

UUID: 58D54D1A-3A8D-40DD-A643-846CAF242494  
TCGA-MS-A51U-01A-PR

Redacted



SPECIMEN(S):

A: Left sentinel lymph node #1

B: Left sentinel lymph node #2

C: Left breast with axillary lymph nodes

D: Right breast

1C5-0-3

carcinoma, infiltrating lobular, NOS 8520/3

Site: breast, NOS C50.9

hw  
10/4/12

FINAL DIAGNOSIS:

\*\*Amended Microscopic Breast Carcinoma Checklist (see below)\*\*

A. Lymph nodes, "left sentinel lymph node #1," biopsy (including AFS1)

- Metastatic carcinoma in one lymph node consistent with breast

primary (1/1)

- Metastatic deposit measures 6mm in greatest dimension

- No extracapsular extension

B. Lymph nodes, "left sentinel lymph node #2," biopsy (including BFS1)

- Two lymph nodes with no evidence of malignancy (0/2)

C. Breast left, modified radical mastectomy

- Invasive lobular carcinoma

- Multifocal with largest tumor 3.2 cm in greatest dimension in

upper outer quadrant; additional foci in retroareolar area and lower

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
IPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Malignancy		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BTH	Date Reviewed: 10/4/2012

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10/4/12

outer quadrant up to 1.1cm in greatest dimension

- Histological grade = 2/3 (score: tubules 3 + nucleus 2 + mitoses 1 =

6/9) by criteria

- Mitotic index = <1/hpf (low)

- Margins negative for invasive carcinoma (nearest = 1.2 cm; location: deep margin)

- Lobular carcinoma in situ (LCIS)

- LCIS comprises 5% of total carcinoma in specimen

- Nuclear grade 1/3 by SBR criteria (low)

- Margins negative for LCIS

- Metastatic carcinoma present in one of fifteen lymph nodes (1/15)

- Tumor deposit measures 4mm in greatest dimension, with no

extracapsular extension

- Nevus cell aggregate also identified

D. Breast, right, prophylactic simple mastectomy

- Fibrocystic changes

- Columnar cell hyperplasia

- Usual ductal hyperplasia

- No evidence of atypical hyperplasia, in situ carcinoma, or invasive carcinoma

- Skin, nipple, and resection margins unremarkable

COMMENT:

This report was amended to correct the number of positive nodes in the

microscopic section, in the "Breast Carcinoma Checklist." The Diagnosis above is unchanged, and is correct, with a total of 2 positive nodes; that count has been re-verified by review of the microscopic slides. The microscopic checklist section has now been corrected, to indicate that a total of 2 nodes are positive. The "N" stage has thus been corrected to pN1, as well.

This case was discussed with \_\_\_\_\_ at a recent conference, and he in fact pointed out this discrepancy. I informed him at that time that I would make these corrections to the report.

#### CLINICAL HISTORY:

The patient is a \_\_\_\_\_ year-old woman with biopsy proven infiltrating lobular cancer of the left breast (ER+ PR+ Her2/neu-). Operative procedure: Sentinel lymph node biopsies, left modified radical mastectomy and right simple mastectomy.

#### GROSS:

Received are four fresh containers each labeled with the patient's name

A. The first container is additionally labeled "A - left sentinel lymph node #1." The specimen consists of a 2.1 x 2.06 cm fragment of pale, yellow-tan, fibrofatty tissue. A single potential lymph node is identified measuring 1.8 cm in greatest dimension. The node is serially sectioned and entirely submitted for frozen section analysis as AFS1.

B. The next container is labeled "B - left sentinel lymph node #2." The specimen consists of a 1.8 x 1.5 x 0.4 cm fragment of yellow-tan, fibrofatty tissue. Two potential lymph nodes are identified measuring 0.8 x 0.4 cm in greatest dimension. The smaller node is inked black. The nodes are serially sectioned and entirely submitted for frozen section analysis as BFS1. The remaining adipose tissue is submitted for permanent sections in cassette B2.

Summary of Sections:

BFS1 - two potential sentinel lymph nodes, entirely submitted.

B2 - remaining soft tissue.

C. The next container is labeled "C - left breast at 12 o'clock with left axillary node dissection." The specimen consists of a 613 gm modified radical mastectomy with axillary tail. The breast measures 17 cm medial to lateral, 15.5 cm superior to inferior and 3.9 cm superficial to deep. The attached axillary tail measures 8 x 7.5 x 2 cm. There is an attached ovoid portion of skin measuring 4 x 3.5 cm with an everted, freely mobile nipple which measures 2.5 x 2.5 cm with the areolar complex. The deep fascial plane is inked black, the remaining superior half is inked blue with the remaining inferior half inked green. The specimen is serially sectioned from medial to lateral. A gray-white, firm, irregularly-bordered mass is identified in the upper outer quadrant measuring 3.2 x 2.2 x 1.3 cm in greatest dimension.

