| 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: 2/5/13

## DIAGNOSIS

(A) RIGHT BREAST, TOTAL MASTECTOMY:
INVASIVE LOBULAR CARCINOMA, INTERMEDIATE GRADE. (SEE COMMENT)
LOBULAR CARCINOMA IN SITU (LCIS), LOW AND INTERMEDIATE NUCLEAR GRADES.
INVASIVE CARCINOMA MEASURES 3.0 X 1.1 CM IN CONTIGUOUS SECTIONS/SLICES.
INVASIVE CARCINOMA IS PRESENT AT LEAST 1.0 CM FROM MARGINS.
No lymphovascular invasion identified.
Microcalcifications present in association with benign breast tissue.
NIPPLE, LCIS/ATYPICAL LOBULAR HYPERPLASIA.
(B) RIGHT AXILLARY SENTINEL LYMPH NODE #1, EXCISIONAL BIOPSY:
METASTATIC CARCINOMA PRESENT IN ONE OF ONE LYMPH NODE (1/1).
METASTATIC FOCUS MEASURES AT LEAST 1.05 CM.
No definite extracapsular extension identified..
(C) RIGHT AXILLARY POSSIBLE SENTINEL LYMPH NODE #2, EXCISIONAL BIOPSY:
Fibroadipose tissue, no tumor present.
No lymphoid cells identified.
(D) LEFT BREAST, TOTAL MASTECTOMY:
Fibrocystic changes including focal florid ductal hyperplasia (usual type), cysts.
Microcalcifications present in association with benign breast tissue and blood vessel wall.
Nipple, no tumor present.
(E) RIGHT AXILLARY POSSIBLE SENTINEL LEVEL I, EXCISIONAL BIOPSY:
Fibroadipose tissue, no tumor present.
(F) RIGHT AXILLA, ADDITIONAL LEVEL II LYMPH NODE, EXCISION:
Two lymph node, no tumor present (0/2).
(G) RIGHT AXILLA, ADDITIONAL LEVEL I LYMPH NODE, EXCISION:
Three lymph node, no tumor present (0/3).
(H) RIGHT AXILLARY CONTENTS, AXILLARY DISSECTION:
Thirteen lymph nodes, no tumor present (0/13).
(I) RIGHT AXILLA, ADDITIONAL LEVEL I LYMPH NODE #2, EXCISIONAL BIOPSY:
Three lymph node, no tumor present (0/3).

ICD-O-3
Carcinoma, lobular infiltrating 8520/3
Site ® Breast NOS C50.9
JW 2/5/13

UUID:A616A83A-8D19-4085-B430-1AF80D4F9642
TCGA-GM-A5PV-01A-PR Redacted

## COMMENT

Immunohistochemical stain for E-cadherin is negative, consistent with the diagnosis.

## GROSS DESCRIPTION

(A) RIGHT BREAST, SHORT SUPERIOR, LONG LATERAL - A 24.0 x 23.5 x 5.5 cm mastectomy specimen that is oriented by the surgeon with a short stitch designating superior and a long stitch designating lateral. The specimen is partly surfaced by a 22.5 x 13.0 cm ellipse of pale tan wrinkled skin. Located on the surface of the skin is a 1.3 cm everted nipple surrounded by a 4.5 cm rim of areola, respectively. The specimen is serially sectioned from lateral to medial into thirteen slices. The nipple is located in slices 7 and 8. In the upper portion of slices 5 through 9, a 5.0 x 2.7 x 2.0 cm gray-white, firm tumor mass with calcifications and surrounding fibrosis that grossly comes to within 1.2 cm from the skin, 4.5 cm from the deep margin, 4.0 cm from the superior margin, and 7.0 cm from the inferior margin. There is a metal biopsy clip located in the mass in slice 8. Located in slices 6 and 7 at the 6 o'clock position, there is a 3.8 x 1.8 x 0.6 cm gray-white firm fibrous area with calcifications, marked by the radiologist. This fibrous area grossly comes to within 0.5 cm from the deep margin and 0.8 cm from the inferior margin. Remaining cut surfaces are 85% yellow glistening adipose tissue and 15% gray-white fibrous tissue. Some tissue has been given to tumor bank for research purposes.

*IOA/DX; MARGINS ARE FREE.
INK CODE: Blue - superior; orange - inferior; black - deep.
SECTION CODE: A1-A3, nipple from slices 7 and 8; A4-A6, mass and calcifications from 10-1 o'clock position from slice 5; A7, representative sections from slice 4, adjacent to mass; A8, mass and calcifications from slice 6; A9, 6 o'clock marked area from slice 6; A10, 6 o'clock marked area to inferior margin from slice 6; A11, 6 o'clock marked area to deep margin from slice 6; A12, mass and calcifications at 10-1 o'clock position from slice 7; A13-A15, 6 o'clock abnormal enhancement from slice 7; A16, representative sections subjacent to nipple and adjacent to mass from slice 8; A17, A18, mass in area of clip and its mirror image from slice 8; A19, mass from slice 8; A20, representative section of tissue adjacent to mass from slice 8; A21, superior margin from slice 8; A22, representative section from slice 8, adjacent to 6 o'clock abnormal enhancement; A23, mass at position from slice 9; A24, representative section from slice 10, adjacent to mass position; A25, representative section from slice 5, adjacent to 6 o'clock abnormal enhancement; A26, lower inner quadrant from slice 11.

