

ICB-0-3

Carcinoma, infiltrating lobular  
8520/3

Path Site Code: breast, upper outer quadrant C50.4  
CQCF Site: breast, NOS C50.9

12/19/10  
ju

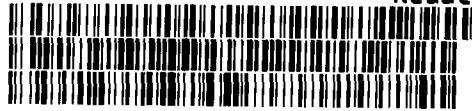
TSS Pt ID:

**SPECIMENS:**

- A. SLN #1
- B. SLN #2
- C. LEFT BREAST WLE
- D. ADDITIONAL LATERAL MARGIN
- E. MEDIAL LEFT BREAST TISSUE
- F. LATERAL LEFT BREAST TISSUE
- G. RIGHT BREAST TISSUE

UUID:71C82089-E070-4C7B-B15B-0492DECC83BF  
TCGA-E2-A10F-01A-PR

Redacted



**SPECIMEN(S):**

- A. SLN #1
- B. SLN #2
- C. LEFT BREAST WLE
- D. ADDITIONAL LATERAL MARGIN
- E. MEDIAL LEFT BREAST TISSUE
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**GROSS DESCRIPTION:**

- A. SLN #1  
Received fresh is a tan pink lymph node 2.0 x 0.8 x 0.7cm. The specimen is sectioned and a touch prep is taken. Toto A1.
- B. SLN #2  
Received fresh is a tan pink lymph node 0.5 x 0.5 x 0.5cm. The specimen is sectioned and a touch prep is taken. Toto B1.
- C. LEFT BREAST WLE  
Received fresh is an oriented (short-superior, long-lateral, looped-anterior) 266g, 7.0cm anterior to posterior, 10.5cm superior to inferior and 12.0cm medial to lateral, lumpectomy with needle localization wire. The specimen is inked as follows: Anterior-Blue, Posterior-Black, Superior-Red, Inferior-Orange, Medial-Green, Lateral-Yellow. The specimen is serially sectioned from medial to lateral into 7 slices, slice 1 being most medial, slice 7 being most lateral to reveal a gray white stellate firm mass 2.6 x 1.8 x 1.4cm, 1 cm from the closest deep margin in slices 5 and 6. A 0.5 cm nodule is identified, 0.4cm from the deep margin and 1.5cm from the mass in slice 6. A 0.6 cm nodule is also identified, 0.5cm from the deep/lateral margin in slice 7. A surgical clip is identified in slice 6. A portion of the specimen is submitted for tissue procurement. Representative sections are submitted as follows:  
C1-C3: medial margin perpendicular from superior to inferior slice 1  
C4: superior/deep margin slice 2  
C5: slice 2  
C6: deep margin slice 2  
C7: slice 2  
C8: inferior margin slice 2  
C9-C10: deep margin slice 3  
C11-C13: slice 3 from superior to inferior with C13 inferior margin  
C14: deep/inferior margin slice 3  
C15-C16: deep margin slice 4  
C17-C18: next to mass slice 4  
C19-C20: deep margin slice 4  
C21: inferior margin slice 4  
C22: superior margin slice 5  
C23: deep margin slice 5  
C24-C26: mass slice 5  
C27: anterior margin slice 5  
C28: inferior margin slice 5  
C29: superior margin slice 6  
C30-C31: deep margin slice 6  
C32: above mass slice 6  
C33: mass slice 6- clip  
C34: satellite nodule slice 6  
C35: area in between mass and nodule slice 6  
C36: inferior margin slice 6

C37: perpendicular sections next to mass, slice 7

C38-C39: nodularity slice 7

As per attached diagram

D. ADDITIONAL LATERAL MARGIN-Stitch at final margin

Received fresh is an oriented 53g fragment of fibrofatty tissue 10.0 x 6.0 x 3.0cm. The new true margin is inked Blue and the specimen is serially sectioned to reveal grossly unremarkable breast parenchyma. Representative sections are submitted in D1-D10.

E. MEDIAL LEFT BREAST TISSUE

Received in formalin is a 321 g, 25 x 9 x 4 cm yellow-tan fibrofatty breast tissue with 17 x 5 cm skin.

The breast parenchyma consists primarily of fatty breast tissue with few fibrous areas identified. No masses or lesions are seen. Representatively submitted in cassettes E1-E5.

F. LATERAL LEFT BREAST TISSUE

Received in formalin is a 238 g, 12 x 10 x 2.5 cm yellow-tan fibrofatty breast tissue with 12 x 8 cm skin.

On sectioning no masses or lesions are observed. Representative sections are submitted in cassettes F1-F3.

G. RIGHT BREAST TISSUE

Received in formalin and are multiple pieces of yellow-tan fibrofatty breast tissue with the largest portion having attached tan skin. The specimen weighs 961 g; the intact tissue measures 40 x 11 x 4.5 cm. On the surface are two irregularly shaped pieces of tan skin measuring 16 cm in length and 6.5 cm in width and 12 cm in length by 4 cm in width. The skin surface is unremarkable. The detached fibroadipose tissue in aggregate measures 12.5 x 8.5 x 3.5 cm. On sectioning the specimen is comprised primarily of adipose tissue. No masses or lesions are observed. Representative sections are submitted in cassettes G1-G10.

