Surgery Date:

SPECIMENS:

- A. RIGHT BREAST AND AXILLARY CONTENTS
- B. LEVEL 3 RIGHT AXILLARY LYMPH NODES
- C. ADDITIONAL RIGHT BREAST TISSUE
- D. ADDITIONAL RIGHT BREAST TISSUE AND SKIN

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DIAGNOSIS:

- A. BREAST, RIGHT, AND AXILLARY CONTENTS, MODIFIED RADICAL MASTECTOMY:
 - THREE FOCI OF INVASIVE LOBULAR CARCINOMA, NOTTINGHAM GRADE 2.
 - 2.9 CM, 0.6 CM AND 0.2 CM IN SIZE.
 - FOCALLY PRESENT AT THE ANTERIOR MARGIN AT CENTRAL INFERIOR AND 0.3 CM FROM THE DEEP MARGIN.
 - EXTENSIVE LOBULAR CARCINOMA IN SITU (LCIS), CLASSIC AND PLEOMORPHIC TYPES, WITH NECROSIS AND MICROCALCIFICATIONS.
 - SKELETAL MUSCLE, NEGATIVE FOR CARCINOMA.
 - FOCAL GRANULOMAS, FOCALLY NECROTIZING, ARE SEEN IN THE BREAST AND A FEW OF THE LYMPH NODES.
 - METASTATIC CARCINOMA IN 22 OF 33 LYMPH NODES WITH EXTRANODAL EXTENSION, LARGEST METASTASIS IS 1.4 CM (22/33).

NOTE: The etiology of the granulomas is not entirely clear. Clinical correlation is recommended.

- B. LYMPH NODES, RIGHT AXILLA, LEVEL 3, DISSECTION:
 - METASTATIC CARCINOMA IN TWO OF TWO LYMPH NODES (2/2).
- C. BREAST, RIGHT, ADDITIONAL TISSUE, EXCISION:
 - METASTATIC CARCINOMA IN ONE OF ONE LYMPH NODE (1/1).
- D. BREAST, RIGHT, ADDITIONAL TISSUE AND SKIN, EXCISION:
 - LOBULAR CARCINOMA IN SITU.
 - BENIGN SKIN.

SYNOPTIC REPORT - BREAST

Specimen Type:

Mastectomy

Needle Localization: No Laterality:

Right

Present

Invasive Tumor:

Multifocality: Yes

WHO CLASSIFICATION Invasive lobular carcinoma 8520/3

Tumor size: 2.9cm

Tumor Site: 6:00

Margins: Involved at

anterior inferior at ~ 6:00 Extent::

less than 0.1 cm

Tubular Score:

3

Nuclear Grade:

2

Mitotic Score:

Modified Scarff Bloom Richardson Grade:

2

Carcinoma, infiltrating lobular, NOS 852013 Site: breast, NOS C50.9 M 10/24/4

Necrosis: Absent

Vascular/Lymphatic Invasion: None identified

Lobular neoplasia:

LCIS

Lymph nodes:

Axillary dissection

Lymph node status: Positive 25 / 36 Extranodal extension

DCIS not present

ER/PR/HER2 Results

ER: Positive PR: Positive

HER2: Positive by FISH Performed on Case:

Pathological staging (pTN): pT 2 N 3

Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

SUMMARY OF IMMUNOHISTOCHEMISTRY/SPECIAL STAINS

Material: Block A10 Population: Tumor Cells

Stain/Marker:Result: Comment:

CYTOKERATIN AE1/3 Positive At inked margin

Material: Block A23 Population: Lymph Node

Stain/Marker:Result: Comment:

ACID-FAST BACTERIA STAIN Negative

GOMORI METHENAMINE SILVER STAIN Negative

They have not been cleared or approved by the U.S. Food and Drug Administration. The rua has determined that such clearance or approval is not necessary.

Special stains and/or immunohistochemical stains were performed with appropriately stained positive and negative controls.

