SURGICAL PATHOLOGY

Case Number:

Diagnosis:

A: Breast, left, total mastectomy

Tumor type: invasive lobular carcinoma

Caranoma, Idular instrating NOS Site O Yerrart NOS C.50.9 Parant, overlapping lesson 2 90 5/16/14 Nottingham combined histologic grade: 2

Tubule formation score: 3

Nuclear pleomorphism score: 2

Mitotic count score: 1

Focality of tumor: single focus

Tumor site: upper outer and lower outer quadrants

Tumor size (greatest dimension): 4.1 cm (see comment)

Lymphovascular invasion: none identified

Ductal carcinoma in situ (DCIS): none identified

Lobular carcinoma in situ (LCIS): present

Nipple involvement: not involved

Skin involvement: not involved

Skeletal muscle involvement: not applicable

Margin status:

Invasive component: Margins free of carcinoma, closest is black

inked posterior margin at 2 mm

Size of largest metastasis: 4.1 cm

Extracapsular extension: absent

Axillary lymph nodes (from parts B-G):

Total number with metastasis: 2

Total number examined: 7

Size of largest metastatic focus: 0.7 cm

Extracapsular extension: absent

Microcalcifications: associated with benign breast changes

Other pathologic findings:

- Extensive stromal fibrosis with patchy amyloid deposition
- Fibrocystic changes
- Columnar cell change
- Epidermal inclusion cyst
- Previous biopsy site changes

AJCC PATHOLOGIC TNM STAGE: pT2 pN1a

BREAST STAGE GROUPING: IIB

Note: This pathologic stage assessment is based on information available at the time of this report, and is subject to change pending clinical review and additional information.

Ancillary studies previously performed on core biopsy case and reported as:

Estrogen receptor: positive, 88%, 3+ Progesterone receptor: positive, 82%, 3+ HER2/neu: negative for overexpression, 0

B: Lymph node, left axillary sentinel lymph node #1, biopsy - One lymph node positive for metastatic carcinoma (1/1) based on H & E and cytokeratin stained slides

- Metastatic focus measures 0.5 cm
- No extracapsular extension is identified
- Amyloid present
- C: Lymph node, left axillary sentinel lymph node #2, biopsy One lymph node negative for metastatic carcinoma (0/1) based on H & E and cytokeratin stained slides
- Amyloid present
- D: Lymph node, left axillary sentinel lymph node #3, biopsy One lymph node positive for metastatic carcinoma (1/1) based on H & E and cytokeratin stained slides
- Metastatic focus measures 0.7 cm
- No extracapsular extension is identified
- Amyloid present
- E: Lymph node, left axillary sentinel lymph node #4, biopsy
 Two lymph nodes negative for metastatic carcinoma (0/2) based
 on H & E and cytokeratin stained slides
 Amyloid present
- F: Lymph node, left axillary sentinel lymph node #5, biopsy One lymph node negative for metastatic carcinoma (0/1) based

on H & E and cytokeratin stained slides - Amyloid present

G: Lymph node, left axillary sentinel lymph node #6, biopsy - One lymph node negative for metastatic carcinoma (0/1) based on H & E and cytokeratin stained slides - Amyloid present

Clinical History:

-year-old female with left breast invasive lobular carcinoma.

Gross Description:

Received are seven appropriately labeled containers.

Container A:

Specimen fixation: formalin

Time in fixative: 33 hours

Cold ischemic time: 71 mins

Type of mastectomy: left total mastectomy

Weight of specimen: 330 grams

Size of specimen: anterior to posterior, 2.5 cm; superior to inferior, 19.0 cm; medial to lateral, 20.0 cm

Orientation of specimen: The specimen is oriented with a stitch in the axillary tail.

Inking: anterior=blue, posterior=black, axillary tail=dotted
yellow

Skin ellipse dimensions: 19.0 x 5.8 cm

Nipple/areola: 1.4 cm/3.0 cm

Axillary tail: present, minimal tissue

Biopsy site: absent

Discrete Mass(es): Area of fibrotic, homogeneously firm,

white/tan tissue

Number of discrete masses: one

Size of fibrotic tissue: 7.5 cm from medial to lateral, 6.7 cm from superior to inferior, and 3.5 cm from anterior to posterior

Location of fibrotic tissue: upper inner quadrant, upper outer quadrant, lower outer quadrant (includes the area deep to the nipple/areola)

Distance of mass/biopsy site from surgical margin: The fibrotic tissue abuts the black inked deep margin extensively, it also abuts the blue inked anterior margin in multiple slices.

