

UUID:CB2E56BC-16AC-4BFE-AB6C-2FC7E48943BB  
TCGA-B6-A40B-01A-PR

Redacted

Patient:

AP Surgical Pathology: Final

Surg Path

1CD-0-3

carcinoma, infiltrating lobular, NOS  
8520/3

Site: breast, NOS C50.9 7-2-12 RP

CLINICAL HISTORY:

Left ca breast.

GROSS EXAMINATION:

A. "Sentinel node # 1 hot and blue", received fresh and placed in formalin. A 1.8 x 1.4 x 0.8 cm lymph node candidate with attached adipose tissue is sectioned and submitted in toto in A1. A cytokeratin stain is prospectively requested.

B. "Sentinel node # 2 hot and blue", received fresh and placed in formalin. A 1.4 x 1.2 x 0.7 cm lymph node candidate with attached adipose tissue is sectioned and submitted in B1. A cytokeratin stain is prospectively requested.

C. "Sentinel node # 3 hot not blue", received fresh and placed in formalin. A 1.3 x 0.8 x 0.5 cm lymph node candidate with attached adipose tissue is sectioned and submitted in C1. A cytokeratin stain is prospectively requested.

D. "Left breast partial mastectomy skin anterior, short superior, long lateral", received fresh and placed in formalin. A partial mastectomy specimen with the following measurements: medial-lateral 7.5 cm, anterior posterior 6 cm, superior-inferior 2.5 cm. The overlying skin measures 4.2 x 1.8 cm, and the specimen is inked as follows: superior-red, inferior-yellow, anterior-blue, posterior-black. The specimen is serially sectioned from medial to lateral, revealing a firm, ill-defined mass measuring roughly 1 x 0.7 x 0.7 cm. The mass is 0.7 cm from the anterior margin, 1.2 cm from the superior margin, 2.3 cm from inferior margin, 1.6 cm from the posterior margin, 3 cm from the medial margin, and 4 cm from the lateral margin. The remainder of the specimen is composed of yellow fibroadipose tissue with thin delicate bands of breast tissue, no other lesions are identified.

BLOCK SUMMARY:

- D1-2- medial margin, bisected
- D3- superior portion of fourth slice from medial, thinned
- D5-6- anterior middle portion of fourth slice, thinned
- D7-8- posterior middle portion of fourth slice, thinned
- D9-10- inferior portion of fourth slice, thinned
- D11-12- superior portion of fifth slice, thinned
- D13-14- anterior middle section of fifth slice, thinned
- D15-16- posterior middle portion of fifth slice, thinned
- D17-18- inferior portion of fifth slice, thinned
- D19- superior portion of sixth slice, thinned
- D20- anterior middle portion of sixth slice, thinned
- D21- posterior middle portion of sixth slice, thinned
- D22- inferior portion of sixth slice, thinned
- D23- superior portion of seventh slice, thinned
- D24- middle portion of seventh slice, thinned
- D25- inferior portion of seventh slice, thinned
- D26- lateral margin

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

8/22/12

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: LEFT PARTIAL MASTECTOMY AND SENTINEL LYMPH NODE DISSECTION.

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated, and does not incorporate information on any specimens submitted separately to our Cytology section, past pathology information, imaging studies, or clinical or operative findings. Pathology stage is only a component to be considered in determining the clinical stage, and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

DIAGNOSIS:

A. "SENTINEL NODE #1" (EXCISION):

ONE LYMPH NODE WITH NO EVIDENCE OF METASTATIC CARCINOMA (0/1).  
AN IMMUNOHISTOCHEMICAL STAIN FOR CYTOKERATIN IS NEGATIVE FOR TUMOR CELLS.

B. "SENTINEL NODE #2" (EXCISION):

ONE LYMPH NODE WITH NO EVIDENCE OF METASTATIC CARCINOMA (0/1).  
AN IMMUNOHISTOCHEMICAL STAIN FOR CYTOKERATIN IS NEGATIVE FOR TUMOR CELLS.

C. "SENTINEL NODE #3" (EXCISION):

ONE LYMPH NODE WITH NO EVIDENCE OF METASTATIC CARCINOMA (0/1).  
AN IMMUNOHISTOCHEMICAL STAIN FOR CYTOKERATIN IS NEGATIVE FOR TUMOR CELLS.

D. "LEFT BREAST" (PARTIAL MASTECTOMY):

INVASIVE ADENOCARCINOMA OF THE BREAST.

HISTOLOGIC TYPE: LOBULAR.

NOTTINGHAM COMBINED HISTOLOGIC GRADE: 2 OF 3.

TUBULE FORMATION SCORE: 3

NUCLEAR PLEOMORPHISM SCORE: 2

MITOTIC RATE SCORE: 2

GROSS TUMOR SIZE: 1 X 0.7 X 0.7 CM.

SIZE OF INVASIVE COMPONENT: 1 CM.

LYMPHATIC/VASCULAR INVASION: ABSENT.

MULTIFOCAL TUMOR: ABSENT.

IN-SITU CARCINOMA: PRESENT.

TYPE OF IN-SITU CARCINOMA: DUCTAL, SOLID TYPE.

NUCLEAR GRADE OF IN-SITU CARCINOMA: 2 OF 3.

NECROSIS: ABSENT.

DCIS EXTENDING OUTSIDE INVASIVE TUMOR MASS: PRESENT, AT EDGE OF TUMOR.

STATUS OF NON-NEOPLASTIC BREAST TISSUE: BIOPSY SITE CHANGES, FIBROCYSTIC CHANGE.

SKIN STATUS: NEGATIVE FOR MALIGNANCY.

SIZE OF BIOPSY: 7.5 X 6 X 2.5 CM.

MICROCALCIFICATIONS: PRESENT IN ASSOCIATION WITH CARCINOMA AND BENIGN BREAST TISSUE.

SURGICAL MARGIN STATUS: NEGATIVE. INVASIVE CARCINOMA PRESENT 0.9 CM FROM THE ANTERIOR MARGIN.

ESTROGEN/PROGESTERONE RECEPTOR, CELL CYCLE, EGFR AND HER2/NEU ANALYSIS:  
NOT PERFORMED (SEE PREVIOUS BIOPSY REPORT)

COMMENT: The ductal component from the needle core biopsy is not obvious in the resection specimen. The tumor contains areas of classic lobular carcinoma as well as more solid areas that are comprised of small nests of tumor cells which are interpreted as an acinar/solid component.

I certify that I personally conducted the diagnostic evaluation of the above

specimen(s) and have rendered the above diagnosis(es).

Electronically signed [REDACTED]

Performed by:

[REDACTED]