



## Surgical Pathology Report

DATE OBTAINED:  
DATE RECEIVED:  
DATE REPORTED:

LOCATION:  
SUBMITTING MD:  
CC:

### DIAGNOSIS

1. LEFT BREAST, PROPHYLACTIC SIMPLE MASTECTOMY: FOCAL ATYPICAL DUCTAL HYPERPLASIA (UPPER INNER QUADRANT, 1 MM, SLIDE 1J), COLUMNAR CELL HYPERPLASIA/CHANGES, COMPLEX SCLEROSING LESION, USUAL DUCTAL HYPERPLASIA, SMALL PAPILLOMATOSIS, SCLEROSING ADENOSIS (WITH ASSOCIATED MICROCALCIFICATIONS) AND APROCRINE METAPLASIA; NEGATIVE FOR MALIGNANCY; NEGATIVE SKIN AND NIPPLE.

2. RIGHT BREAST, SIMPLE MASTECTOMY: INVASIVE LOBULAR CARCINOMA.

SIZE (INVASIVE):	30 mm
LATERALITY:	Right
TUMOR FOCALITY:	Unifocal
LESIONAL SITE:	Upper inner quadrant extending to the retroareolar area
HISTOLOGIC TYPE:	Invasive lobular carcinoma, mixed classical (70%) and pleomorphic/solid (30%) types
NUCLEAR GRADE:	I-II of III (classical type); III (pleomorphic type)
HISTOLOGIC GRADE:	N/A (invasive lobular carcinoma)
IN-SITU COMPONENT:	LCIS (classical, NG I-II and pleomorphic, NG II-III types)
LYMPH NODE SAMPLING:	Positive (2/18, largest 23mm; no extranodal involvement) see specimen #3
AJCC CATEGORIES:	Stage IIB (assuming "cM0" status)
pTNM:	pT2 pN1a
cTNM:	cT2 cN1 cM0
INTEGRITY/ORIENTATION:	Intact specimen with designated margins
MARGINS (Invasive lobular):	Negative (> 1 cm)
LYMPHOVASCULAR INVASION:	Focal suspicious for LVI
MICROCALCIFICATIONS:	Present, associated with benign acini
NIPPLE/SKIN: (if applicable)	Negative for tumor
SKELETAL MUSCLE:	Not present
OTHER:	Prior biopsy site changes; focal usual ductal hyperplasia, columnar cell changes, microcysts and apocrine metaplasia.

3. RIGHT AXILLARY CONTENTS, DISSECTION: TWO OUT OF EIGHTEEN (2/18) LYMPH NODES POSITIVE FOR METASTATIC BREAST CARCINOMA, LARGEST TUMOR 2.3 CM, WITH NO EXTRANODAL INVOLVEMENT.

*ICD-O-3  
Carcinoma, infiltrating lobular mixed  
w/other types 8524/3  
Site @ Breast, upper-inner quadrant 850.2  
9/10/10/13*

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

COMMENT  
88307X3

### Clinical Diagnosis and History:

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Year old female with right central ILC and + LN, left prophylactic  
cT2,cN1,cM0, clinical stage IIB

### Tissue(s) Submitted:

- 1: LEFT BREAST MASTECTOMY SUTURE MARKS SHORT SUPERIOR AND LONG LATERAL
- 2: RIGHT BREAST MASTECTOMY SUTURE MARKS SHORT SUPERIOR LONG LATERAL
- 3: RIGHT AXILLARY CONTENTS

### Gross Description:

Specimen #1 is received fresh labeled left breast mastectomy suture marks short superior and long lateral and consists of a 719 gram, 19 x 17 x 4 cm left total mastectomy specimen with two attached sutures, the short designating superior and the long designating lateral. There is a 13 x 4.5 cm elliptical portion of white skin on the anterior aspect displaying a 1 x 1 x 0.3 cm everted nipple. No skin lesions are appreciated. The posterior margin is intact. The specimen is inked as follows:

Superior-anterior-	blue
Inferior-anterior-	green
Posterior-	black.

