

ICD-0-3

Carcinoma, infiltrating lobular, NOS 8520/3

Site: breast, NOS C50.9 for 4/27/11

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TCGA-A7-A26E-01A-PR

Redacted



DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

Date Coll:

SPECIMEN

- A. Left axillary sentinel node #1
- B. Left breast stitch marks long lateral, short superior
- C. Intraop lymph node left axilla
- D. Right breast tissue long stitch lateral, short stitch superior
- E. Left axillary content

CLINICAL NOTES

PRE-OP DIAGNOSIS: Left breast carcinoma.

POST-OP DIAGNOSIS: Left breast carcinoma.

CLINICAL HISTORY: Left breast carcinoma.

FROZEN SECTION DIAGNOSIS

A - Two lymph nodes negative for metastatic disease.

Amended diagnosis - Upon re-appraisal, the smaller node contains a focus of carcinoma consistent with lobular origin.

GROSS DESCRIPTION

- A. The specimen is received fresh for frozen section labeled "left axillary sentinel node #1". It consists of a portion of hemorrhagic adipose tissue measuring 3.5 x 2.4 x 0.9 cm. On section it is fatty and slightly indurated consistent with nodal tissue. One such node measures 3.2 x 1.8 x 0.6 cm. A second smaller node is present measuring 0.6 cm. by 0.5 x 0.5 cm. The larger node is bisected and all submitted for frozen section as FS1 and FS2. The smaller node is bisected and all submitted as FS3.
- B. Received fresh, labeled "left breast" is an 18.0 cm. (medial to lateral) x 15.5 cm. (superior to inferior) x 5.0 cm. (anterior to posterior) diffusely cauterized soft, lobulated tan gold-white portion of fibroadipose tissue in keeping with breast designated as left per requisition slip and container and oriented by two sutures as stated previously. There is a 9.6 cm. (medial to lateral) x 3.8 cm. (superior to inferior) wrinkled white skin ellipse with an eccentric, flattened, 1.2 x 1.1 cm. nipple along the anterior aspect. A well healed and retracted 1 cm. cicatrix is present along the skin surface corresponding to the lower outer quadrant. The anterior surface surrounding the lateral portion of the skin ellipse is inked blue, the intact deep margin is inked

black and the specimen is sectioned. There is a poorly defined, stellate, 5.5 cm. (medial to lateral) x 4.0 cm. (superior to inferior)

x 2.2 (anterior to posterior) oblique rubbery tan white tumor mass, extending from the lower outer quadrant centrally to the junction of the four quadrants. A portion of tumor and a portion of normal parenchyma are submitted for tissue procurement as requested. The tumor focally extends to within 1.2 cm. of the inked deep margin and 1.1 cm. from the anterior/skin surface. The parenchyma throughout the remainder of the specimen consists predominantly of glistening lobulated golden yellow adipose tissue with a minimal amount of interspersed delicate tan white fibrous tissue. No additional mass lesion or abnormality is identified. Representative sections are submitted in twelve blocks as labeled. RS-12.

BLOCK SUMMARY: 1,2 - Tumor to inked deep margin; 3,4 - tumor to overlying skin ellipse/anterior surface of the specimen; . . tumor to adjacent parenchyma; 8 - random upper outer quadrant; 9 - upper inner quadrant; 10 - lower inner quadrant; 11 - lower outer quadrant; 12 - nipple.

C. Received fresh, labeled "intraop lymph node left axilla" is 1 cm. in greatest dimension slightly rubbery white pink

tissue in keeping with lymph node with a moderate amount of associated adipose tissue. The specimen is bisected and entirely submitted in one block. AS-1.

D. Received fresh, labeled "right breast tissue" is a diffusely cauterized and slightly fragmented, 8.6 cm. (medial to lateral) x 6.4 cm. (anterior to posterior) x 3.4 cm. (superior to inferior) soft, lobulated tan gold-white portion of fibroadipose tissue, with two sutures as stated previously. The margins are inked as follows: superior blue, inferior black, anterior green, and posterior orange. The specimen is sectioned from medial to lateral. There is a 6.5 cm. (medial to lateral) x

4.2 cm. (anterior to posterior) x 1.0 cm. (superior to inferior) vacant biopsy cavity occupying the majority of the specimen. The cavity

is focally contiguous with the anterior, posterior, and superior inked margins. No residual lesion or abnormality is noted grossly. The cut surfaces throughout the specimen consist predominately of

mildly congested glistening lobulated golden yellow adipose tissue with a scant amount of interspersed delicate tan white fibrous tissue. Representative sections are submitted in a sequential manner from medial to lateral in ten blocks as labeled. RS-10.

BLOCK SUMMARY: 1 - Perpendicular sections entire medial margin cap;

9 - sequential sections; 10 - representative perpendicular sections lateral margin cap.

E. Received fresh, labeled "left axillary content" is an unoriented, 6.5 x 5.8 x 1.8 cm. portion of soft, lobulated golden yellow adipose tissue. Several soft to slightly rubbery pale tan tissues in keeping with lymph nodes measuring up to 1.8 cm. in greatest dimension are recovered. The lymphoid tissues are entirely submitted in three blocks as labeled. RS-3.

BLOCK SUMMARY: 1 - Eight whole lymph nodes; 2 - five whole lymph nodes; 3 - one bisected lymph node

MICROSCOPIC DESCRIPTION

A. Two lymph nodes are examined in their entirety at multiple levels. The smaller contains a 3 mm. metastasis with minimal extra-capsular extension, [].

