#### SPECIMENS:

A. WLE LEFT BREAST NEEDLE LOCALIZATION

B. SENTINEL LYMPH NODE #1 LEFT AXILLA

C. SENTINEL LYMPH NODE #2 LEFT AXILLA

D. SENTINEL LYMPH NODE #3 LEFT AXILLA

E. SENTINEL LYMPH NODE #4 LEFT AXILLA

F. SENTINEL LYMPH NODE #5 LEFT AXILLA

165-0-3

Carcinoma, implitnating lobular, NOS 8520/3
Path Site breast, upper onto quadrent C50.4
CACF Site: breast, NOS C50.9 2/8/11

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# INTRAOPERATIVE CONSULTATION DIAGNOSIS:

Part A, WLE Left breast, needle localization, gross examination: Tumor is 1 cm from posterior/inferior

TPB, Sentinel node #1, biopsy: No tumor seen

TPC, Sentinel node #2, biopsy: No lymphoid tissue grossly identified, no lymphocytes or tumor seen

TPD, Sentinel node #3, biopsy: No tumor seen TPE, Sentinel node #4, biopsy: No tumor seen TPF, Sentinel node #5, biopsy: No tumor seen

Diagnoses called at (Part A) and

.(Parts B-F) by Dr.

#### **GROSS DESCRIPTION:**

# A. WLE LEFT BREAST NEEDLE LOCALIZATION

Received fresh labeled with the patient's identification and designated "wide local excision left breast needle localization" is an oriented, previously inked, 39-g, 25 x 5.2 x 2.7 cm needle localized lumpectomy specimen accompanied by two radiographs. The single suture designates anterior, double-lateral. Ink code: Anterior-yellow, posterior-black, medial-green, lateral-red, superior-blue, inferior-orange. The specimen is serially sectioned from medial to lateral into 6 slices revealing a firm tan mass with surgical clip (slice 3), 1.5 x 1 x 0.9 cm, located 1 cm from the nearest posterior/inferior margin. A portion of the specimen is submitted for tissue procurement. The specimen is representatively submitted:

A1-A5: Medial margin, perpendicular sections, entirely submitted

A6: Mass, slice 2 with posterior and anterior margins

A7-A11: Slice 3 entirely submitted, A7-A8 demonstrating tumor (clip) and nearest posterior/inferior margins

A12-A15: Slice 4 entirely submitted, A12 demonstrating mass

A16-A17: Slice 5, posterior/inferior, inferior/anterior, respectively

A18: Representative sections lateral margin

B. SENTINEL LYMPH NODE #1 LEFT AXILLA

Received fresh labeled with the patient's identification and designated "Sentinel lymph node number one left axilla" is a beige tan lymph node measuring 2 x 1.5 x 1 cm. Touch preparation is performed. Entirely submitted, B1.

C. SENTINEL LYMPH NODE #2 LEFT AXILLA

Received fresh labeled with the patient's identification and designated "Sentinel lymph node number two left axilla" is a fragment of fibroadipose tissue measuring 2 x 2 x 0.8 cm. Touch preparation is performed. Entirely submitted, C1.

D. SENTINEL LYMPH NODE #3 LEFT AXILLA

Received fresh labeled with the patient's identification and designated "sentinel lymph node number 3 left axilla" is a portion of adipose tissue measuring 4 x 3 x 1 cm, demonstrating one lymph node measuring 0.7-cm in greatest dimension. Touch preparation is performed. The entire lymph node is submitted, D1.

E. SENTINEL LYMPH NODE #4 LEFT AXILLA

Received fresh labeled with the patient's identification and designated "Sentinel lymph node number 4 left axilla" is a fragment of lymphoid tissue measuring 2 x 1 x 1 cm. Touch preparation is performed. Entirely submitted, E1.

F. SENTINEL LYMPH NODE #5 LEFT AXILLA

Received fresh labeled with the patient's identification and designated "Sentinel lymph node number 5 left axilla" is a tan lymph node measuring 1.2 x 1 x 0.6 cm. Touch preparation is performed. Entirely submitted, F1.

