in each cassette
 A24: three lymph node candidates
 A25: one lymph node candidate
 A26: three lymph node candidates
 A27-A29: one lymph node candidate bisected in each cassette

MD. PhD

Criteria	kw 4/12/13	Yes	No
Diagnosis Discrepancy			✓
Primary Tumor Site Discrepancy			✓
Hx Ax Discrepancy			✓
Prior Malignancy History			✓
Dual/Synchronous Primary	Noted		
Case Is (Circled)	QUALIFIED	DISQUALIFIED	
Reviewer Initials	kw	Date Reviewed	4/16/13