B. The previously biopsied large tumor is an infiltrating lobular carcinoma. In one 2 mm. area (block #6 within the main tumor), there is a focus of invasive ductal carcinoma which is nuclear grade 1 (architectural score 1, nuclear score 2, mitotic score 1). In addition, in blocks 4 and 5 there is in situ tumor which, with the help of E-Cadherin stain, proves to be ductal carcinoma in situ, nuclear grade 2. Please see the template below.

Invasive carcinoma:

Histologic type: Infiltrating lobular carcinoma with single small focus of associated infiltrating ductal carcinoma.

Histologic grade: The invasive lobular carcinoma is moderately differentiated.

Overall grade: [**Last Name (un) 1**] SBR grade 2.

Architectural score: 3.

Nuclear score: 2.

Mitotic score: 1.

Greatest dimension (pT): The tumor measures 5.5 cm., pT3.

Specimen margins: Negative.

Vessel invasion: Suspicious for lymphatic invasion. Perineural invasion is noted.

Calcification: Negative.

Nipple (Paget's): No Paget's disease of the nipple is present.

Major lactiferous ducts, however, contain lobular neoplasia in situ, supported by stain for E-Cadherin. There is also a 1.5

mm. of invasive lobular carcinoma within the subareolar tissue,
supported by stains for P63 and E-Cadherin.
Invasion of skin or chest wall: Negative.
Ductal carcinoma in situ (supported by stain for E cadherin):
Histologic pattern: Solid.
Nuclear grade: 2.
Central necrosis: Negative.
% DCIS of total tumor (if mixed): The DCIS appears to be
separate from the invasive lobular carcinoma.
Extensive intraductal component (present/absent): Absent.
Specimen margins: Negative.
Calcification: Negative.

Description of non-tumorous breast: Fibrocystic changes are also
present, including cysts, apocrine metaplasia, a 3 mm. fibroadenoma
and rare calcification.
Comments: E-Cadherin on block #5 supports the diagnosis of ductal
carcinoma in situ.

Lymph nodes:
Number of positive nodes of total: As per parts A, C and E,
there are 16 lymph nodes. one of which contains metastatic
carcinoma, 1
Size of largest metastasis: 3 mm.
Extracapsular extension (present/absent): Present.
pN: 1A

Distant metastasis (pM): Cannot be assessed.

Prognostic markers: Please see

metastatic C. A single lymph node is present. Negative for
disease, 0/1.
D. This portion of tissue contains biopsy site changes.
In situ tumor is noted in blocks 1 through 7. With the

assistance of stains for E-Cadherin on all of these blocks, it is apparent that the tumor in blocks 4, 5 and 6 is lobular carcinoma in situ. The tumor in blocks 4, 6 and 7 prove to be ductal carcinoma in situ. Also, in block 7, there is a 1.1 mm. focus of invasive tumor which proves to be of ductal origin. Please see the template below for the details regarding the ductal tumor.

Invasive Carcinoma:

Histologic type: Infiltrating ductal carcinoma.

Histologic grade: Moderately differentiated.

Overall grade: [**Last Name (un) 1**] SBR grade 2.

Architectural score: 3.

Nuclear score: 2.

Mitotic score: 1.

Greatest dimension (pT): The tumor measures 1.1 mm., pT1a.

Specimen margins: Invasive tumor is less than 1 mm from the inferior margin.

Vessel invasion: Negative.

Calcification: Negative.

Ductal carcinoma in situ:

Histologic pattern: Solid and cribriform.

Nuclear grade: 2.

Central necrosis: Negative.

% DCIS of total tumor (if mixed): The invasive component is very minor relative to the in situ component.

Extensive intraductal component (present/absent): Present.

Specimen margins: DCIS less than 1 mm. from the inferior margin.

Calcification: Negative.

Description of non-tumorous breast: Cysts and apocrine metaplasias present.

Comments: In addition to the invasive and in situ ductal carcinoma, there are foci of lobular carcinoma in situ.

Prognostic markers: Cold ischemia time too long for accurate marker studies.

E. Thirteen lymph nodes are present, all negative for metastatic disease, 0/13. This is supported by negative keratin stains on blocks 1 through 3.

[A few of the antibodies used in our laboratory may be classified as analyte specific reagents. These antibodies are monitored and

controlled in our laboratory and their performance for in [**Last Name
(un) 2**]
diagnosis is well described in the medical literature. They have
not been cleared or approved by the FDA.]

14, 15x2, 4x5, 20x12, PGRI 3260F

DIAGNOSIS

A. Left axillary sentinel node #1, excision -
Two lymph nodes, one of which contains metastatic carcinoma,

Primary

B. (Left) breast, mastectomy -
Large (5.5 cm.) infiltrating lobular carcinoma, minor
associated component of invasive ductal carcinoma. Ductal
carcinoma in situ also present. A second minute focus of
invasive lobular carcinoma is present in the sub-areolar
tissue. All margins are negative for tumor. C.

Intraoperative lymph node left axilla, excision -
Single lymph node negative for metastatic disease, 0/1.

bilateral

D. Right breast tissue, excision -
Breast tissue with biopsy site changes, lobular carcinoma in
situ, ductal carcinoma in situ and invasive ductal carcinoma,
SBR grade 2. The invasive ductal

carcinoma and ductal
carcinoma in situ are
less than 1 mm. from the inferior margin. Hormone receptor
studies cannot accurately be performed on the invasive ductal
carcinoma.

E. Left axillary contents, dissection -
Thirteen lymph nodes all negative for metastatic disease,
0/13.

--- End Of Report ---

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
IPAA Discrepancy		/
Prior Malignancy History		/
Qual/Synchronous Primary Noted		/
Case Is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	4/27/11	