

SURGICAL PATHOLOGY REPORT

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

Age: Race:

Specimen #:

Taken:
Received:
Reported:

****AMENDED****

1CD-0-3

Carcinoma, infiltrating lobular, NOS
8520/3

Site: breast, NOS C50.9

hw 4/27/11

SPECIMEN:

A: LEFT BREAST MASTECTOMY B: RIGHT BREAST

FINAL DIAGNOSIS:

A. BREAST, LEFT, MASTECTOMY:

- MODERATELY DIFFERENTIATED INFILTRATING LOBULAR CARCINOMA WITH LOBULAR CARCINOMA IN SITU, EXTENDING INTO THE MILK DUCTS AND SKIN OF THE NIPPLE AND INVOLVING THE UPPER OUTER QUADRANT, AND EXTENDING WITHIN 1MM OF (BUT NOT INVOLVING) THE DEEP SURGICAL MARGIN.
- ATYPICAL LOBULAR HYPERPLASIA INVOLVING THE LOWER INNER QUADRANT AND LOWER OUTER QUADRANT.

B. BREAST, RIGHT, MASTECTOMY:

- LOBULAR CARCINOMA IN SITU (1MM) WITH EXTENSIVE LOBULAR HYPERPLASIA.
- ATYPICAL LOBULAR HYPERPLASIA.
- FIBROCYSTIC CHANGES INCLUDING CYSTS, FIBROSIS, AND APOCRINE METAPLASIA.

COMMENT #1: ESTROGEN RECEPTORS:NEGATIVE

PROGESTERONE RECEPTORS: POSITIVE (80-90% OF NUCLEAR SUTAINING)

COMMENT #2: HER2/NEU (FISH METHODOLOGY): NOT AMPLIFIED (1.1)

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

CLINICAL DIAGNOSIS AND HISTORY:

-year-old with left infiltrating lobular carcinoma by biopsy. Scheduled for bilateral mastectomy and left sentinel node biopsy.

PRE-OPERATIVE DIAGNOSIS:

Left breast carcinoma.

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GROSS DESCRIPTION:

A. LEFT BREAST MASTECTOMY received fresh is a 243.0 gram simple mastectomy specimen, 15.5 x 15.0 x 3.3 cm, with overlying ellipse of nipple bearing skin, 4.8 x 3.3 cm. The skin and nipple are unremarkable. The specimen is oriented with sutures (long=lateral, short=superior) and inked as follows: Blue-superior superficial, green-inferior superficial, and black-posterior. Sectioning reveals a 3.2 x 3.0 x 2.0 cm tumor centrally extending into the upper inner quadrant. The tumor has poorly defined stellate borders and a firm, tan, gritty cut surface. It is located 0.3 cm from the inked posterior margin. The remaining tissue is predominantly fibrous with a few admixed fluid filled cysts. Sections of skin, tumor, and grossly unremarkable fibrous tissue harvested for the CBCP protocol; matching paraffin sections are as follows:

- A1: Skin, medial tip.
- A2: Tumor, lateral portion.
- A3: Fibrous, 1.0 cm inferior to tumor.
- A4: Fibrous, 2.0 cm inferior to tumor.
- A5: Fibrous, 5.0 cm inferior to tumor.

Sections through the nipple are placed in cassette labeled A6. There is no surgical scar visible. There is a detached fragment of skin measuring 3.4 x 2.1 x 1.6 cm. A representative section from this tissue fragment is placed in cassette A7. Representative sections of tumor are placed in cassettes A8 through A10. Other representative sections are as follows:

- A11: Upper inner quadrant.
- A12: Lower inner quadrant.
- A13: Lower outer quadrant.
- A14: Upper outer quadrant. 14CFSS.

B. RIGHT BREAST received fresh is a 336.0 gram simple mastectomy specimen, 18.0 x 12.5 x 2.5 cm. The specimen is oriented with sutures (long-lateral, short=superior) and inked as follows: Blue-superior superficial, green-inferior superficial, black-posterior. The specimen is serially sectioned revealing predominantly fibrous tissue with scattered admixed cysts measuring up to 1.2 cm in diameter. No discrete masses are identified. One section of each, skin and fibrous tissue (lower outer quadrant) are harvested for the CBCP protocol; mirror images for Histology are in cassettes B1 and B2 respectively. There is no visible scar in the overlying nipple/areola. Sections from the areola are placed in cassette B3. Representative sections from the 1.2 cm cyst from the central superior quadrant (centrally between the upper inner and upper outer quadrant) are placed in cassette B4. Representative sections are placed as follows:

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GROSS DESCRIPTION (continued):

B5-B6: Upper outer quadrant.
 B7-B8: Lower outer quadrant.
 B9-B10: Lower inner quadrant.
 B11-B12: Upper inner quadrant.
 12CFSS

| Criteria | Yes | No |
|--------------------------------|------------------------|--------------|
| Diagnosis Discrepancy | | |
| Primary Tumor Site Discrepancy | | |
| HIPAA Discrepancy | | |
| Prior Malignancy History | | |
| Dual/Synchronous Primary Nodul | | |
| Case is (Circle): | QUALIFIED | DISQUALIFIED |
| Reviewer Initials | Date Reviewed: 4/27/11 | |