

Redacted



SURGICAL PATHOLOGY REPORT

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

(Age: Race:

Specimen #:

Taken:
Received:
Reported:

100-0-3

Carcinoma, infiltrating lobular, NOS
8520/3

Site: breast, NOS C50.9

1/25/11
for

SPECIMEN:

A: SENTINEL LYMPH NODE #1 B: LEFT AXILLARY TISSUE
C: LEFT MASTECTOMY D: NEW INFERIOR MARGIN

FINAL DIAGNOSIS:

- A. SENTINEL LYMPH NODE #1, BIOPSY:
- ONE OF TWO LYMPH NODES WITH ISOLATED TUMOR CELLS (ITC) DETECTED BY CYTOKERATIN IMMUNOHISTOCHEMICAL STAINING, refer to part C.
- B. SOFT TISSUE, LEFT AXILLA, EXCISION:
- BENIGN FIBROADIPOSE AND VASCULAR CONNECTIVE TISSUE WITH NERVE.
 - NO EVIDENCE OF LYMPH NODES.
 - NEGATIVE FOR MALIGNANCY.
- C. MASTECTOMY:
- 1 TYPE: INVASIVE LOBULAR CARCINOMA.
- HISTOLOGIC GRADE: GRADE 2, MODERATELY DIFFERENTIATED.
 - NOTTINGHAM SCORE: 6 (Tubules= 3, Nuclei= 2, Mitoses= 1)
 - TUMOR SIZE (GREATEST DIMENSION): GREATER THAN 5.0 CM, see comment.
 - TUMOR SITE (QUADRANT): OUTER UPPER AND MID.
- 2 TYPE: INVASIVE LOBULAR CARCINOMA.
- HISTOLOGIC GRADE: GRADE 1, WELL DIFFERENTIATED.
 - NOTTINGHAM SCORE: 5 (Tubules= 3, Nuclei= 1, Mitoses= 1)
 - TUMOR SIZE (GREATEST DIMENSION): 0.3 CM, measured microscopically.
 - TUMOR SITE (QUADRANT): INNER UPPER.
 - TUMOR FOCALITY: MULTIFOCAL.
 - TUMOR NECROSIS: NOT IDENTIFIED.
 - MICROCALCIFICATIONS: PRESENT; ASSOCIATED WITH INVASIVE AND IN SITU TUMOR AND ALSO NON-NEOPLASTIC TISSUE.
 - LYMPH-VASCULAR INVASION: PRESENT, slide C6.
 - MARGINS: NEGATIVE FOR MALIGNANCY.
 - DISTANCE OF INVASIVE TUMOR FROM NEAREST MARGIN = 0.5 CM, DEEP.
 - IN SITU COMPONENT: LOBULAR CARCINOMA IN SITU (LCIS).
 - DISTANCE OF LCIS FROM NEAREST MARGIN = LESS THAN 0.1 CM, DEEP.
 - LYMPH NODES: ONE OF TWO NODES WITH ISOLATED TUMOR CELLS.
 - NUMBER OF SENTINEL LYMPH NODES EXAMINED: 2
 - NUMBER OF LYMPH NODES WITH MACROMETASTASES: 0
 - NUMBER OF LYMPH NODES WITH MICROMETASTASES: 0
 - NUMBER OF LYMPH NODES WITH ISOLATED TUMOR CELLS: 1
 - EXTRANODAL EXTENSION: NOT IDENTIFIED.

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FINAL DIAGNOSIS (continued):

- NIPPLE/ SKIN INVOLVEMENT: NOT IDENTIFIED.
- ANCILLARY STUDIES (performed on core biopsy)
 - ESTROGEN RECEPTORS: POSITIVE.
 - PROGESTERONE RECEPTORS: POSITIVE.
 - HER 2 NEU by IHC: NEGATIVE.
- ADDITIONAL PATHOLOGIC CHANGES:
 - PRIOR BIOPSY SITE CAVITY/ CHANGES.

*** PATHOLOGIC STAGE: pT3(m) N0(i+)(sn), (AJCC 7th Edition) ***

- D. SOFT TISSUE, NEW INFERIOR MARGIN, EXCISION:
- FIBROADIPOSE CONNECTIVE TISSUE AND SCATTERED ATROPHIC BREAST PARENCHYMA; NEGATIVE FOR MALIGNANCY.

