PATIENT HISTORY: CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Right breast lobar carcinoma in situ. LMP DATE: Stopped Seasonique. PROCEDURE: Right axillary sentinel lymph node biopsy, bilateral total mastectomy, free flap. SPECIFIC CLINICAL QUESTION: Not provided. **OUTSIDE TISSUE DIAGNOSIS: No.** PRIOR MALIGNANCY: No. Collection Date: CHEMORADIATION THERAPY: No. OTHER DISEASES: No. UUID: 12A869FC-7578-4506-8823-7C25597834EA TCGA-BH-A280-01A-PR Redacted FINAL DIAGNOSIS: DIT DE DIT DEL FILI FILIE PILO DE LEGO Dit lego de ditentale de lego de lego de la lego de le PART 1: SENTINEL LYMPH NODE #1, RIGHT AXILLARY, BIOPSY -A. METASTATIC CARCINOMA INVOLVES ONE LYMPH NODE (1/1). B. EXTRACAPSULAR EXTENSION IS NOT IDENTIFIED. PART 2: NON-SENTINEL LYMPH NODE, RIGHT AXILLA, BIOPSY --A. METASTATIC CARCINOMA INVOLVES ONE LYMPH NODE (1/1). B. EXTRACAPSULAR EXTENSION IS NOT IDENTIFIED. PART 3: SENTINEL LYMPH NODE #2, RIGHT AXILLA, BIOPSY -A. METASTATIC CARCINOMA INVOLVES ONE LYMPH NODE (1/1). Carcinona, infiltrating lobular, NOS 8520/3 Site: brust, NOS C50.9 B. EXTRACAPSULAR EXTENSION IS NOT IDENTIFIED. PART 4: SENTINEL LYMPH NODE #3, RIGHT AXILLA, BIOPSY -A. METASTATIC CARCINOMA INVOLVES ONE LYMPH NODE (1/1). B. EXTRACAPSULAR EXTENSION IS NOT IDENTIFIED. PART 5: BREAST, RIGHT, RETROAREOLAR BIOPSY -BENIGN BREAST PARENCHYMA AND LACTIFEROUS DUCTS. PART 6: BREAST LEFT, NIPPLE AREOLAR SPARING MASTECTOMY-FLAT EPITHELIAL ATYPIA. В. COLUMNAR CELL CHANGES AND HYPERPLASIA C. FIBROICYSTIC CHANGES. D. MICROSCOLIC RADILA SCAR.

PART 7: BREAST, RIGHT, NIPPLE AREOLAR SPARING MASTECTOMY -

- A. MULTIFOCAL MULTICENTRIC INVASIVE LOBULAR CARCINOMA, NOTTINGHAM GRADE 1 (COMBINED NOTTINGHAM SCORE 5; TUBULE FORMATION 3/3, NUCLEAR ATYPIA 1/3, MITOTIC ACTIVITY 1/3).
- B. TUMOR PREDOMINANTLY LOCATED IN THE UPPER/OUTER AND UPPER/INNER QUADRANTS AND MEASURES 6.0 CM IN GREATEST DIMENSION (GROSS) WITH MULTIPLE MICROSCOPIC FOCI IN ADDITIONAL REPRESENTATIVE SECTIONS FROM ALL FOUR QUADRANTS, MEASURING UP TO 2 MM IN GREATEST DIAMETER.
- C. LYMPHOVASCULAR INVASION IS NOT IDENTIFIED.
- D. TUMOR WITHIN 0.1 CM FROM ANTERIOR AND 0.1 CM FROM POSTERIOR MARGINS.
- E. FIBROCYSTIC CHANGES.
- F. COLUMNAR CELL CHANGES.
- G. BIOPSY SITE CHANGES.
- H. PATHOLOGIC STAGE: T3 N3 MX.

PART 8: BREAST, RIGHT, TOTAL MASTECTOMY UPPER QUADRANT --

PREDOMINANTLY ADIPOSE BREAST PARENCHYMA, NEGATIVE FOR TUMOR.

PART 9: RIGHT RETROAREOLAR AREA, EXCISION -BENIGN BREAST PARENCHYMA.

PART 10: AXILLARY CONTENTS, RIGHT, DISSECTION -

- A. METASTATIC CARCINOMA INVOLVES TEN LYMPH NODES (10/10).
- EXTRACAPSULAR EXTENSIONS IS NOT IDENTIFIED (see comment).

COMMENT:

Please note that the majority of the tumor in the breast has nuclear grade 1; however, the metastatic carcinoma in the lymph nodes varies from nuclear grade 1 to nuclear grade 2 with minor higher grade component, nuclear grade 3 (pleomorphic lobular).

Di gnocis Discrepancy Primary fumor Site Ci-crepants hiPAA Discrepancy Prior Malignancy History Case is (circle): CALLINE

Reviewer Initials Dute P. Date Hayfewed: 5/14/11 W 5/24/11 **CASE SYNOPSIS:**

SYNOPTIC - PRIMARY INVASIVE CARCINOMA OF BREAST

LATERALITY:

Right.

PROCEDURE:

Simple mastectomy Upper outer quadrant

LOCATION:

Upper inner quadrant

SIZE OF TUMOR:

Maximum dimension invasive component: 60 mm

MULTICENTRICITY/MULTIFOCALITY OF INVASIVE FOCI:

TUMOR TYPE (invasive component):

Infiltrating lobular carcinoma

NOTTINGHAM SCORE:

Nuclear grade: 1 Tubule formation: 3 Mitotic activity score: 1 Total Nottingham score: 5 Nottingham grade (1, 2, 3): 1

ANGIOLYMPHATIC INVASION: No **DERMAL LYMPHATIC INVASION:**

No No

CALCIFICATION:

SURGICAL MARGINS INVOLVED BY INVASIVE COMPONENT:

No

LYMPH NODES POSITIVE:

14

LYMPH NODES EXAMINED:

14

METHOD(S) OF LYMPH NODE EXAMINATION:

H/E stain

SENTINEL NODE METASTASIS:

Yes

LYMPH NODE METASTASIS(-ES) WITH EXTRACAPSULAR EXTENSION:

No

T STAGE, PATHOLOGIC:

pT3