

Surg Path Final Report

* Final Report *

* Final Report *

SURG PATH FINAL REPORT

SURGICAL PATHOLOGY

Collected: _____
Accession: _____
Physician: _____

ICD-O-3
carcinoma, lobular,
infiltrating 8520/3
site: breast, NOS
C50.9
3-30-12
ed

PROCEDURE

Right breast lumpectomy.

SPECIMEN:

- A. R. breast lump. Nylon suture at posterior margin. Beige suture superior margin.
- B. Sentinel node #1.
- C. Sentinel node #2.
- D. Right breast tissue (black suture most superior margin).
- E. Right breast tissue (black suture at most anterior margin).

HISTORY

Right breast cancer.

GROSS

A. Received fresh in a container labeled "right breast tissue" is a fragment of fibrofatty breast tissue (5.7 cm in medial-lateral dimension, 7 cm in superior-inferior dimension, 1.8 cm in anterior-posterior dimension) oriented by attached sutures. An accompanying specimen radiograph reveals abundant radiodense tissue.

The density corresponds to a sclerotic, gray-white, hard tumor mass (2.8 cm in greatest dimension) which is within 1-2 mm of the anterior margin, 0.5 cm from the posterior margin, 0.6 cm from the medial margin, approximately 1.4 cm from the lateral margin and 1.2 cm from the superior margin. The remaining parenchyma consists of abundant firm white fibrous tissue with scattered cysts up to 2-3 mm in diameter, along with dilated ducts containing opaque yellow-tan, paste-like material. Total fixation time in formalin is approximately 28 hours. A representative portion of the tumor is submitted for the

Ink Code:

Black - posterior.
Blue - anterior.
Green - lateral.
Red - medial.
Orange - superior.
Purple - inferior.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewed by:	3/3/12	3/2/12

Printed by:
Printed on:

UUID:14E2FC4E-7205-4929-81B5-7FF3006F08AD
TCGA-AC-A3QP-01A-PR

Redacted



Page 1 of 4
(Continued)

Surg Path Final Report

* Final Report *

1. Superior margin. ---
- 2-3 and 4-5. Full thickness bisected cross sections, including nearest radial margins.
- 6-7. Indurated parenchyma away from tumor.
8. Inferior margin. ---

B. Received in formalin in a container labeled "sentinel node #1" is a 1.8 cm in greatest dimension, blue-gray, fatty lymph node.

C. Received in formalin in a container labeled "sentinel node #2" is a 0.6 cm, firm, tan and gray lymph node.

D. Received in formalin in a container labeled "right breast tissue, black suture most superior margin" is a sheet of fibrofatty tissue (4 x 3 x 1.2 cm) oriented by an attached suture.

Ink Code:

Black - superior margin (adjacent to suture).

Blue - opposing margin.

The tissue is serially sectioned and submitted in its entirety in three cassettes

E. Received in formalin in a container labeled "right breast tissue black suture most anterior margin" is a fragment of fibrofatty tissue (2.9 x 1.6 x 0.9 cm) oriented by an attached suture.

Ink Code:

Black - anterior margin (adjacent to suture).

Blue - opposing margin.

The specimen is serially sectioned and submitted in its entirety in two cassettes.

MICROSCOPIC

See diagnosis.

DIAGNOSIS

- A. Right breast lump, lumpectomy:
Invasive lobular carcinoma (see comment).
- B. Sentinel lymph node #1, excision:
One lymph node involved by metastatic adenocarcinoma (largest metastatic focus 2 mm) (1/1).
- C. Sentinel lymph node #2, excision:
One benign lymph node, free of tumor (0/1).
- D. Right breast tissue, excision:

Printed by:
Printed on:

Page 2 of 4
(Continued)

Surg Path Final Report

* Final Report *

Microscopic foci of invasive lobular carcinoma (up to 5 mm in greatest dimension).

Tiny focus of lobular cancerization.

Neoplasm is approximately 4-5 mm from most superior margin (black inked margin, adjacent to suture) and at blue inked opposing aspect.

E. Right breast tissue, excision:
No tumor is seen.

COMMENT

BREAST CARCINOMA SUMMARY:

SPECIMEN: Partial breast.

PROCEDURE: Lumpectomy.

SPECIMEN INTEGRITY: Single intact with additional margin submitted in parts C (superior margin) and D (anterior margin).

SPECIMEN LATERALITY: Right breast lumpectomy.

SPECIMEN SIZE: 5.7 x 7 x 1.8 cm.

TUMOR SIZE: 2.8 cm.

TUMOR FOCALITY: A 2.8 cm focus of invasive lobular carcinoma, and additional tiny foci (up to 5 mm) of invasive lobular carcinoma away from tumor.

SKIN INVOLVEMENT: Skin not present.

NIPPLE INVOLVEMENT: Nipple not present.

SKELETAL MUSCLE INVOLVEMENT: Skeletal muscle not present.

DUCTAL CARCINOMA IN SITU (DCIS): Negative.

LOBULAR CARCINOMA IN SITU (LCIS): Present.

HISTOLOGIC TYPE: Invasive lobular carcinoma.

GRADING (NOTTINGHAM): Tubular formation score: Score 3.

NUCLEAR PLEOMORPHISM SCORE: Score 2.

MITOTIC RATE SCORE: Score 1.

COMBINED GRADE (NOTTINGHAM): Grade 2 (intermediate grade).

LYMPHOVASCULAR INVASION: Not identified.

MARGIN OF EXCISION: Final margins appear free of tumor (closest margin is superior, approximately 4-5 mm. part D).

LYMPH NODES: One sentinel lymph node involved by metastatic lobular carcinoma (sentinel lymph node #1, part B (largest tumor focus is 2 mm) (1/2).

MICROCALCIFICATION: Not identified.

OTHER FINDINGS: Fibrocystic changes, usual ductal hyperplasia.

HORMONE RECEPTORS: Reported (estrogen receptor positive (70%, strong); Progesterone receptor positive (over 90%, strong).

HER-2/NEU: Reported (equivocal (2+) by immunohistochemistry, FISH pending.

PATHOLOGIC TNM (AJCC . EDITION): T2 N1mic MX.

NOTE: A cytokeratin E1/E3 immunohistochemical stain was performed on parts B (sentinel lymph node #1) and C (sentinel lymph node #2). It is strongly positive on part B (sentinel lymph node #1) within the metastatic tumor cells, and supports the diagnosis. It is negative within part C (sentinel lymph node #2), consistent with benign lymph node.

Printed by:
Printed on:

Page 3 of 4
(Continued)

Surg Path Final Report

1

- (

* Final Report *

(Electronic Signature)

Completed Action List:

* Order by , on

Type: Surg Path Final Report
Date:
Status: Auth (Verified)
Title: SURG PATH FINAL REPORT
Encounter info:

Printed by:
Printed on:

Page 4 of 4
(End of Report)