(B) RIGHT AXILLA, SENTINEL LYMPH NODE #1, BLUE, IN VIVO 4, EX VIVO 36 - A 3.5 x 2.4 x 1.0 cm lymph node submitted entirely.

*FS/DX: ONE NODE, METASTATIC CARCINOMA.

SECTION CODE: B1-B5, one possible lymph node serially sectioned for frozen section diagnosis.

(C) RIGHT AXILLA, SENTINEL LYMPH NODE #2, BLUE, IN VIVO 0, EX VIVO 0 - A 0.8 x 0.3 x 0.1 cm possible lymph node submitted entirely.

*/DX: DEFER TO PERMANENT.

SECTION CODE: C, one possible lymph node bisected for frozen section diagnosis.

(D) LEFT BREAST, SHORT SUPERIOR, LONG LATERAL - A 24.0 x 23.5 x 6.0 cm mastectomy specimen that is oriented by the surgeon with a short stitch designating superior and a long stitch designating lateral. The specimen is partly surfaced by a 20.0 x 17.0 cm ellipse of pale tan wrinkled skin. Located on the surface of the skin is an everted nipple surrounded by a rim of areola that measure 1.2 and 5.5 cm in diameter, respectively. The specimen is serially sectioned from medial to lateral into twelve slices. The nipple is located in slice 7. Cut surfaces are composed of 75% yellow glistening adipose tissue and 25% dense gray-white fibrous tissue. A definite mass is not grossly identified. Some normal tissue has been given to tumor bank for research purposes.

INK CODE: Blue - superior; orange - inferior; black - deep.

SECTION CODE: D1, D2, nipple from slice 7; D3, upper inner quadrant from slice 3; D4, upper inner quadrant from slice 5; D5, lower inner quadrant, including inferior margin from slice 4; D6, lower inner quadrant, including deep margin from slice 6; D7, upper outer quadrant from slice 7; D8, upper outer quadrant including superior margin from slice 9; D9, lower outer quadrant from slice 8; D10, lower outer quadrant from slice 10.

(E) RIGHT AXILLA, LEVEL I LYMPH NODE – Consists of a single nodular tissue with blue dye (0.7 cm). The specimen is submitted entirely in E.

(F) RIGHT AXILLA, ADDITIONAL LEVEL II LYMPH NODE – Consists of a single fragment of yellow-red fibroadipose tissue (6.5 x 4 x 1.3 cm). Dissection reveals two possible lymph nodes (0.6 cm and 3.4 cm in greatest dimension). Both lymph nodes are submitted entirely.

SECTION CODE: F1, one possible lymph node; F2-F5, one possible lymph node, serially sectioned.

(G) ADDITIONAL LEVEL I LYMPH NODE, RIGHT AXILLA – Consists of a single fragment of yellow-red fibroadipose tissue (6 x 3 cm). Dissection reveals three possible lymph nodes, ranging in size from 0.2 to 2.2 cm in greatest dimension. All possible lymph nodes are entirely submitted.

SECTION CODE: G1, one possible lymph node; G2, one possible lymph node; G3, G4, one possible lymph node, sectioned.

(H) RIGHT AXILLARY CONTENTS – Consists of a single fragment of bright yellow fibroadipose tissue (9 x 3 x 3 cm). Dissection reveals thirteen possible lymph nodes, ranging in size from 0.1 cm to 3 cm in greatest dimension. All possible lymph nodes are entirely submitted.

SECTION CODE: H1, five possible lymph nodes; H2, three possible lymph nodes; H3, two possible lymph nodes; H4, two possible lymph nodes; H5-H7, one possible lymph node, sectioned.

(I) ADDITIONAL LEVEL I LYMPH NODE #2, RIGHT AXILLA – Consists of multiple fragments of yellow-tan fibroadipose tissue aggregating to 5 x 5 x 1.5 cm. Dissection reveals three possible lymph nodes ranging in size from 1 cm to 1.2 cm in greatest dimension. All possible lymph nodes are entirely submitted.

SECTION CODE: I1, two possible lymph nodes; I2, one possible lymph node, bisected.

**CLINICAL HISTORY**

Breast cancer.

**SNOMED CODES**

T-04050, M-Y2003

"Some tests reported here may have been developed and performance characteristics determined by These tests have not been specifically cleared or approved by the U.S. Food and Drug Administration."

------END OF REPORT------