

100-0-3  
Carcinoma, lobular, NOS  
8520/3 12/8/10  
Site Code breast, NOS  
e50.9

**TSS:**

**SPECIMENS:**

- A. NEEDLE LOCALIZATION LEFT BREAST
- B. SENTINEL LYMPH NODE #1 RIGHT AXILLA
- C. SENTINEL LYMPH NODE #2 RIGHT AXILLA
- D. RIGHT BREAST
- E. ADDITIONAL ANTERIOR FLAP RIGHT BREAST UPPER OUTER QUADRANT

**SPECIMEN(S):**

- A. NEEDLE LOCALIZATION LEFT BREAST
- B. SENTINEL LYMPH NODE #1 RIGHT AXILLA
- C. SENTINEL LYMPH NODE #2 RIGHT AXILLA
- D. RIGHT BREAST
- E. ADDITIONAL ANTERIOR FLAP RIGHT BREAST UPPER OUTER QUADRANT

**GROSS DESCRIPTION:**

**A. NEEDLE LOCALIZATION LEFT BREAST**

Received fresh labeled with the patient's identification and "needle localization left breast" is an oriented 18g, 6 x 3.5 x 2.4cm needle localized lumpectomy with radiograph. Ink code: anterior-yellow, posterior-black, superior-blue, inferior-orange, medial-green, lateral-red. Specimen is serially sectioned from medial to lateral into 12 slices revealing unremarkable breast parenchyma. Entirely submitted:

A1: medial margin slice 1

A2-A3: slice 2

A4-A5: slice 3

A6-A7: slice 4

A8-A9: slice 5

A10-A11: slice 6

A12-A13: slice 7

A14-A15: slice 8

A16-A17: slice 9

A18-A19: slice 10

A20-A21: slice 11

A22: lateral margin slice 12

**B. SENTINEL LYMPH NODE #1 RIGHT AXILLA**

Received fresh is a tan pink lymph node 2.8 x 2.4 x 1cm. The specimen is sectioned and two touch preps are taken. Toto B1-B2

**C. SENTINEL LYMPH NODE #2 RIGHT AXILLA**

Received fresh are two tan pink lymph nodes 1.2 x 1 x 0.8cm and 0.6 x 0.4 x 0.4cm. Two touch preps are taken.

C1: one lymph node

C2: one lymph node

**D. RIGHT BREAST**

Received fresh labeled with the patient's identification and "right breast" is an 1129g, 29 x 24 x 5cm oriented (stitch in axilla) simple mastectomy with 23 x 9cm tan pink skin ellipse with 0.5 cm scar, 3.5cm from the nipple in the UIQ, and 0.8cm flattened nipple. Ink code: anterior-superior-blue, anterior-inferior-orange, posterior-black. The specimen is serially sectioned from medial to lateral into 14 slices with nipple in slice 10, revealing a 1.8 x 1.7 x 1.7cm tan white firm well circumscribed mass, 1.4cm from the deep margin in the UOQ of slices 11-12. Also seen is a 0.7 x 0.5 x 0.5cm previous biopsy site with surrounding fat necrosis, 2.4cm from the mass and corresponding to the scar on the skin surface in the UC of slice 10. A portion of the specimen is submitted for tissue procurement. Representatively submitted:

D1: nipple slice 10

D2: UIQ slice 5

D3: LIQ slice 7

D4: UIQ slice 9

D5: LIQ slice 9

D6-D7: biopsy site UC slice 10

D8: area next to mass UC slice 10

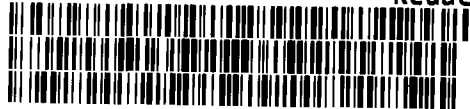
D9: deep margin UC slice 10

D10: LC slice 10

D11: next to biopsy site UOQ slice 11

UUID: C0483267-9833-44D6-8C3D-45D7F829C38C  
TCGA-E2-A15L-01A-PR

Redacted



D12: mass UOQ slice 11  
D13: deep margin UOQ slice 11  
D14: scar UOQ slice 11  
D15: LOQ slice 11  
D16: mass UOQ slice 12  
D17: deep margin UOQ slice 12  
D18: anterior margin UOQ slice 12  
D19: LOQ slice 12  
D20: UOQ slice 13

E. ADDITIONAL ANTERIOR FLAP RIGHT BREAST UPPER OUTER QUADRANT.

Received fresh is an oriented (suture at final margin) 18g, 8.4 x 3.9 x 2cm fibrofatty tissue. Final margin is inked blue. Serial sectioning reveals no discrete lesions. Representatively submitted in E1-E2.