The specimen is serially sectioned to reveal two indurated foci within the fibrous tissue, one located retroareolar located approximately 3 cm deep to the nipple. The retroareolar nodule measures approximately 0.6 x 0.6 x 0.4 cm and is 2 cm from the anterior margin and 6.5 cm from the deep margin. Approximately 3 cm lateral to the aforementioned nodule is an additional 0.5 x 0.4 x 0.4 cm ill-defined tan rubbery to indurated nodule located at the junction of the lower outer and upper outer quadrant, 3 cm from the deep margin and 4.5 cm from the nearest anterior inferior margin. The remaining cut surface consists of approximately 75% yellow lobulated adipose tissue and 25% scattered white rubbery micronodular fibrous tissue. Representative sections are submitted as follows:

- 1A-1B: retroareolar indurated nodule (no margins)
- 1C: closest anterior and posterior margins to retroareolar nodule
- 1D: skin overlying retroareolar nodule
- 1E: nipple
- 1F-1G: lateral nodule (no margins)
- 1H: posterior and nearest anterior margin to lateral nodule
- 1I: upper outer quadrant
- 1J: upper inner quadrant
- 1K: lower outer quadrant
- 1L: lower outer quadrant.

Please note all representative quadrant sections contain no margins.

Time in formalin: . submitted same day.

Specimen #2 is received fresh labeled right breast mastectomy suture marks short superior long lateral and consists of an 833 gram, 23 x 18 x 4 cm right total mastectomy specimen with two attached sutures, short designating superior and the long designating lateral. There is an 11.5 x 4.2 cm white elliptical portion of skin on the anterior aspect, which displays a 1 x 1 x 0.5 cm everted nipple. There is a 0.5 x 0.3 x 0.2 cm raised tan-white nodule located on the skin at 4 o'clock, 0.8 cm from the 4 o'clock margin. The posterior margin is intact. The specimen is inked as follows:

Superior-anterior-	blue
Inferior-anterior-	green
Posterior-	black.

The specimen is serially sectioned to reveal a 3 x 2.8 x 2.0 cm ill-defined markedly indurated tan-white irregular mass located predominantly in the upper inner quadrant and extending retroareolar. The mass is located 4 cm from the distal margin and 2.2 cm from the overlying skin. The specimen is radiographed and two clips are identified located in contiguous slices. Palpably the two clips are present within the same mass. The mass is located within 1.1 cm of the nearest anterior margin. The remaining breast parenchyma consists of approximately 75% yellow lobulated adipose tissue and 25% scattered white rubbery nodular fibrous tissue. No additional masses are identified. Representative sections are submitted as follows:

- 2A-2D: representative sections of mass, one section per contiguous slices to include both areas surrounding clips
- 2E: representative deep margin and mass
- 2F-2G: mass to nearest anterior margin
- 2H: nipple and skin nodule to closest margin (green 4 o'clock margin)
- 2I: upper outer quadrant
- 2J: lower outer quadrant

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2K: lower inner quadrant  
2L: upper inner quadrant.

Time in formalin: submitted same day.

Specimen #3 is received in formalin labeled right axillary content and consists of a 10 x 7 x 3 cm aggregate of fat in which multiple lymph nodes are identified ranging from 0.1 cm to 2.3 cm in greatest dimension. Some of the larger lymph nodes are sectioned to reveal white and focally firm cut surfaces possibly consistent with tumor. The lymph nodes are submitted in its entirety with the exception of the largest grossly polypoid lymph node as follows:

3A: five lymph nodes  
3B: six lymph nodes  
3C-3G: each cassette contains one lymph node bisected  
3H-3J: one lymph node trisected  
3K: representative section of largest grossly positive lymph node  
3L: one lymph node bisected.

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Final/Synchronous Primary Malignancy		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BT	Date reviewed 9/22/13

END OF REPORT