

ICD-0-3

Carcinoma, infiltrating lobular, NOS 8520/3

Site: breast, NOS C50.9 1/27/11 JW

SURGICAL PATHOLOGY REPORT

Name:
Sex: F
Age:
Doctor:
Room No:

Lab No.:
Date Collected:
Date Received:
M.R. No.:
Account No:

CLINICAL HISTORY:

PREOPERATIVE DIAGNOSIS: LEFT BREAST CA

POSTOPERATIVE DIAGNOSIS: LEFT BREAST CA

OPERATION: LEFT SIMPLE MASTECTOMY, SENTINEL LYMPH
NODE BIOPSY, F.S.

SPECIMENS:
A. LEFT SENTINEL LYMPH NODE #1, F.S.
B. LEFT SENTINEL LYMPH NODE #2, F.S.
C. SENTINEL LYMPH NODE #3, F.S.
D. LEFT BREAST SIMPLE MASTECTOMY

FROZEN SECTION DIAGNOSIS:

- A. LEFT SENTINEL LYMPH NODE #1 -
NUMEROUS HISTIOCYTES WITH ATYPICAL CELLS.
DEFER FOR PERMANENT SECTION.
- B. LEFT SENTINEL LYMPH NODE #2 -
ONE NEGATIVE LYMPH NODE (0/1).
- C. SENTINEL LYMPH NODE #3 -
ONE NEGATIVE LYMPH NODE (0/1).

UUID: 8E6902A6-A673-46CC-9AEB-3A71EF11099F
TCGA-A2-A05Y-01A-PR

Redacted



FINAL DIAGNOSIS:

- A. LEFT SENTINEL LYMPH NODE #1 -
POSITIVE FOR METASTATIC CARCINOMA (1/1); THE TUMOR
INVOLVES THREE-FOURTHS OF THE NODE WHICH MEASURES .6
CM. IN DIAMETER, NO PERICAPSULAR SOFT TISSUE EXTENSION.
- B. LEFT SENTINEL LYMPH NODE #2 -
ONE REACTIVE LYMPH NODE (0/1).

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C. SENTINEL LYMPH NODE #3 –
ONE REACTIVE LYMPH NODE (0/1).

D. LEFT BREAST MASTECTOMY –
INVASIVE LOBULAR CARCINOMA (7 CM.).
TUMORAL CALCIFICATION/NECROSIS:
NONE IDENTIFIED.
DCIS/LCIS:
NONE IDENTIFIED.
SURGICAL MARGINS/NIPPLE, SKIN AND AREOLA:
UNINVOLVED.
NON-NEOPLASTIC BREAST:
FIBROCYSTIC CHANGES TO INCLUDE DUCTAL EPITHELIAL
HYPERPLASIA.
PTNM CLASSIFICATION:
T3 N1 MX; STAGE IIIA.

COMMENT:

The multiple sections from the tumor reveal patchy areas of tumor infiltration extending up to lactiferous ducts. In addition, the tumor cells also display unfavorable nuclear features in many areas. The ER, PR and Her-2/neu have been performed on the previous biopsy. The PanKeratin Immunostain is performed on specimens A, B and C.

GROSS:

- A. The container is received fresh unfixed labeled "right sentinel lymph node #1 for frozen section". The specimen consists of an ovoid mass of pink-tan soft rubbery tissue mixed with fatty tissue measuring 0.6 cm. in greatest dimension. Frozen section is obtained by . The entire specimen including frozen section in one block.
- B. The container is received fresh unfixed labeled "left sentinel lymph node #2 for frozen section". The specimen consists of an ovoid mass of tan-gray soft rubbery tissue with attached fat. Frozen section is obtained by . The entire specimen including frozen section in one block.

Name

Lab No.:

- C. The container is received fresh unfixed labeled "sentinel lymph node #3 for frozen section". The specimen consist of an ovoid mass of pink-tan soft rubbery tissue measuring 1.3 cm. in diameter in the aggregate. Frozen section is obtained by
The entire specimen including frozen section in one block.
- D. The container is received fresh unfixed labeled "left breast". The specimen consists of an 809 gm. apparent left breast which is 23 x 15 x 4 cm. in greatest overall dimension. There is an inverted nipple. The attached skin ellipsis is 21 x 9.5 cm. Sectioning through the breast stroma reveals dense gray-white fibrous tissue varying up to 7.5 cm. in greatest dimension. This area has been previously marked with blue dye. There are scattered cystic spaces varying up to 0.1 cm. in greatest dimension filled with an amber-colored fluid. Sectioning also reveals a firm tan-gray striated tumor mass which is 7 x approximately 5.5 cm. in greatest overall dimension and is approximately 0.7 cm. from the deep/underlying resection margin. The specimen is submitted in ten blocks.

Key Note Block Summary: 1—nipple, 2 through 4—cystic spaces, 5—random, 6 through 10—tumor mass.

MICROSCOPIC EXAMINATION:

MICROSCOPIC EXAMINATION CONDUCTED BY PATHOLOGIST CONFIRMS FINAL DIAGNOSIS.

SPECIAL STAINS PERFORMED: **PanKeratin (specimens A,B,C)**

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: 10/27/10	