

1CB-0-3  
Carcinoma, infiltrating lobular, NOS 8520/3  
Site: breast, NOS C50.9 for 1/24/80

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## SURGICAL PATHOLOGY REPORT

Patient: **RASS** Specimen #:  
FMP/SSN:  
DOB/Age/Sex: Race: **WHITE** Taken:  
Location: Received:  
Physician(s): Reported:

### SPECIMEN:

A: LEFT BREAST LUMPECTOMY B: SENTINEL NODE #1  
C: ADDITIONAL SUPERIOR MARGINS D: ADDITIONAL DEEP MARGIN

### FINAL DIAGNOSIS:

#### A. BREAST, LEFT, LUMPECTOMY:

- TUMOR TYPE: INFILTRATING LOBULAR CARCINOMA, SEE COMMENT.
- NOTTINGHAM GRADE: II (MODERATELY DIFFERENTIATED).
- NOTTINGHAM SCORE: 6 OF 9 (Tubules= 3, Nuclei= 2, Mitoses= 1).
- TUMOR SIZE (GREATEST DIMENSION): 2.3 CM, SEE COMMENT.
- TUMOR NECROSIS: NOT IDENTIFIED.
- MICROCALCIFICATIONS: PRESENT.
- VENOUS / LYMPHATIC INVASION: NO DEFINITIVE EVIDENCE.
- PERINEURAL INVASION: PRESENT (A5, A13).
- MARGINS:
  - PRESENT AT LATERAL MARGIN (A3) AND POSTERIOR MARGIN (A10)
  - TUMOR MEASURES 0.3 CM FROM CLOSEST SUPERIOR MARGIN (A8) AND 0.3 CM FROM CLOSEST INFERIOR MARGIN (A16)
- INTRADUCTAL COMPONENT: LOBULAR CARCINOMA IN SITU PRESENT.
- LYMPH NODES: INDIVIDUAL TUMOR CELLS IDENTIFIED (SEE PART "B").
- SKIN INVOLVEMENT: NOT IDENTIFIED.
- MULTICENTRICITY: NOT IDENTIFIED.
- ESTROGEN RECEPTORS: POSITIVE (SEE
- PROGESTERONE RECEPTORS: POSITIVE (SEE
- HER 2 NEU by IHC: NEGATIVE (1+) (SEE
- PATHOLOGIC STAGE: pT2 N0(i+) Mx (AJCC, 6th edition).
- ADDITIONAL PATHOLOGIC CHANGES:
  - FIBROCYSTIC CHANGES TO INCLUDE USUAL DUCT HYPERPLASIA, APOCRINE METAPLASIA, STROMAL FIBROSIS, AND MICROCYSTS
  - COLUMNAR CELL CHANGE WITHOUT ATYPIA
  - PREVIOUS BIOPSY SITE CHANGE WITH SURGICAL MARKER IDENTIFIED
  - UNREMARKABLE SKIN

#### B. LYMPH NODE, SENTINEL #1, EXCISION:

- RARE INDIVIDUAL TUMOR CELLS FOUND ON CYTOKERATIN IMMUNOHISTOCHEMISTRY.

#### C. BREAST, LEFT (ADDITIONAL SUPERIOR MARGIN), EXCISION:

UUID:5882545F-2636-4A8A-88DD-1B387DE678FF  
TCGA-A2-A0EX-01A-PR

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## SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

### FINAL DIAGNOSIS (continued):

- TUMOR PRESENT <0.1 CM (0.9 MM) FROM THE DESIGNATED "NEW TRUE MARGIN" (C8), SEE COMMENT.

- D. BREAST, LEFT (ADDITIONAL DEEP MARGIN), EXCISION:
- BENIGN BREAST TISSUE
  - NEGATIVE FOR MALIGNANCY.

### COMMENT:

#### PART A.

The tumor exhibits a lobular growth pattern, which is confirmed by an E-cadherin immunohistochemical stain. However, focal tubular formation is noted in scattered portions of tumor. Based on morphologic and immunohistochemical features, the tumor type is interpreted as being infiltrative lobular carcinoma with focal ductal differentiation.

Assessment of the greatest dimension of tumor size is hindered by the multifocal nature of the infiltrating lobular carcinoma. The greatest dimension of 2.3 CM is based on the combination of microscopic and radiographic findings in this case.

#### PART C.

The tumor exhibits features that are similar to those features seen in the tumor in Part A.

This case received intradepartmental consultation.

Previous biopsy material was reviewed in conjunction with this case.

\*\* Report Electronically Signed Out \*\*

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### CLINICAL DIAGNOSIS AND HISTORY:

y/o female with history of left breast mass

### PRE-OPERATIVE DIAGNOSIS:

none provided

# **SURGICAL PATHOLOGY REPORT**

Patient:

Specimen #: - - - -

## **POST-OPERATIVE DIAGNOSIS:**

none provided

## **GROSS DESCRIPTION:**

A: Received fresh, labeled with the patient's name and designated "Left Breast Lumpectomy" is a breast lumpectomy specimen with accompanying radiograph, measuring 6.0 cm from superior to inferior, 3.5 cm from medial to lateral, and 2.0 cm from anterior to posterior. A 4.0 x 0.6 cm lightly pigmented, loosely adherent skin ellipse is noted on the superficial surface. The specimen is inked as follows: superior - blue; inferior - green; medial - red; lateral - yellow; anterior - orange; posterior - black. Serial sectioning reveals a 1.5 x 1.0 x 0.6 cm poorly defined mass. The cut surface is tan-white, firm and focally congested with an embedded metallic clip. The mass is located 0.5 cm from the anterior, medial, and posterior margins, and 0.7 cm from the lateral margin. The remainder of the specimen is composed of markedly dense tan-white fibrous tissue admixed with a minimal amount of adipose tissue. Entirely submitted.

### **Cassette Summary:**

A1-anterior-lateral margin with skin

A2-posterior-medial margin

A3-posterior-lateral margin

A4-posterior margin

A5-mass

A6-mass in relation to deep margin

A7 through A16 - remaining serial sections from superior to inferior, with matched plane sections in A10-A11 and A12-A13.

B: Received fresh, labeled with the patient's name and designated "Sentinel Node #1" is a single 2.0 x 1.5 x 0.7 cm pink-tan lymph node. The specimen is trisected and submitted in cassettes B1-B2. A matched section of B1 is submitted in for CBCP protocol.

C: Received in formalin, labeled with the patient's name, and designated "Additional Superior Margin" is an irregular fragment of pale yellow adipose tissue measuring 5.2 x 2.9 x 1.0 cm in overall dimensions. Several metallic staples are present embedded on one surface of the specimen; this surface is designated as the new true margin. This surface will be inked orange and the opposing surface will be inked blue. The specimen is serially sectioned to reveal a dense tan-white fibrous cut surface. Residual tumor is not grossly identified. The specimen is entirely and sequentially submitted in eight cassettes. 8cfs

D: Received in formalin, labeled with the patient's name,

# SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

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## GROSS DESCRIPTION (continued):

and designated "Additional Deep Margin" is an irregular fragment or tan-yellow lobulated adipose tissue measuring 2.3 x 1.2 x 0.6 cm in overall dimensions. Several metallic staples are identified embedded in one surface of the specimen; this surface is identified as the true new margin. This surface is inked orange, and the opposing surface is inked blue. The specimen is serially sectioned to reveal a homogeneous tan-yellow cut surface without evidence of residual tumor. The specimen is entirely and sequentially submitted in three 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:	