### **DIAGNOSIS:**

A. BREAST, LEFT, EXCISION:

- INVASIVE LOBULAR CARCINOMA, MEASURING 1.5-CM, SBR GRADE II, **NUCLEAR GRADE 2.** 
  - DUCTAL CARCINOMA- IN -SITU, NUCLEAR GRADE 1-2/3.
  - RADIAL SCAR
  - PREVIOUS BIOPSY SITE CHANGES.
  - SURGICAL RESECTION MARGINS ARE NEGATIVE FOR TUMOR.

SEE SYNOPTIC REPORT.

- B. SENTINEL LYMPH NODE #1, LEFT AXILLA, EXCISION:
  - ONE REACTIVE LYMPH NODE.
  - NEGATIVE FOR METASTATIC CARCINOMA (0/1).
- C. SENTINEL LYMPH NODE #2, LEFT AXILLA, EXCISION:
  - BREAST TISSUE WITH STROMAL FIBROSIS.
  - NO MALIGNANCY IS SEEN.
- D. SENTINEL LYMPH NODE #3, LEFT AXILLA, EXCISION:
  - ONE LYMPH NODE, POSITIVE FOR METASTATIC LOBULAR CARCINOMA (1/1).
- E. SENTINEL LYMPH NODE #4, LEFT AXILLA, EXCISION:
  - ONE REACTIVE LYMPH NODE.
  - NO METASTATIC CARCINOMA IS SEEN (0/1).
- F. SENTINEL LYMPH NODE #5, LEFT AXILLA, EXCISION:
  - ONE REACTIVE LYMPH NODE.
  - NO METASTATIC CARCINOMA IS SEEN (0/1).

## SYNOPTIC REPORT - BREAST

Specimens Involved

Specimens: A: WLE LEFT BREAST NEEDLE LOCALIZATION

Excision Specimen Type: Needle Localization: Yes - For mass

Laterality: Left

Present Invasive Tumor:

Multifocality: No

WHO CLASSIFICATION

Invasive lobular carcinoma 8520/3

Tumor size: 1.5cm

1cm x 0.9cm Additional dimensions:

Tumor Site: Upper outer quadrant

Negative Margins:

Distance from closest margin: Greater than 1cm

inferior

3 Tubular Score: 2 Nuclear Grade: Mitotic Score:

Modified Scarff Bloom Richardson Grade: 2

Necrosis: Absent

Vascular/Lymphatic Invasion: Indeterminate Sentinel lymph node only Lymph nodes:

Lymph node status: Positive 1/4

No Micrometastases:

DCIS present

Estimate 5% DCIS Quantity:

DCIS Type: Solid

DCIS Location: Associated with invasive tumor

Nuclear grade:

Necrosis: Absent

Location of CA++: Benign epithelium

ER/PR/HER2 Results

ER: Positive PR: Positive

HER2: Negative by IHC Performed on Case:

Pathological staging (pTN): pT 1c N 1a

Comment(s): Few microcalcifications are seen in the invasive tumor

## **CLINICAL HISTORY:**

Core biopsy proven cancer upper outer quadrant left breast

## **PRE-OPERATIVE DIAGNOSIS:**

Left breast carcinoma

Gross Dictation:.,, Microscopic/Diagnostic Dictation:, M.D., Pathologist, Final Review:, M.D., Pathologist,

Final:, M.D., Pathologist, 1

Criteria	Yes	No
Diagnosis Discrepancy		<del>  "</del> -/-
Primary Tumoi Site Discrepancy		
H'PAA Discrepancy	<del></del>	+
Prior Malignancy History	<del></del>	<del>                                     </del>
Dual/Synchronous Primary Noted		+
Case is (circle):     QUALIFIED	/ DIEQUELIFIED, )	
Reviewer Initials Date Rev		
The the		