

SURGICAL PATHOLOGY REPORT

Patient:
 FMP/SSN:
 DOB/Age/Sex: (Age:) F Race: WHITE
 Location:
 Physician(s):

Specimen #: - - - -
 Taken:
 Received:
 Reported:

SPECIMEN:

A: LEFT BREAST B: RIGHT BREAST
 C: LEFT AXILLARY SENTINEL NODE
 D: RIGHT AXILLARY SENTINEL NODE
 E: RIGHT AXILLARY NON SENTINEL NODE

/CS-0-3

Carcinoma, infiltrating lobular, NOS 8520/3

Site: breast, NOS C50.9

1/26/11

===== FINAL DIAGNOSIS:

- A. BREAST, LEFT, SIMPLE MASTECTOMY:
- SKIN WITH NO SIGNIFICANT PATHOLOGIC CHANGES.
 - BREAST TISSUE WITH FIBROCYSTIC CHANGES TO INCLUDE APOCRINE METAPLASIA AND MICROCYST FORMATION.
 - NEGATIVE FOR MALIGNANCY.

- B. BREAST, RIGHT, SIMPLE MASTECTOMY:
- TUMOR TYPE: INVASIVE LOBULAR CARCINOMA, MULTICENTRIC (SEE COMMENT).

TUMOR #1:

- TUMOR TYPE: INVASIVE LOBULAR CARCINOMA, LOW NUCLEAR GRADE.
- NOTTINGHAM GRADE: I/III
- NOTTINGHAM SCORE: 5/9
 (Tubules= 3, Nuclei= 1, Mitoses= 1; mitotic count 1 per 10 HPF at 40x power).
- TUMOR LOCATION: LOWER OUTER QUADRANT.
- TUMOR SIZE (GREATEST DIMENSION): 1.0 CM (MEASURED GROSSLY).
 - ADDITIONAL DIMENSIONS: 1.0 X 0.5 CM.
- TUMOR NECROSIS: NONE IDENTIFIED.
- MICROCALCIFICATIONS: NONE IDENTIFIED.
- VENOUS / LYMPHATIC INVASION: NONE IDENTIFIED.
- MARGINS: TUMOR INVOLVES INKED SUPERFICIAL MARGIN (B2).
- INTRADUCTAL COMPONENT: NONE IDENTIFIED.
- LYMPH NODES: FOUR (4) OF FOUR POSITIVE FOR TUMOR BY H&E (SEE PARTS D AND E).
- NIPPLE INVOLVEMENT: NOT IDENTIFIED.
- SKIN INVOLVEMENT: NOT IDENTIFIED.

TUMOR #2:

- TUMOR TYPE: INVASIVE LOBULAR CARCINOMA, LOW NUCLEAR GRADE.
- NOTTINGHAM GRADE: I/III
- NOTTINGHAM SCORE: 5/9
 (Tubules= 3, Nuclei= 1, Mitoses= 1; mitotic count 2 per 10 HPF at

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Continued on Next Page

- PERSONAL DATA - PRIVACY ACT OF 1974



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Patient:

Specimen #:

FINAL DIAGNOSIS (continued):

40x power).

- TUMOR LOCATION: UPPER MIDDLE.
 - TUMOR SIZE (GREATEST DIMENSION): 1.0 CM (MEASURED GROSSLY) (SEE COMMENT).
 - ADDITIONAL DIMENSIONS: 1.0 X 0.5 CM.
 - TUMOR NECROSIS: NONE IDENTIFIED.
 - MICROCALCIFICATIONS: PRESENT, ASSOCIATED WITH LOBULAR CARCINOMA IN SITU (B3).
 - VENOUS / LYMPHATIC INVASION: NONE IDENTIFIED.
 - MARGINS: TUMOR <0.1 CM FROM INKED SUPERFICIAL MARGIN (B3).
 - INTRADUCTAL COMPONENT: NONE IDENTIFIED.
 - LYMPH NODES: SEE ABOVE.
 - NIPPLE INVOLVEMENT: NOT IDENTIFIED.
 - SKIN INVOLVEMENT: NOT IDENTIFIED.
 - ESTROGEN RECEPTORS: POSITIVE (PER
 - PROGESTERONE RECEPTORS: POSITIVE (PER
 - HER 2 NEU by IHC: 1+ (NEGATIVE) (PER
 - PATHOLOGIC STAGE: pT1c N2 MX (AJCC, 6th ED) (SEE COMMENT).
 - ADDITIONAL PATHOLOGIC CHANGES:
 - LOBULAR CARCINOMA IN SITU.
 - ACELLULAR FOREIGN MATERIAL AND BIOPSY SITE CHANGES (SEE COMMENT).
 - FIBROCYSTIC CHANGES TO INCLUDE APOCRINE METAPLASIA AND MICROCYST FORMATION.
 - MAMMARY DUCT ECTASIA.
- C. SENTINEL LYMPH NODE, LEFT AXILLA, EXCISIONAL BIOPSY:
- THREE (3) BENIGN LYMPH NODES BY CONVENTIONAL H&E AND IMMUNOHISTOCHEMICAL STAINING.
- D. SENTINEL LYMPH NODES, RIGHT AXILLA, EXCISIONAL BIOPSY:
- THREE (3) LYMPH NODES POSITIVE FOR CARCINOMA BY CONVENTIONAL H&E AND IMMUNOHISTOCHEMICAL STAINING.
- E. NON-SENTINEL LYMPH NODE, RIGHT AXILLA, EXCISIONAL BIOPSY:
- ONE (1) LYMPH NODE POSITIVE FOR CARCINOMA WITH EXTRACAPSULAR EXTENSION BY H&E STAINING.

