



Final Surgical Pathology Report

Procedure:

Diagnosis

- A. Lymph nodes, right axillary sentinel nodes, resection:  
2 of 3 lymph nodes contain metastatic lobular carcinoma (2/3).
- B. Lymph node, left axillary sentinel node, resection:  
Single lymph node negative for metastatic carcinoma (0/1).
- C. Breast, right, simple mastectomy:  
Invasive lobular carcinoma.  
The nipple, overlying skin and deep margin of the mastectomy are free of carcinoma.  
Fibrocystic changes with ductal hyperplasia and lobular carcinoma in situ.  
Post-biopsy changes are present.
- D. Breast, left, simple mastectomy:  
Invasive lobular carcinoma.  
The nipple, overlying skin and deep margin of the mastectomy are free of carcinoma.  
Fibrocystic changes with ductal hyperplasia microcalcifications.  
Post-biopsy changes are present.

- E. Lymph nodes, right axillary, resection:  
11 of 17 additional lymph nodes contain metastatic lobular carcinoma (11/17).  
(See template for total lymph node count).  
A portion of breast tissue is also present which contains a microscopic focus  
of invasive lobular carcinoma.  
The margins of resection of that tissue portion are free of carcinoma.

Microscopic Description:

A.,C. and E.::  
Right Breast -

Invasive carcinoma:

Histologic type: Invasive lobular carcinoma  
Histologic grade: 1  
Overall grade:  
Architectural score: 3  
Nuclear score: 1  
Mitotic score: 1

Greatest dimension (pT): Tumor measures grossly a span of approximately 6 cm (pT3).  
Specimen margins: Deep margin of the mastectomy is negative for malignancy.

Vessel invasion: Negative  
Nipple: Negative  
Invasion of skin or chest wall: Negative

Description of non-tumorous breast: Fibrocystic changes with ductal hyperplasia and lobular carcinoma in situ.

ICD-O-3

Carcinoma, infiltrating, lobular, NOS  
8620/3

Site: breast, NOS

C60.9

7-23-12 RD

Lymph nodes:  
Number of positive nodes of total: 13 of 20 (including 2 of 3  
positive sentinel lymph nodes)  
Size of largest metastasis: 1.1 cm  
Extracapsular extension (present/absent): Present  
pN: pN3a.

Distant metastasis (pM): pMx

Prognostic markers: See prior core biopsy The invasive tumor was estrogen receptor positive, progesterone receptor positive and showed normal expression for HER-2/neu.

B. and D.:  
Left breast-

Invasive carcinoma:

Histologic type: Invasive lobular carcinoma

Histologic grade: 1

Overall grade:

Architectural score: 3

Nuclear score: 1

Mitotic score: 1

Greatest dimension: Residual tumor measures maximally 5 x 5 x 3 mm as measured from the glass slide.

Specimen margins: Deep margin mastectomy is negative for malignancy.

Vessel invasion: Negative

Nipple: Negative

Invasion of skin or chest wall: Negative

Description of non-tumorous breast: Fibrocystic changes with ductal hyperplasia and microcalcifications.

Lymph nodes:

Number of positive nodes of total: 0 of 1 (sentinel lymph node)

pN: pNO

Distant metastasis (pM): pMx

Prognostic markers: See prior core biopsy (The invasive carcinoma was estrogen receptor positive, progesterone receptor positive showed normal expression for HER-2/neu.

### Specimen

A. Right axillary sentinel node

B. Left axillary sentinel node

C. Right breast

D. Left breast

E. Right axillary contents

## Clinical Information

year-old white      .. Bilateral invasive lobular carcinoma

## Intraoperative Consultation

FSA) Right axillary sentinel nodes - Three lymph nodes present. Two of three nodes positive for metastatic lobular carcinoma.  
FSB) Left axillary sentinel node - Negative for metastatic carcinoma.

**Gross Description**

A. Submitted fresh for frozen section labeled "right axillary sentinel node" or 3 nodules of partially cauterized tan yellow soft tissue. Bisecting the nodules reveal them to range from 0.7-1.8 cm in greatest dimension. They're grossly involved by tumor. Half of each is submitted for frozen section the remainder is kept for permanents.

B. Submitted fresh for frozen section labeled "left axillary sentinel node" is enlarged 3 x 2 x 1.5 cm mass of fatty tissue. Bisecting the mass shows it to be possibly a large lymph node replaced with fat. Lymph node is bisected and submitted entirely for frozen section in 2 blocks. The remainder of the fat is submitted for permanent sections.

C. Received fresh and subsequently fixed in formalin labeled "right breast" is a 22.0 x 20.0 x 5.8 cm mastectomy which is partially covered with a 13.0 x 7.5 cm pink-tan wrinkled skin ellipse having a 2.0 cm everted nipple. The specimen is inked black the deep margin and sectioned to show predominantly fibrous cut surface which is diffusely nodular. Specimen shows an ill circumscribed fibrous mass which is approximately 6 cm in greatest dimension. This shows a 0.8 cm previous biopsy site, partially filled with white rice-like pellets. This comes within 0.5 cm of the deep margin is located toward the lateral aspect of the specimen. The specimen is diffusely nodular firm and rubbery no additional biopsy sites are grossly identified. No lymph nodes are grossly identified in the apex of the specimen. The specimen is collected at received in pathology at and fixed in formalin at Representative sections of the specimen are submitted as follows: 1 - 2 - entire nipple with representative skin, 3 - 6 - representative sections of tumor, biopsy site and deep margin, 7 - representative upper outer quadrant, 8 - representative lower outer quadrant, 9 - representative lower inner quadrant, 10 - representative upper inner quadrant.

D. Received fresh and subsequently fixed in formalin labeled "left breast" is a 23.0 x 20.0 x 6.5 cm mastectomy which is partially covered with a 13 x 8 cm pink-tan wrinkled skin ellipse having a 2.0 cm everted nipple. The specimen is inked at the deep margin to show a predominantly white yellow nodular fibrous cut surface. There is a 1.5 x 1.2 x 0.5 cm hemorrhagic focus which is grossly consistent with a previous biopsy. Located in the lower outer quadrant, coming within 1.2 cm of the deep margin. No other discrete biopsy sites are grossly identified. The fibrous tissue is remarkably firm and nodular diffusely. No lymph nodes grossly identified in the apex of the specimen. The specimen is collected at received in pathology at and fixed in formalin at Representative sections of the specimen are submitted as follows: 1 - 2 - entire nipple with skin, 4 - 6 - entire biopsy site representative deep margin and surrounding tissue, 7 - representative inner upper quadrant, 8 - representative lower inner quadrant, 9 - representative lower outer quadrant, 10 - representative upper outer quadrant. RS 10

E. Received fresh and subsequently fixed in formalin labeled "right axillary content" is a 9.5 x 8.5 x 4.5 cm aggregate of friable fatty tissue. Less than has a suture is undesignated. This may designate the highest node. Due to the fragment in nature, orientation of the remainder of the tissue is indeterminate. Also received is a 6.5 cm additional portion of possible breast tissue which is fibrous and nodular. Representative sections which include all the lymph nodes are submitted as follows: 1 - representative section of breast tissue, 2 - highest node, 3 - 3 possible lymph nodes, 4 - 4 possible lymph nodes, 5 - 2 possible lymph nodes, 6 - 5 possible lymph nodes, 7 - 2 possible lymph node.

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> SUSPENDED		
Reviewer Initials: <i>[initials]</i>	Date Reviewed: <i>[date]</i>	