This mass is consistent with a bilobed single mass. However, it could represent two separate masses. The central area of the mass is submitted which could represent normal parenchyma in between the two masses. The mass is 1.8 cm to the deep margin and 2.5 cm to the nipple. A dumbbell-shaped biopsy clip is identified near the medial portion of the mass. There are firm, indurated possibly calcified areas located posteriorly to the nipple. The axillary tail is dissected to reveal 19 potential lymph nodes ranging in size from 0.3 to 2.6 cm in greatest dimension. The nodes are entirely submitted. The specimen is sectioned and laced in formalin.

#### Summary of Sections:

C1 - middle portion of mass.

C2-C3 - medial portion of tumor.

C4 - lateral portion of tumor with deep margin.

C5 - lateral portion of tumor.

C6 - representative upper inner quadrant.

C7 - representative upper outer quadrant.

C8 - representative lower outer quadrant.

C9 - representative lower inner quadrant.

C10 - representative retroareolar areas of induration.

C11 - nipple.

C12 - one potential lymph node, bisected, entirely submitted.

C13 - one potential lymph node, bisected, entirely submitted.

C14 - one potential lymph node, bisected, entirely submitted.

C15 - six potential lymph nodes, submitted intact.

C16 - six potential lymph nodes, submitted intact.

C17 - four potential lymph nodes, submitted intact.

D. The next container is additionally labeled "D - right breast." The specimen consists of a 510 gm simple mastectomy measuring 20 x 17 x 2.8 cm. Attached roughly ovoid portion of skin measures 3.9 x 2.5 cm which is pale tan without lesions identified. The attached nipple is everted and freely mobile and measures 2.7 x 2.0 cm with the areolar complex. The deep fascial plane is inked black. The remaining specimen is inked blue. The specimen is unoriented. It is serially sectioned to reveal yellow-tan, lobulated parenchyma with interspersed, dense and gray-white fibrosis and fibrocystic change. A small 0.6 cm area of hemorrhage is identified located at the periphery. Masses or lesions suspicious for malignant process are not grossly identified. The specimen is arbitrarily divided into quadrants and representative sections are submitted. The specimen is sectioned and placed in formalin .

#### Summary of Sections:

D1 - nipple.

D2-D3 - representative of quadrant 1.

D4-D5 - representative of quadrant 2.

D6-D7 - representative of quadrant 3.

D8-D9 - representative of quadrant 4.

**INTRAOPERATIVE CONSULTATION:**

**FROZEN SECTION DIAGNOSIS:**

AFS1: Left sentinel lymph node #1 - "Metastatic breast carcinoma in one lymph node."

**FROZEN SECTION DIAGNOSIS:**

BFS1: Left sentinel lymph node #2 - "Two lymph nodes with no evidence of malignancy."

**MICROSCOPIC:**

Microscopic examination is performed. Permanent sections confirm the frozen section diagnoses.

Breast carcinoma checklist:

Operative procedure: mastectomy

Specimen size: 17 x 15.5 x 3.9 cm

Specimen integrity: Intact

Tumor location: Upper outer quadrant, lower outer quadrant, and sub-areolar

Tumor focality: Multifocal

Tumor size: 3.2 x 2.2 x 1.3 cm, with other nodules as large as 1.1 cm

Tumor extent: tumor limited to breast, without invasion of skin or muscle

Tumor type: Infiltrating lobular carcinoma

Histologic grade: 2/3 (score: tubules 3 + nucleus 2 + mitoses 1 = 6/9)  
by ESBR criteria

Mitotic index: <1/hpf (low)

Lymphovascular invasion: Present

Perineural invasion: Absent

Margins of invasive carcinoma: Negative (nearest = 12 mm; location; deep)

In situ carcinoma: Present; Lobular carcinoma in situ (LCIS)

Extent of in situ carcinoma: Non-extensive, comprises 5% of total carcinoma



Grade of in situ carcinoma: 1/3 by SBR criteria (low)

Margins of in situ carcinoma: Negative

Paget's disease: Absent

Number of Lymph nodes examined: 18

Number of Lymph nodes positive: \*\*2\*\* (1/3 sentinel nodes, and 1/15 nodes from mastectomy)

Size of largest metastatic focus: 6 mm

Extracapsular extension: Absent

Receptor studies (performed on prior biopsy)

ER +

PR:+

her2/neu:-

AJCC Cancer Staging:

pT: Primary tumor (pT)

pT2

pN: Regional nodes (pN)

**\*\*pN1\*\*   \*\*(2 total positive nodes)\*\***

M: Distant metastases (M)

M0 (clinically absent)