

# SURGICAL PATHOLOGY REPORT

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

Age: F Race: WHITE

Specimen #:

Taken:  
Received:  
Reported:

1CB-0-3  
Carcinoma, infiltrating lobular, NOS 8520/3  
Site: breast, NOS 50.9

SPECIMEN: LEFT BREAST MASTECTOMY

1/25/11 lw

## FINAL DIAGNOSIS:

### BREAST, LEFT, MASTECTOMY:

- INFILTRATING LOBULAR CARCINOMA.
- WELL-DIFFERENTIATED BY COMBINED HISTOLOGIC CRITERIA.
- SIZE: 9 CM.
- ANGIOLYMPHATIC INVASION IDENTIFIED (A12).
- FOCAL DERMAL LYMPHATIC INVOLVEMENT (NIPPLE, SLIDE A8).
- TUMOR WITHIN 1 MM OF DEEP MARGIN (A9, A10).
- 16 LYMPH NODES IDENTIFIED, ALL NEGATIVE FOR MALIGNANCY.
- AJCC STAGE IIB (T3 NO MX).
- FOCAL LOBULAR CARCINOMA IN SITU (A5).
- INTRADUCTAL HYPERPLASIA, FLORID.
- FIBROCYTSTIC CHANGES.

UUID:A3167E2D-3588-41D4-99AA-6DCB660D55A4  
TCGA-A2-A0CR-01A-PR

Redacted



### COMMENT:

Hormone receptor and HER2 studies previously reported

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

## CLINICAL DIAGNOSIS AND HISTORY:

-year-old female with breast carcinoma, left.

### GROSS DESCRIPTION:

LEFT BREAST MASTECTOMY received fresh, labeled with the patient's name, designated "LEFT BREAST AND AXILLARY CONTENTS" consists of a 1,044.0 gram modified radical mastectomy specimen. It measures 20.5 cm medial to lateral, 20.0 cm superior to inferior, 4.5 cm anterior to posterior, with an attached axillary tail, 11.0 x 7.0 x 3.7 cm, and an overlying ellipse of nipple bearing skin, measuring 18.0 x 9.5 cm. The nipple is inverted and the skin is otherwise unremarkable. Ink code: Blue=superior superficial, green=inferior superficial, black=deep. Sectioning reveals a poorly defined, indurated mass in the upper inner quadrant focally abutting the deep margin. Continuous with this lesion and extending laterally to the outer portion of the breast is a broad area of

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## GROSS DESCRIPTION (continued):

variably indurated fibrous tissue (overall maximum dimension of mass plus indurated fibrous tissue = 9.0 cm). Multiple sections are harvested for the protocol with matching paraffin sections as follows:

- A1: Skin (medial tip).
- A2: Lymph node, 1.8 cm, mid/upper axillary tail.
- A3: Tumor, upper inner quadrant.
- A4: Indurated fibrous tissue (5.0 cm from medial extent of tumor), central.
- A5: Indurated fibrous tissue (7.0 cm from medial extent of tumor), central.
- A6: Indurated fibrous tissue (9.0 cm from medial extent of tumor), mid center.
- A7: Grossly normal fibrofatty tissue, lower outer quadrant.

Sectioning through the axillary tail reveals 14 possible lymph nodes ranging in size from 0.2 cm to 3.0 cm in greatest dimension. Additional representative sections are submitted in cassettes A8 through A22, as follows:

- A8: Nipple.
- A9-A11: Mass upper inner quadrant.
- A12: Centralized fibrous area.
- A13: Upper inner quadrant.
- A14: Lower inner quadrant.
- A15: Lower outer quadrant.
- A16: Upper outer quadrant.
- A17: Five possible lymph nodes.
- A18: Five possible lymph nodes.
- A19: Two possible lymph nodes, largest lymph node bisected and submitted in its entirety.
- A20: One lymph node bisected and submitted in its entirety.
- A21-A22: One lymph node bisected and submitted in its entirety in two cassettes. 22CF

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	JS	JS
Date Reviewed	1/10/11	