Comments:

Macroscopically, two masses were noted within the outer upper and outer mid regions, separated by approximately 1.5 cm. However, sampling of the intervening tissue confirms the presence of invasive lobular carcinoma. The masses have a similar histologic appearance of invasive lobular carcinoma, grade 2. Therefore, the upper outer/mid tumors are best classified as a single mass and staged as pT3. A smaller separate tumor is noted within the inner upper quadrant.

The prior core biopsy) and ancillary studies are reviewed.

This case received prospective peer review.

** Report Electronically Signed Out **

CLINICAL DIAGNOSIS AND HISTORY:

ear-old female with left breast cancer.

PRE-OPERATIVE DIAGNOSIS:

Breast cancer.

POST-OPERATIVE DIAGNOSIS:

None provided.

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GROSS DESCRIPTION:

A: Received fresh, labelled with the patient's name and designated, "Sentinel Node #1" consists of 2.0 x 2.0 x 0.6 cm irregular portion of red-yellow soft tissue. Sectioning reveals a single 1.3 x 0.5 x 0.4 cm pink-tan lymph node. The lymph node is bisected and entirely submitted in 2 cassettes.

B: Received in formalin, labeled with the patient's name and designated, "Left Axillary Tissue" consists of two irregular shaped fragments of yellow lobular adipose tissue measuring 2.3 and 1.3 cm in greatest dimension. Sectioning reveals six possible lymph nodes measuring up to 0.2 cm in greatest dimension each. The specimen is entirely submitted in three cassettes as follows: B1- five possible lymph nodes; B2- one possible lymph node, bisected; B3- remaining adipose tissue.

C: Received fresh, labelled with the patient's name and designated, "Left Mastectomy (Long-Lateral; Short-Superior)" consists of 30 gram mastectomy specimen oriented with a short stitch superior and long stitch lateral. The specimen measures 25.0 cm medial to lateral; 21.0 cm superior to inferior; and 4.0 cm anterior to posterior. The light tan colored superficial skin ellipse measures 24.0 x 14.2 cm and 1.0 cm centrally located, everted nipple. No discharge is present. The deep margin is inked black. Serial sections reveal a 4.0 x 4.0 x 3.0 cm poorly defined mass in the mid-outer breast (mass #1). On sectioning the cut surface is firm, pink-white and shows a 0.3 cm biopsy cavity. The mass comes to within 0.5 cm of the deep upper/outer quadrant and lower/outer quadrant fibrous tissue mass is markedly dense and nodular. Located in the upper/outer quadrant, adjacent to the superior-medial portion of mass #1, is a second fairly well defined mass measuring 0.9 x 0.8 x 0.5 cm. This mass is located 2.0 cm from the deep margin. The second mass is located approximately 1.5 cm from the first mass. The remainder of the specimen is composed of lobulated, yellow-tan adipose tissue admixed with a moderate amount of otherwise unremarkable fibrous tissue. Located along the lateral edge of the specimen (at the junction of the deep and superficial margins) there is a single 0.4 cm ill-defined induration. This lateral margin is inked blue. No lymph nodes are identified. Representative sections are submitted as follows: C1- skin; C2- upper/outer quadrant mass; C3- upper/outer quadrant deep margin (to C2); C4- outer mid (OM) mass with cavity and deep margin; C5- deep margin, OM; C6- outer mid mass; C7-C9- additional outer mid mass; C10-C11- induration along margin; C12- upper/inner quadrant; C13- lower/inner quadrant; C14-lower/outer quadrant; C15-upper/outer quadrant; C16- nipple; C17- sections of firm areas between first and second mass.

Matched sections of C1, C2, C4, C6-C9 and C12-C15 are submitted in OCT and

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GROSS DESCRIPTION (continued):

Paraffin per CBCP protocol.

D: Received in formalin, labeled with the patient's name
 d designated, "New Inferior Margin" consists of an unoriented
 fragment of yellow lobular adipose tissue measuring 14.0 x 6.5 x 3.0 cm.
 The specimen is inked. Serial sectioning reveals a yellow lobular cut
 surface with no well defined lesions or nodules grossly identified and
 scattered areas of dense fibrous tissue. Representative sections are
 submitted in sequential order in six cassettes representing various
 fibrous areas. Time in formalin: >80 hours.

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HP/AF Discrepancy		/
Prior Malignancy History		/
Qual/Synchronous Primary	Noted	
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 1/2/11	