GROSS DESCRIPTION:

A. RIGHT BREAST AND AXILLARY CONTENTS

Received fresh labeled with the patient's identification and designated "right breast and axillary contents" is an oriented (suture in axilla), 445 g, 26 x 21.5 x 2 cm mastectomy with attached axillary tail and a pale-tan skin ellipse,11 x 4.2 cm, and 1 cm in diameter slightly everted nipple. The areolar skin demonstrates a thickened, slightly puckered appearance. Ink code: Posterior-black, anterior/superior-orange, anterior/inferior-blue. The specimen is serially sectioned from medial to lateral into 9 slices (nipple slice 4) revealing 3 separate masses:

Mass #1) 2.9 x 2.5 x 1.8 cm, slices 5-6, central inferior, 6:00, 0.6 cm from the posterior margin and 0.7 cm from the anterior margin

Mass #2) 0.7 x 0.5 x 0.5 cm, slice 5, central inferior, extending to anterior margin, 3.5 cm from the posterior margin, and 0.4 cm from Mass #1

Mass #3), 2.5 x 1.5 x 1 cm, slice 7, LOQ, 8:00, 1 cm from anterior margin and 2.1 cm from posterior margin and 4.1 cm from Mass #2

The remainder of the specimen shows dense nodular fibroglandular parenchyma. Multiple possible axillary lymph nodes are identified ranging from 0.2 x 0.2 x 0.2 up to 1.2 x 1 x 0.5 cm. Tissue is procured, representatively submitted:

A1-A2: Nipple

A3: Skin, representative sections

A4-A5: Mass #1 with anterior margin, slice 5, 6:00

A6: Deep margin overlying mass #1, slice 5, 6:00

A7: Mass #1, 6:00, slice 5

A8: Tissue in between Mass #1 and Mass #2, slice 5, central inferior

A9: Mass #2 with anterior margin, slice 5, central inferior

A10: Mass #1, slice 6

A11: Slice 6, possible Mass #3

A12-A14: Mass #3, 8:00, LOQ, slice 7, A12 demonstrates anterior margin

A15: Deep margin overlying mass #3, slice 7

A16-A17: Representative sections, UOQ, intramammary fold, slice 8

A18: Representative section, UIQ, slice 3

A19: Representative section, LIQ, slice 3

A20: 4 possible lymph nodes

A21: 4 possible lymph nodes

A22: 4 possible lymph nodes

A23: 2 possible lymph nodes

A24: 2 possible lymph nodes

A25: 3 possible lymph nodes

A26: 3 possible lymph nodes

A27: 2 possible lymph nodes

A28: One lymph node

B. LEVEL 3 RIGHT AXILLARY LYMPH NODES

Received in formalin labeled with the patient's identification and designated "level 3 right axillary lymph node" is a 2.5 x 2 x 0.4 cm fibroadipose tissue. One lymph node is identified measuring 1.5 x 1.2 x 0.5 cm. The specimen is entirely submitted:

B1: Lymph node

B2: Remainder of the specimen

C. ADDITIONAL RIGHT BREAST TISSUE

Received in formalin labeled with the patient's identification and designated "additional right breast tissue" is a fragment of pale tan soft tissue measuring 0.5 x 0.3 x 0.2 cm. Entirely submitted, C1.

D. ADDITIONAL RIGHT BREAST TISSUE AND SKIN

Received in formalin labeled with the patient's identification and designated "additional right breast tissue and skin" is an unoriented, irregular "V" shaped portion of pale tan skin measuring 7 x 2.5 x 0.5 cm. The surface of the specimen appears grossly unremarkable. Serially sectioned, representatively submitted, D1.

CLINICAL HISTORY:

year-old female, biopsy proven invasive lobular carcinoma, right breast with axillary metastasis

PRE-OPERATIVE DIAGNOSIS:

Right breast ca

Gross Dictation: , M.D., Pathologist. 1 Final Review:.,, Final Review: , M.D., Pathologist,

Final: , M.D., Pathologist,

Criteria		Yes	No
Diagnosis Discrepancy		I	
Primary Tumor Site Discrepancy		L	
HIPAA Discrepancy		L	
Prior Malignancy History		I	
Dual/Synchronous Rrimary/Hoted		1	
Case is (circle):	QUALIFIED / DEGL	ALIFIED	
Reviewer Initials 1	Date Reviewed:	19 17	
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