Comment: There are two separate tumors in the right breast mastectomy specimen. Since these tumors are separated by 4.5 cm and are located in different quadrants the designation "multicentric" is used. Both tumors are histologically similar. The acellular marker material present in the specimen is associated with the upper middle tumor (tumor #2). There are isolated tumor cells present in a section adjacent to the upper middle

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FINAL DIAGNOSIS (continued):

tumor (tumor #2, slide B4), making the exact determination of tumor size difficult. The largest dimension measured of the tumor is 1.2 cm from the previous biopsy specimen (S08-), making the tumor stage T1c. The histologic appearance along with the presence of lobular carcinoma in situ and the immunohistochemical characterization of the previous biopsy support the diagnosis of invasive lobular carcinoma.

** Report Electronically Signed Out **

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CLINICAL DIAGNOSIS AND HISTORY:

year-old female with right breast mass birads four on mammogram, ultrasound guided biopsy, invasive lobular carcinoma. Bilateral simple mastectomy, skin biopsy, with immediate reconstruction.

PRE-OPERATIVE DIAGNOSIS:

Right breast cancer.

GROSS DESCRIPTION:

A. Received fresh, labeled with the patient's name, designated "LEFT BREAST TISSUE WITH MARKINGS" is a mastectomy specimen oriented with a short stitch superior, long stitch lateral, and double stitch "down". The specimen measures 17.0 cm medial to lateral, 16 cm superior to inferior, and 3.5 cm anterior to posterior. The lightly pigmented superficial skin ellipse measures 10.0 x 3.0 cm and displays a 1.0 cm centrally located everted nipple free of discharge. No scar is identified. The deep margin is inked black. Serial sections reveal predominantly lobulated, yellow-tan, adipose tissue admixed with evenly distributed, tan-white, fibrous tissue comprising approximately 20% of the cut surface. On palpation, no discreet mass or lesion is identified. No lymph nodes are identified.

Cassette Summary:

- A1: Skin.
- A2: Upper outer quadrant.
- A3: Upper inner quadrant.
- A4: Lower inner quadrant.
- A5: Lower outer quadrant.
- A6: Central.
- A7: Nipple.
- A8: Upper outer quadrant.

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Patient:

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GROSS DESCRIPTION (continued):

A9: Upper inner quadrant.

A10: Lower inner quadrant.

A11: Lower outer quadrant.

Matched sections of A1 through A6 are submitted in ? for CBCP protocol.

B. Received fresh, labeled with the patient's name, designated "RIGHT BREAST TISSUE WITH MARKINGS" is a mastectomy specimen oriented with a short stitch superior, and a long stitch lateral. The specimen measures 7.0 cm superior to inferior, 17.0 cm medial to lateral, and 3.5 cm anterior to posterior. The lightly pigmented superficial skin ellipse measures 10.0 x 3.0 cm and displays a 1.0 cm centrally located, everted nipple free of discharge. No scar is identified. The deep margin is inked black, and the superficial surface is partially inked blue. Serial sections reveal a 1.0 x 1.0 x 0.5 cm well defined, tan-white mass in the upper mid breast, abutting the blue inked superficial surface, and coming to within 4.0 cm of the deep margin. Also identified is a second, poorly defined mass in the lower outer quadrant measuring approximately 1.0 x 1.0 x 0.5 cm. The lower outer quadrant mass abuts the blue inked superficial surface, and is located 4.5 cm from the deep margin. The masses are separated by a distance of approximately 4.5 cm. The remainder of the specimen is predominantly composed of lobulated, yellow-tan, adipose tissue admixed with approximately 20% slightly dense, fibrous tissue. No additional lesions are identified. No lymph nodes are identified.

Cassette Summary:

B1: Skin.

B2: Lower outer quadrant mass.

B3: Upper mid mass.

B4: Adjacent normal (to B3).

B5: Upper outer quadrant.

B6: Lower outer quadrant.

B7: Lower inner quadrant.

B8: Upper inner quadrant.

B9: Nipple.

B10: Lower outer quadrant mass.

B11: Deep margin of lower outer quadrant mass.

B12-B13: Upper mid mass.

B14: Deep margin of upper mid mass.

C. Received in formalin, labeled with the patient's name,

D, designated "LEFT AXILLARY SENTINEL NODE" is a 5.5 x 4.5 x 0.6 cm irregularly shaped, lobulated fragment of tan-yellow, adipose. Sectioning

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GROSS DESCRIPTION (continued):

reveals three possible lymph nodes ranging in size from 1.0 x 0.6 x 0.3 cm to 1.2 x 1.0 x 0.6 cm. The lymph nodes are bisected, and submitted in cassettes C1 through C3.

D. Received in formalin, labeled with the patient's name, D, designated "RIGHT SENTINEL NODE" is a tan-yellow, lobulated, irregularly shaped fragment of adipose tissue measuring 5.5 x 3.0 x 0.5 cm in diameter. Examination reveals three possible lymph nodes ranging in size from 0.2 x 0.2 x 0.2 cm to 2.3 x 1.6 x 1.0 cm.

Cassette Summary:

D1-D2: First possible lymph node.

D3: Second possible lymph node.

D4: Third possible lymph node.

E. Received fresh for intraoperative consultation, labeled with the patient's name, , designated "RIGHT AXILLARY TISSUE, NON SENTINEL NODE" is a 4.0 x 3.5 x 2.0 cm irregular portion of yellow-tan, soft tissue. Sectioning reveals a single, 1.5 x 1.0 x 0.5 cm lymph node. The cut surface is tan-white, suspicious for involvement by lesion. The lymph node is bisected, and submitted in cassette E1. A matched section of E1 is submitted in for CBCP protocol.

Time in formalin for specimen A: 79 hours.

Time in formalin for specimen B: 81 hours.

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 1/20/11	