#### DIAGNOSIS:

A. SENTINEL LYMPH NODE #1, LEFT AXILLA, BIOPSY:

- ONE LYMPH NODE, NEGATIVE FOR CARCINOMA (0/1).

B. SENTINEL LYMPH NODE #2, LEFT AXILLA, BIOPSY:

- ONE LYMPH NODE, NEGATIVE FOR CARCINOMA (0/1).

C. BREAST, LEFT, NEEDLE LOCALIZATION WIDE LOCAL EXCISION:

- INVASIVE LOBULAR CARCINOMA, MODERATELY DIFFERENTIATED (SBR GRADE 2).

- TUMOR MEASURES 2.6 CM IN GREATEST DIMENSION.

- MARGINS, NEGATIVE FOR CARCINOMA.

- LOBULAR CARCINOMA IN SITU.

- FOCAL ATYPICAL DUCTAL HYPERPLASIA.

- COLUMNAR CELL CHANGE WITH CYTOLOGIC ATYPIA (FLAT EPITHELIAL ATYPIA).

D. BREAST, LEFT, ADDITIONAL LATERAL MARGIN, EXCISION:

- BREAST TISSUE, NEGATIVE FOR CARCINOMA.

E. BREAST, LEFT, MEDIAL TISSUE, EXCISION:

- COLUMNAR CELL CHANGE WITH FOCAL CYTOLOGIC ATYPIA (FLAT EPITHELIAL ATYPIA), USUAL DUCTAL HYPERPLASIA, AND FIBROADENOMATOID CHANGE, NEGATIVE FOR CARCINOMA.

- SKIN, NEGATIVE FOR CARCINOMA.

F. BREAST, LEFT, LATERAL TISSUE, EXCISION:

- BREAST TISSUE, NEGATIVE FOR CARCINOMA.

G. BREAST, RIGHT, EXCISION:

- COLUMNAR CELL CHANGE WITH FOCAL ARCHITECTURAL AND CYTOLOGIC ATYPIA (FLAT EPITHELIAL ATYPIA) (SEE NOTE).

- BENIGN SKIN.

SYNOPTIC REPORT - BREAST

Specimen Type: Excision  
Needle Localization: Yes - For mass  
Laterality: Left  
Invasive Tumor: Present  
Multifocality: No  
WHO CLASSIFICATION  
Invasive lobular carcinoma 8520/3  
Tumor size: 2.6cm  
Tumor Site: 3:00  
Margins: Negative  
Distance from closest margin: 1cm  
deep  
Tubular Score: 3  
Nuclear Grade: 2  
Mitotic Score: 2  
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 / 2  
Non-neoplastic areas: columnar cell change, usual ductal hyperplasia, fibroadenomatoid change  
-----  
DCIS not present  
-----  
ER/PR/HER2 Results  
ER: Positive  
PR: Positive  
HER2: Negative by FISH  
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Pathological staging (pTN): pT 2 N 0

**CLINICAL HISTORY:**

yr old lady underwent screening mammo Left breast density. 3 o'clock position 2.6 x 2.7cm. Core bx showed invasive ductal carcinoma. ER/PR +, Her2 Negative. Now for WLE needle loc lumpectomy, SLNB.

**PRE-OPERATIVE DIAGNOSIS:**

Left Breast IDC

**INTRAOPERATIVE CONSULTATION:**

TPA/TPB: Negative for tumor cells. Diagnosis called to Dr. at by Dr.  
C. Left breast - mass > 1 cm from all margins, nodularity present with minute nodule 0.5cm from posterior/lateral margin. Per Dr., no gross exam needed on additional lateral margin (Part D). Diagnosis called to Dr. at by Dr..

**ADDENDUM:**

NOTE: This addendum is issued to give the results of IHC as well as to correct an error in the diagnosis for part G. In part G, it says "(SEE NOTE)"; however, there is no note and therefore, the "(SEE NOTE)" is an error. The diagnosis remains unchanged.

**SUMMARY OF IMMUNOHISTOCHEMISTRY/SPECIAL STAINS**

Material: Block C25  
Population: Tumor Cells

Stain/Marker: Result: Comment:  
ECADHERIN Negative Supports lobular differentiation

The interpretation of the above immunohistochemistry stain or stains is guided by published results in the medical literature, provided package information from the manufacturer and by internal review of staining performance and assay validation within the Immunohistochemistry Laboratory of the The use of one or more reagents in the above tests is regulated as an analyte specific reagent (ASR). These tests were developed and their performance characteristic determined by the Department of Pathology Laboratory at. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

Special stains and/or immunohistochemical stains were performed with appropriately stained positive and negative controls.

Gross Dictation:., Pathologist  
Microscopic/Diagnostic Dictation:., Pathologist,  
Final Review:., Pathologist,  
Final Review: Pathologist.  
Final:., Pathologist, C  
Addendum: Pathologist,  
Addendum Final:., Pathologist,

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