Gross involvement of skin or fascia/muscle by tumor: The tumor extends very close to the skin, however, does not appear to grossly involve the skin.

Description of remaining breast: predominantly yellow lobular adipose tissue

Other remarkable features: none

Tissue submitted for special investigations: Tumor and normal submitted to Tissue Procurement foundation.

Block Summary:

A1 - nipple, perpendicular sections, in relation to the tumor A2 - nipple, perpendicular sections, in relation to the tumor A3,A4 - perpendicular sections of the areola, in relationship to the deep tumor

A5,A6 - representative section of the tumor, in relation to the blue inked inferior margin

A7,A8 - representative section of the tumor, in relation to the black inked deep margin

A9,A10 - additional representative sections of the mass

All - representative section, upper outer quadrant

A12 - representative section, lower outer quadrant

A13 - representative section, upper inner quadrant

Al4 - representative section, lower inner quadrant

Additional sections, upper outer quadrant surrounding metallic clip, lateral to medial:

A19 - one section bisected

A20 - one section bisected

A21-A22 - one section bisected

A23-A24 - one section bisected

A25 - one section A26 - one section

A27 - one section

A15-A18, A28-A67 additional sections from lateral towards medial, respectively

Container B is additionally labeled "lymph node, left axillary sentinel lymph node #1." Received is a single, unoriented, yellow lobular adipose tissue fragment, $3.7 \times 3.0 \times 1.0$ cm. A single lymph node candidate, $2.2 \times 1.3 \times 0.8$ cm is identified and is sequentially sectioned at 2 mm intervals. The entire lymph node is submitted in blocks B1 and B2. Adipose tissue remains in the container.

Container C is additionally labeled "lymph node, left axillary sentinel lymph node #2." Received is a single, unoriented, brown/tan fibroadipose tissue fragment, $3.4 \times 2.3 \times 1.3$ cm. A single, possibly two, lymph node candidates matted together are identified, $2.3 \times 2.3 \times 0.8$ cm. The lymph node candidate is serially sectioned at approximately 2 mm intervals and is entirely submitted in blocks C1-C3. Adipose tissue remains in the container.

Container D is additionally labeled "lymph node, left axillary sentinel lymph node #3." Received is a single, unoriented, brown/tan fibroadipose tissue fragment, $1.8 \times 1.8 \times 1.5 \text{ cm}$. A single lymph node candidate, $1.2 \times 0.8 \times 0.8 \text{ cm}$ is identified, is serially sectioned at approximately 2 mm intervals and entirely submitted in blocks D1 and D2. Adipose tissue remains in the container.

Container E is additionally labeled "lymph node, left axillary sentinel lymph node #4." Received is a brown/tan, single, unoriented fibroadipose tissue fragment, $1.5 \times 1.0 \times 0.9$ cm. Two lymph node candidates, 0.5 and 0.2 cm in diameter are identified. The larger lymph node is bisected and submitted in block E1. The smaller lymph node is submitted in block E2 without sectioning.

Adipose tissue remains in the container.

Container F is additionally labeled "lymph node, left axillary lymph node #5." Received is a single, unoriented, brown/tan fibroadipose tissue fragment, 1.2 x 1.2 x 0.6 cm. A single lymph node candidate, 1.1 x 0.8 x 0.6 cm is identified.

The lymph node candidate is serially sectioned at approximately 2 mm intervals and entirely submitted in block F1. Adipose tissue remains in the container.

Container G is additionally labeled "lymph node, left axillary sentinel lymph node #6." Received is a single, gray/tan, unoriented, $1.0 \times 0.9 \times 0.6$ cm lymph node candidate. The specimen is serially sectioned, at approximately 2 mm intervals, and entirely submitted in blocks G1 and G2,

Criteria	W	91	24/13	Yes	No	
Diagnosis Discrepancy					1	_
Primary Tumor Site Disc	repancy				+	-
JPAA Discrepancy				+		
Prior Malignancy History					1	-
Dual/Synchronous Prim	ary Noted		はんし	/	+	
Case is (circle):	QUAL	FIED I	/ DISQUE	NEIED		_
Reviewer In Tals		ete Kevi		MA	H>	_
WITH				144	113	_
				i - i	בון	