

10A-0-3

Carcinoma, Infiltrating lobular, NOS 8520/3

Site Code: breast, NOS C50.9

1/7/11

lw

Patient

Surgical Pathology:

Surg Path

 UUID: 6C91D49C-9738-4A4F-A480-E71CD8EE5268
 TCGA-B6-A0IP-01A-PR

Redacted

CLINICAL HISTORY:

Left breast Ca. Left breast mass.

GROSS EXAMINATION:

A. "Left breast mass (AF1)", received fresh for frozen section. A 7.3 x 4.4 x 2.5 cm ovoid fragment of soft yellow fibroadipose which has been previously sectioned revealing a 1.7 x approximately 1.6 x 1.4 cm firm stellate circumscribed yellow-tan mass. The surgeon has stated the margins are not an issue on this specimen the mastectomy is to be performed. A portion of the lesion has been previously submitted as frozen section AF1. Fresh tissue for ER/PR was not submitted. The remainder of the specimen composed of soft yellow lobulated adipose tissue without additional focal lesions.

BLOCK SUMMARY:

- A1- frozen section AF1 remnant.
- A2- additional section of mass.
- A3-A4- additional tissue in the area of lesion.
- A5- representative of the remainder fibroadipose tissue.

B. "Left breast", received fresh and placed in formalin. A 701.6 gram, 35 x 18.3 x 3.0 cm left breast and axillary dissection is received. The breast is 21.1 x 18.3 x 3.0 cm in greatest dimension and the axilla is 7.5 x 6.5 x 1.5 cm in greatest dimension. The overlying ellipse of white skin is 19 x 8.2 cm in greatest dimension. The nipple is located slightly inferior and medial on the skin surface and is retracted and exhibits a crusted skin surface and is approximately 1 cm in greatest diameter with a 3.5 cm areola. Superior to the nipple is a 7.5 cm long recent linear suture surgical incision. The surgical margin is marked with blue ink and the specimen is sectioned revealing a fresh biopsy cavity, approximately 7.5 x 6.5 x 6 cm in greatest dimension lined by soft hemorrhagic adipose tissue. The biopsy cavity is grossly within 0.5 cm with closest deep surgical margin, 12.5 cm with the closest inferior soft tissue surgical margin. The tumor does not grossly identified within the specimen. The remainder of the breast tissue is composed of soft lobulated fibroadipose tissue with only small amount of pink-tan fibrous breast tissue.

BLOCK SUMMARY:

- B1- nipple.
- B2- representative through incision on skin surface.
- B3- biopsy cavity in closest deep margin.
- B4-B5- additional sections of biopsy cavity wall.
- B6- closest superior soft tissue margin.
- B7- closest inferior soft tissue margin.
- B8- representative upper inner quadrant.
- B9- representative lower inner quadrant.
- B10- representative lower outer quadrant.
- B11- representative upper outer quadrant.

The axillary dissection is removed from the mastectomy specimen, divided into proximal, mid, and distal thirds and examined for lymph nodes. Several lymph node candidates from 0.5 to 3.2 cm are identified, predominantly in the distal third of the specimen. Lymph nodes are submitted as follows:

- B12- one lymph node candidate from proximal.
- B13- one bisected lymph node candidate from proximal.
- B14- one lymph node candidate from mid.
- B15- one bisected lymph node candidate from mid.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Nodules		
Case is (circle):		
Reviewer Initials	QUALIFIED	DISQUALIFIED
Date Reviewed	1/3/11	

- B16- five lymph node lymph node candidates from distal.
- B17- three lymph node candidates from distal.
- B18- one bisected lymph node candidate from distal.
- B19- one bisected lymph node candidate from distal.
- B20- one bisected lymph node candidate.

INTRA OPERATIVE CONSULTATION:

A. "Left breast biopsy": AF1- infiltrating lobular carcinoma (Dr.

DIAGNOSIS:

A. "LEFT BREAST MASS" (EXCISIONAL BIOPSY):

INFILTRATING CARCINOMA, LOBULAR TYPE.
 GROSS TUMOR SIZE, 1.7 X 1.6 X 1.4 CM (GROSSLY).
 SIZE OF INVASIVE COMPONENT 1.7 CM.
 LYMPHATIC/VASCULAR INVASION: ABSENT.
 MULTIFOCAL TUMOR: NO.
 IN SITU CARCINOMA PRESENT, OCCUPYING LESS THAN 5% OF TUMOR (SLIDE A-2, A-4).
 TYPE OF IN SITU CARCINOMA: LOBULAR TYPE.
 EXTENSIVE INTRADUCTAL COMPONENT: NO
 STATUS OF NON-NEOPLASTIC BREAST TISSUE INCLUDES PROLIFERATIVE FIBROCYSTIC CHANGES WITH ATYPIA, INTRADUCTAL PAPILLOMA (SLIDE A-3)
 MICROCALCIFICATION PRESENT IN ASSOCIATION WITH BENIGN BREAST TISSUE.
 SURGICAL MARGIN STATUS: (SEE COMMENT)
 ESTROGEN/PROGESTERONE RECEPTOR AND CELL CYCLE ANALYSIS PENDING.

B. "LEFT BREAST WITH AXILLARY DISSECTION", (REMOVAL):

RESIDUAL INFILTRATING AND IN-SITU CARCINOMA: ABSENT.
 STATUS OF NON-NEOPLASTIC BREAST TISSUE: INTRADUCTAL PAPILLOMA, ATYPICAL DUCTAL HYPERPLASIA.
 MICROCALCIFICATIONS PRESENT IN ASSOCIATION WITH ATYPICAL DUCTAL HYPERPLASIA.
 NIPPLE STATUS: FREE OF TUMOR.
 SKIN STATUS: FREE OF TUMOR.
 MUSCLE STATUS: NOT SAMPLED.
 SURGICAL MARGIN STATUS: NEGATIVE.
 LYMPH NODE STATUS: NO EVIDENCE OF MALIGNANCY IN 16 LEFT AXILLARY LYMPH NODES, (0/16).

COMMENT: The surgical margin of the biopsy specimen was not evaluated, as the mastectomy was performed during the same procedure, per conversation with the surgeon. The resection margins of the mastectomy specimen are negative for tumor.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

Electronically signed

ADDENDUM 1:

Tissue was sent to the _____ for assay of the estrogen and progesterone receptors. The estrogen receptor activity was judged to be POSITIVE with an estimated FMOL value of 154. The progesterone receptor activity was judged as POSITIVE with an estimated FMOL value of 106. Please refer to _____ for a complete report.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).