

Redacted

ICD-0-3

Carcinoma, Infiltrating lobular, NOS
8520/3

SPECIMEN

- A. Right axillary sentinel node
- B. Right breast silk stitch marks superior breast

CLINICAL NOTES

PRE-OP DIAGNOSIS: Right breast cancer
CLINICAL HISTORY: year old female with breast cancer.
POST-OP DIAGNOSIS: Right breast cancer

Site: breast, c50.9
NOS

FROZEN SECTION DIAGNOSIS

- A. Right axillary sentinel node, biopsy: Three lymph nodes.
Negative for malignancy on frozen.

GROSS DESCRIPTION

The specimen is received fresh for frozen section labeled "A. right axillary sentinel node" and consists of a 5.5 x 3 x 1.5 cm. piece of fatty yellow tissue. The specimen is sectioned to reveal three separate lymph nodes. One measures 4 cm. in greatest dimension and shows prominent fatty replacement of the hilus. Another node measures 1.5 cm. in greatest dimension and the smallest lymph node appears to measure 1 cm. in greatest dimension. The lymph node tissue is entirely frozen. The largest lymph node is sectioned and entirely frozen as frozen sections AFS1 and AFS2. The medium sized lymph node is entirely frozen as frozen section AFS3 and the possible smallest lymph node is frozen as frozen section AFS4. RS4 kaa

B. Received fresh for tissue procurement labeled "right breast" is a 24.5 cm. (superior to inferior) x 19.0 cm. (medial to lateral) x 5.0 cm. (anterior to posterior) diffusely cauterized soft, lobulated tan gold-white portion of fibroadipose tissue in keeping with breast designated as right per requisition slip and container and oriented by a single suture as stated previously. There is a 7.5 cm. (medial to lateral) x 4.5 cm. (superior to inferior) slightly wrinkled white skin ellipse with a central, inverted, 0.5 x 0.5 cm. nipple along the anterior aspect. The intact deep margin is inked black and the specimen is sectioned. There is a stellate, 2.2 cm. (medial to lateral) x 1.6 cm. (superior to inferior) x 1.3 cm. (anterior to posterior) tan white lesion at the junction of the four quadrants subjacent to the aforementioned skin ellipse. The lesion is 4.0 cm. from the inked deep margin and 1.7 cm. from the overlying skin ellipse. A 2.3 cm. (anterior to posterior) x 1.3 cm. (superior to inferior) x 1.3 cm. (medial to lateral) vacant biopsy cavity is present medial to the aforementioned lesion. A portion of the lesion and a portion of normal parenchyma are submitted for tissue procurement as requested. The cut surfaces throughout the remainder of the specimen consist predominantly of glistening lobulated golden yellow adipose tissue with a minimal amount of interspersed delicate tan-white fibrous tissue. A single, 0.3 cm. "blue dome cyst" is identified within the lower outer quadrant (see block 10). Representative sections are submitted in 11 blocks as labeled. RS-11.

BLOCK SUMMARY: 1 - Deep margin subjacent to lesion; 2 - lesion to overlying skin ellipse; 3-6 - lesion and representative biopsy cavity; 7 - random upper outer quadrant; 8 - upper inner quadrant; 9 - lower inner quadrant; 10 - lower outer quadrant; 11 - nipple with subjacent tumor.

MICROSCOPIC DESCRIPTION

- A. Microscopic examination of the sentinel lymph nodes from the right axilla involve evaluation of two H&E-stained sections at the time of frozen section and an additional three



Fixation time:.....30MIN
Cold ischemia time:.....62HRS

Prognostic markers were done by immunohistochemical stain on paraffin sections from 10% neutral buffered formalin fixed tissue using Ventana corporation antibodies on a Benchmark automated stainer.

The Her2/neu antibody is clone 4B5 and has been approved by the FDA as an aid in the assessment of breast cancer patients for whom Herceptin treatment is considered.

This laboratory meets the test validation and quality assurance requirements of the ASCO/CAP guidelines for Her2 and ER testing for carcinoma of the breast (Arch Pathol Lab Med 2007;131:18-43. Arch Pathol Lab Med 2010;134:907-922). ER, PR and HER-2 results are scored using the recommended ASCO/CAP criteria.

4x2,14x1,15x3,20x2,25x3

DIAGNOSIS

- A. Right axillary sentinel lymph nodes, biopsy:
METASTATIC LOBULAR CARCINOMA PRESENT IN 1 OF 3 LYMPH NODES.
Tumor 8 mm in greatest dimension, no extranodal tumor present (pN1a).
- B. Right breast, mastectomy:
Infiltrating lobular carcinoma, tumor size 2.2 cm in greatest dimension (pT2).
Resection margins are negative for invasive carcinoma.
Lobular carcinoma in situ.
Proliferative fibrocystic changes and prior biopsy site effects.
Estrogen receptor Positive
Progesterone receptor Positive
HER-2 Equivocal, block sent for FISH testing.
See microscopic description.

DIAGNOSIS

M.D. (Electronic Signature)

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
IPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Local/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	CHALLENGED	DISQUALIFIED
Reviewer Initials	h	h
Date Reviewed	11/10/10	