



## SURGICAL PATHOLOGY REPORT

Patient:  
FMP/SSN:  
DOB/Age/Sex:  
Location:  
Physician(s):

Age: Race: WHITE

Specimen #:  
Taken:  
Received:  
Reported:

### SPECIMEN:

- A: RIGHT OUTER BREAST LUMPECTOMY  
B: HIGHEST RIGHT AXILLARY LYMPH NODE  
C: RIGHT AXILLARY LYMPH NODE DISSECTION

1C8-0-3

carcinoma, infiltrating lobular, NOS  
8520/3

Site: breast, NOS C50.9

ju 4/27/11

### FINAL DIAGNOSIS:

- A. BREAST, RIGHT OUTER, LUMPECTOMY:
- TUMOR TYPE: INVASIVE LOBULAR CARCINOMA, PLEOMORPHIC TYPE (SEE COMMENT).
  - \* NOTTINGHAM GRADE: POORLY DIFFERENTIATED (G3).
  - \* NOTTINGHAM SCORE: 8/9 (Tubules= 3, Nuclei= 3, Mitoses= 2).
  - TUMOR SIZE (GREATEST DIMENSION): 3.2 CM (MEASURED GROSSLY).
  - TUMOR FOCALITY: SINGLE FOCUS OF INVASIVE CARCINOMA.
  - TUMOR SIDE (QUADRANT): RIGHT OUTER.
  - VENOUS/LYMPHATIC INVASION: PRESENT.
  - MARGINS: POSITIVE.
  - \* TUMOR EXTENDS TO THE ANTERIOR AND INFERIOR INKED TISSUE EDGES.
  - LOBULAR CARCINOMA IN SITU: NOT IDENTIFIED.
  - LYMPH NODES: TWENTY-THREE (23) LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA (SEE PARTS "B" AND "C").
  - ESTROGEN RECEPTORS: POSITIVE (95% NUCLEI STAINING, REFER TO
  - PROGESTERONE RECEPTORS: NEGATIVE (0% STAINING, REFER TO
  - HER 2 NEU by IHC: NEGATIVE, 1+ (REFER TO
  - AJCC PATHOLOGIC STAGE (7TH EDITION): pT2 N3a
- B. AXILLARY LYMPH NODE, RIGHT ("HIGHEST"), BIOPSY:
- ONE (1) LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA (SEE COMMENT).
  - \* SIZE OF LARGEST METASTATIC DEPOSIT: 0.9 CM
  - \* EXTRACAPSULAR EXTENSION: FOCALLY PRESENT.
- C. AXILLARY LYMPH NODES, RIGHT, DISSECTION:
- TWENTY-TWO (22) OF TWENTY-THREE (23) LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA (SEE COMMENT).
  - \* SIZE OF LARGEST METASTATIC DEPOSIT: 2.1 CM
  - \* EXTRACAPSULAR EXTENSION: PRESENT.

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### FINAL DIAGNOSIS (continued):

Comment: The lymph node metastases seen in parts "B" and "C" demonstrate multiple foci of extracapsular extension and in most cases represent near complete replacement of the underlying nodal architecture. This case received prospective peer review.

\*\* Report Electronically Signed Out \*\*

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### CLINICAL DIAGNOSIS AND HISTORY:

female with medical diagnosis of breast cancer (invasive mammary adenocarcinoma, right breast breast; positive right axillary node).

### PRE-OPERATIVE DIAGNOSIS:

None provided.

### POST-OPERATIVE DIAGNOSIS:

None provided.

### GROSS DESCRIPTION:

A: Received fresh, labeled with the patient's name and designated, "Right Outer Breast Lumpectomy" and consists of an irregular portion of soft tissue oriented with a single suture - anterior; double - lateral; and short - superior. The specimen measures 10.5 cm superior to inferior; 7.0 cm medial to lateral; and 3.0 cm anterior to posterior. The specimen is inked as follows: superior = blue; inferior = green; medial = red; lateral = yellow; anterior = orange; and posterior = black. Serial sections reveal a poorly-defined, firm tan-white mass measuring 3.2 x 2.5 x 2.0 cm. The mass approaches the closest margin as follows: 0.2 cm inferior; 0.5 cm deep and anterior; and 1.0 cm medial. The remainder of the specimen is composed of lobulated, yellow-tan adipose tissue admixed with a minimal amount of fibrous tissue and is otherwise unremarkable. Representative sections are sequentially submitted from superior to inferior as follows: A1- superior margin; A2-A4- adjacent normal; A5-A7- mass with deep and anterior margins; A8- mass; A9-A10- mass with deep margin; A11-A13- mass with deep, anterior and medial margin; A14-A16- mass with lateral, inferior and anterior margin; A17-A19- mass with deep and inferior margins.

Matched sections of A4 and A6-A8 are submitted in OCT and Paraffin per

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## GROSS DESCRIPTION (continued):

CBCP protocol. Time in formalin: 28 hours.

B: Received in formalin, labeled with the patient's name and designated, "Highest Right Axillary Lymph Node" and consists of an irregular fragment of tan-yellow adipose tissue measuring 1.5 x 1.0 x 0.5 cm. Blunt dissection reveals an ovoid fragment of tan, soft tissue representing possible lymph node measuring 1.5 cm in greatest dimension. Sectioning of the possible lymph node reveals a tan-white, firm cut surface.

C: Received in formalin, labeled with the patient's name and designated, "Right Axillary Lymph Node Dissection" and consists of an irregular fragment of tan-yellow, lobular adipose tissue measuring 10.0 x 6.0 x 3.0 cm. The specimen is blunt dissected to reveal 22 roughly ovoid fragments of tan-white, firm tissue representing possible lymph nodes ranging from 0.4 to 4.3 cm in greatest dimension. Sectioning of the possible lymph nodes reveals a tan-white, firm cut surface with focal areas of hemorrhage. Sections are submitted as follows: C1- five possible lymph nodes; C2- representative sections of four possible lymph nodes; C3- representative sections of four possible lymph node; C4- representative sections of three possible lymph nodes; C5- representative sections of two possible lymph nodes; C6- representative sections of two possible lymph nodes; C7- representative section of one possible lymph node; C8- one whole possible lymph node, bisected.

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