

**SPECIMENS:**

- A. RIGHT BREAST CANCER
- B. ADDITIONAL LATERAL MARGIN
- C. SENTINEL LYMPH NODE #1
- D. SENTINEL LYMPH NODE #2
- E. SENTINEL LYMPH NODE #3

ICD-0-3

*Carcinoma, infiltrating lobular, nos 8520/3*  
*Site: breast, nos C50.9 2/8/11*  
*lw*

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UUID:35F7D0D1-BA21-4135-8444-6B10EAF66F25  
 TCGA-E2-A11J-01A-PR

Redacted

**INTRAOPERATIVE CONSULTATION DIAGNOSIS:**

Part A, Right breast, gross examination: Tumor is 1 cm from anterior/inferior/ medial margin  
 TPC - TPE, Sentinel lymph nodes #1 - #3: Negative for carcinoma  
 Diagnoses called to Dr. at 1. (A) and . (C-E) by Dr.

**GROSS DESCRIPTION:****A. RIGHT BREAST CANCER**

Received fresh labeled with the patient's identification and designated "right breast" is an oriented, 74-g, 7.6 x 6 x 4.3 cm needle localized lumpectomy specimen with two radiographs. The single suture designates anterior, double-lateral, triple-superior. 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 granular cut surface, 2 x 1.2 x 1 cm, located 0.8 from the closest inferior margin. A clip is identified in slice 3. The remainder of the specimen shows areas of firm dense fibrous focally cystic parenchyma. A portion of the specimen is submitted for tissue procurement. Submitted representatively:

- A1: Medial margin
- A2-A3: Mass and anterior, slice 2
- A4-A5: Mass and medial, slice 2
- A6-A7: Mass, inferior / anterior, slice 3
- A8-A9: Inferior/posterior, slice 3
- A10: Superior, slice 3
- A11: Posterior, slice 3
- A12: Mass, inferior/ anterior, slice 4
- A13: Inferior/anterior, slice 5
- A14: Inferior/posterior, slice 5
- A15-A16: Lateral margin

**B. ADDITIONAL LATERAL MARGIN**

Received in formalin in a container labeled with the patient's identification and designated "additional lateral margin" is an oriented (suture at final margin) 8-g, 4.1 x 4 x 0.5 cm fragment of fibroadipose tissue. The final margin inked black. Sectioning shows nodule measuring 0.5-cm. Submitted entirely:

- B1-B3: Serial sections
- B4: Nodule

B5: Serial sections

**C. SENTINEL LYMPH NODE #1**

Received fresh labeled with the patient's identification and designated "Sentinel lymph node #1" is a fragment of fibroadipose tissue, 3 x 2.3 x 1.1 cm showing one possible 2-cm lymph node. Touch preparation is performed. The lymph node is entirely submitted in cassette C1.

**D. SENTINEL LYMPH NODE #2**

Received fresh labeled with the patient's identification and designated "Sentinel lymph node #2" is a fragment of fibroadipose tissue, 3 x 1.5 x 1 cm, showing a possible 2.3-cm lymph node. Touch preparation is performed. The lymph node is entirely submitted, D1.

**E. SENTINEL LYMPH NODE #3**

Received fresh labeled with the patient's identification and designated "Sentinel lymph node #3" is a fragment of fibroadipose tissue, 3.1 x 2.2 x 1.1 cm, showing a possible 1.5-cm lymph node. Touch preparation is performed. The lymph node is entirely submitted, E1.

**DIAGNOSIS:**

- A. BREAST, RIGHT, WIDE LOCAL EXCISION:

- INVASIVE LOBULAR CARCINOMA, SBR GRADE 2, MEASURING 1.5-CM
- LOBULAR CARCINOMA IN SITU
- SURGICAL RESECTION MARGINS NEGATIVE FOR INVASIVE TUMOR
- LCIS PRESENT AT LATERAL AND MEDIAL SURGICAL RESECTION MARGINS AND WITHIN 1 MM FROM INFERIOR SURGICAL RESECTION MARGIN
- BIOPSY SITE CHANGES WITH FIBROSIS
- FIBROADENOMA
- SEE SYNOPTIC REPORT AND SEE NOTE.

- B. BREAST, RIGHT, LATERAL MARGIN, EXCISION:
- INVASIVE LOBULAR CARCINOMA, SBR GRADE 2, MEASURING 0.6-CM
  - LOBULAR CARCINOMA IN SITU
  - LCIS PRESENT WITHIN 1 MM FROM FINAL LATERAL MARGIN
  - INVASIVE TUMOR PRESENT 2.5 MM FROM FINAL LATERAL MARGIN
  - SEE NOTE.

- C. LYMPH NODE, SENTINEL #1, RIGHT AXILLA, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

- D. LYMPH NODE, SENTINEL #2, RIGHT AXILLA, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

- E. LYMPH NODE, SENTINEL #3, RIGHT AXILLA, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

NOTE: The in situ and invasive tumors are negative for E-cadherin, compatible with lobular carcinoma phenotype. In part A., the main tumor mass is identified in slices #2 and 3. However, additional scattered foci of invasive lobular carcinoma are identified in slices #4, 5, 6 and 7. Moreover, the additional submitted lateral margin (part B.) shows invasive lobular carcinoma (0.6-cm). Therefore, this tumor is considered multifocal. Lobular carcinoma in situ is identified throughout the submitted sections.

The closest surgical resection margin to invasive lobular carcinoma is the lateral (2.5 mm). LCIS is identified at medial and within 1 mm from inferior and lateral surgical resection margins.

#### SYNOPTIC REPORT - BREAST

Specimen Type: Excision  
 Needle Localization: Yes - For mass  
 Laterality: Right  
 Invasive Tumor: Present  
 Multifocality: Yes  
 WHO CLASSIFICATION  
 Invasive lobular carcinoma 8520/3  
 Tumor size: 1.5cm  
 Tumor Site: Not specified  
 Margins: Negative  
 Distance from closest margin: 0.25cm  
 lateral  
 Tubular Score: 3  
 Nuclear Grade: 2  
 Mitotic Score: 1  
 Modified Scarff Bloom Richardson Grade: 2  
 Necrosis: Absent  
 Vascular/Lymphatic Invasion: None identified  
 Lobular neoplasia: LCIS  
 Lymph nodes: Sentinel lymph node only  
 Lymph node status: Negative 0 / 3

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DCIS not present

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TSS ID

ER/PR/HER2 Results

ER: Positive

PR: Positive

HER2: Negative by FISH

Performed on Case: s09-118

Pathological staging (pTN): pT 1c N 0

**CLINICAL HISTORY:**

None given

**PRE-OPERATIVE DIAGNOSIS:**

Right breast cancer

Gross Dictation: .. Pathologist,

Microscopic/Diagnostic Dictation: .. Pathologist,

Final Review: .. Pathologist

Final Review: .. Pathologist,

Final: .. Pathologist,

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Note		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date reviewed: 1/5/11	