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TCGA-EW-A3E8-01A-PR

Redacted



Surgical Pathology Report

Name:
DOB:
Gender:
MRN:
Location:
Physician:

(Age)
F

Case #:
Collected:
Received:
Reported:
Copy To:

Pathologic Interpretation:

A. SENTINEL NODE COUNT 0 AXILLA, FS:

No malignancy seen in one lymph node (0/1).

Immunohistochemistry for keratin to follow.

B. SENTINEL NODE COUNT 609 AXILLA, FS:

No malignancy seen in one lymph node (0/1).

Immunohistochemistry for keratin to follow.

C. LEFT BREAST MASTECTOMY SINGLE SUTURE SUPERIOR, DOUBLE SUTURE MEDIAL:

INVASIVE LOBULAR CARCINOMA, high nuclear grade, 7.0 cm (gross examination).

Previous biopsy site.

No lymphovascular invasion identified.

Specimen margins are negative for tumor.

See Tumor Summary

100-0-3

carcinoma, infiltrating lobular, Nos 8520/3

Site: breast, Nos C50.9 lw 10/24/11

D. ADDITIONAL MASTECTOMY SKIN:

No malignancy seen.

Pathology Cancer Case Summary

Specimen: Total breast (including nipple and skin)

Procedure: Total mastectomy (including nipple and skin)

Lymph Node Sampling: Sentinel lymph nodes

Specimen Integrity: Single intact specimen (margins can be evaluated)

Specimen Laterality: Left

Tumor Site: Invasive Carcinoma:

Upper outer quadrant

Central

Tumor Size: Size of Largest Invasive Carcinoma:

Greatest dimension of largest focus of invasion over 0.1 cm: 7.0 cm

Tumor Focality: Single focus of invasive carcinoma

Macroscopic and Microscopic Extent of Tumor:

Skin: Invasive carcinoma does not invade into the dermis or epidermis

Lobular Carcinoma in Situ (LCIS): Present

Histologic Type of Invasive Carcinoma: Invasive lobular carcinoma

Histologic Grade: Nottingham Histologic Score:

Glandular (Acinar)/Tubular Differentiation

Score 3: < 10% of tumor area forming glandular/tubular structures

Nuclear Pleomorphism

Score 3: Vesicular nuclei, often with prominent nucleoli, exhibiting marked variation in size and shape.

occasionally with very large and bizarre forms

Mitotic Count

Score 1

Overall Grade: Grade 3: scores of 8 or 9

Margins:

Margins uninvolved by invasive carcinoma

Lymph-Vascular Invasion:

Not identified

Lymph Nodes:

Number of sentinel lymph nodes examined: 2

Number of lymph nodes with macrometastases (> 0.2 cm): 0

Method of Evaluation of Sentinel Lymph Nodes:

Hematoxylin and eosin (H&E), one level

Immunohistochemistry

Pathologic Staging (pTNM):

Primary Tumor (pT):

pT3: Tumor > 50 mm in greatest dimension

Regional Lymph Nodes (pN):

pN0: No regional lymph node metastasis identified histologically

Distant Metastasis (pM):

Not applicable

Ancillary Studies:

Estrogen Receptor: Pending

Progesterone Receptor: Pending

HER2/neu: Pending

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory. These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID5=BR, PgR 636=PR, A485=HER2, H-11=RCPR. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection results are read by a pathologist as positive or negative.

As the attending pathologist, I attest that I: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).

Addendum Diagnosis

A. SENTINEL NODE COUNT 0 AXILLA:

Immunohistochemistry for keratin is negative.

B. SENTINEL NODE COUNT 609 AXILLA:

Immunohistochemistry for keratin is negative.

C. LEFT BREAST MASTECTOMY SINGLE SUTURE SUPERIOR, DOUBLE SUTURE MEDIAL:

The tumor cell are positive for ER (>90%) and PR (>90%) and negative for HER2 (0+) by immunohistochemistry.

Intraoperative Consultation

- A. Sentinel node count 0 axilla, FS: No obvious malignancy.
Final pending permanent section and perhaps IHC as original tumor was a lobular carcinoma.
- B. Sentinel node count 609 axilla, FS: No obvious malignancy.
Final pending permanent section and perhaps IHC as original tumor was a lobular carcinoma.

Clinical History:

Biopsy proven multifocal carcinoma left breast.
Please evaluate margins and if sentinel nodes are H&E (-), do serial sections and IHC.

Operation Performed

Left total mastectomy, Sentinel node biopsy, possible axillary node dissection

Pre Operative Diagnosis:

Infiltrating lobular carcinoma left breast

Specimen(s) Received:

- A: SENTINEL NODE COUNT 0 AXILLA, FS
B: SENTINEL NODE COUNT 609 AXILLA, FS
C: LEFT BREAST MASTECTOMY SINGLE SUTURE SUPERIOR, DOUBLE SUTURE MEDIAL
D: ADDITIONAL MASTECTOMY SKIN

Gross Description:

- A. Received fresh labeled "Sentinel node count 0 axilla" is a tan piece of tissue measuring 2.5 x 2.0 x 0.3 cm. Submitted in toto in one cassette for frozen section.
- B. Received fresh labeled "Sentinel node count 609 axilla" is a piece of soft tissue with areas of adipose tissue that measures 3.0 x 2.5 x 0.4 cm. Submitted in toto in one cassette for frozen section.
- C. Received fresh labeled "Left breast mastectomy, single suture superior, double suture medial" is a one kelo left modified radical mastectomy that measures 18.0 x 12.0 x 6.0 cm. There is a white skin ellipse that measures 7.0 x 3.0 cm and a nipple that measures 1.8 cm in diameter. There are two sutures. The single suture is superior and the double suture is medial. The specimen is inked in black. Upon sectioning, there are diffuse areas of white nodularities throughout the parenchyma. There is a firm, white nodular lesion that extends 2.0 cm away from the lateral margin to the midline. It measures 7.0 x 6.0 x 4.0 cm and it is 1.0 cm away from the deep margin, 4.0 cm from upper margin, 5.0 cm from the lower margin. Adjacent to the upper pole of the lesion previously described, there is another irregular shaped lesion, probably from a previous biopsy site that measures 6.0 x 5.0 x 3.0 cm. It is located 2.0 cm away from the superior margin, 1.5 cm from the deeper margin, 5.0 cm from the inferior margin, 2.0 cm from the anterior margin. No other lesions are grossly identified. There are 2/3 of stroma and 1/3 of adipose tissue. Sections submitted as follows:
- Cassette #1 Nipple
 - Cassettes #2-6 Several sections of tumor
 - Cassette #7 Sections of tumor in relation to the superior margin
 - Cassette #8 Deeper margin
 - Cassette #9 Portion of retro-areolar area
 - Cassettes #10&11 Superior inner quadrant
 - Cassettes #12&13 Inferior inner quadrant
 - Cassettes #14&15 Superior outer quadrant
 - Cassettes #16&17 Inferior outer quadrant
- D. Received in formalin labeled "Additional mastectomy skin" is an irregular piece of skin tissue measuring 14.0 x 7.0 x 1.2 cm. The specimen is white, pink and there were no abnormal lesions grossly identified. The specimen is not oriented. Representative sections are submitted in two cassettes.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	UNQUALIFIED
Reviewer Initials	Date Reviewed: 10/20/07	