**DIAGNOSIS:**

- A. BREAST, LEFT, NEEDLE LOCALIZATION EXCISION:  
- ATYPICAL LOBULAR HYPERPLASIA (ALH) AND PREVIOUS BIOPSY SITE CHANGES.
- B. SENTINEL LYMPH NODE 1, RIGHT AXILLA, BIOPSY:  
- ONE LYMPH NODE, NO TUMOR SEEN (0/1).
- C. SENTINEL LYMPH NODE 2, RIGHT AXILLA, BIOPSY:  
- TWO LYMPH NODES, NO TUMOR SEEN (0/2).

NOTE: Cytokeratin AE1/3 stains were performed on B1 and C1 and are negative.

- D. BREAST, RIGHT, MASTECTOMY:  
- MULTIFOCAL INVASIVE LOBULAR CARCINOMA, SBR GRADE 2.  
- LARGEST TUMOR MEASURES 2.2 CM.  
- MARGINS, FREE OF TUMOR.  
- DUCTAL CARCINOMA IN SITU (DCIS), MICROPAPILLARY TYPE, NUCLEAR GRADE 2, WITH NECROSIS.  
- LOBULAR CARCINOMA IN SITU (LCIS).  
- SKIN AND NIPPLE, NO TUMOR SEEN.

NOTE: The tumor is present in the upper inner and upper outer quadrants with the largest focus of invasive carcinoma measuring 2.2 cm that is associated with previous biopsy site changes. In addition, a few small foci (the largest of the small foci is 0.3 cm) of invasive carcinoma are seen, with one focus associated with previous biopsy site changes.

- E. BREAST, RIGHT, ADDITIONAL ANTERIOR UPPER OUTER QUADRANT, EXCISION:  
- NO TUMOR SEEN.

**SYNOPTIC REPORT - BREAST**

Specimen Type: Mastectomy  
Needle Localization: No  
Laterality: Right  
Invasive Tumor: Present  
Multifocality: Yes

**WHO CLASSIFICATION**

Invasive lobular carcinoma 8520/3

Tumor size: 2.2cm  
Margins: Negative  
Tubular Score: 3  
Nuclear Grade: 2  
Mitotic Score: 1  
Modified Scarff Bloom Richardson Grade: 2  
Necrosis: Absent  
Vascular/Lymphatic Invasion: None identified  
Lobular neoplasia: LCIS  
Lymph nodes: Sentinel lymph node

Lymph node status: Negative 0 / 3

DCIS present

Margins uninvolved by DCIS

DCIS Quantity: Estimate 10%

DCIS Type: Micropapillary

DCIS Location: Associated with invasive tumor

Nuclear grade: Intermediate

Necrosis: Present

ER/PR/HER2 Results

ER: Positive

PR: Positive

HER2: Negative by FISH

Performed on Case:

Pathological staging (pTN): pT 2 N 0

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

#### CLINICAL HISTORY:

Right invasive lobular carcinoma and left atypical lobular hyperplasia.

year-old post menopausal female noted a right breast mass

Mammogram performed

showed 1.8 x 2cm mass in right breast, solid in nature on ultrasound. Repeat imaging also showed left breast nodule at 9 o'clock. Biopsy of both lesions showed right invasive lobular carcinoma. Left breast atypical lobular hyperplasia.

#### PRE-OPERATIVE DIAGNOSIS:

Right invasive lobular carcinoma, left atypical lobular hyperplasia

INTRAOPERATIVE CONSULTATION:

TPB1-TPB2-TPC1-TPC2: SLN #1-#2 Right axilla-No definitive tumor cells identified. Diagnoses called to Dr at (B) and (C) by Dr.

#### ADDENDUM:

ONCOTYPE DX BREAST CANCER ASSAY

RESULTS: Recurrence Score: 8

CLINICAL EXPERIENCE: Patients with a recurrence score of 8 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 6%

ER Score: 10.6 Positive

PR Score: 9 Positive

Her2 Score: 9.3 Negative

Interpretation:

ER Negative < 6.5 Positive >= 6.5

PR Negative < 5.5 Positive >= 5.5

Her2 Negative <10.7 Positive >=11.5 Equivocal = 10.7 - 11.4

See separate report for further information.

Test performed at:

Gross Dictation

Microscopic/Diagnostic Dictation:

Final Review

Final Review: Pathologist.

Final: Pathologist,

Addendum: Pathologist, (

Addendum Final: Pathologist, (

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