

SPECIMEN:
SURGICAL PATHOLOGY REPORT



DOB.
 Sex: F
 Location:
 Date Collected:
 Date Received:
 Physician:
 Copy To
 Clinical History/Diagnosis: Right Breast CA

*C&CT ICD-O-3
 Carcinoma, lobular
 infiltrating NOS 8520/3
 path
 Carcinoma, lobular
 mixed w/ other types 8524/3
 Site R Breast NOS C50.9
 JN 5/24/13*

Source of Specimen(s):
 1: Sentinel nodes right axilla
 2: Right breast lumpectomy
 3: Final posterior margin (pectoral margin)
 4: Final anterior and medial margin

Gross Description:
 Received in four parts.
 Source of Tissue: 1. Labeled #1, "sentinel node right axilla"

Touch Preparation/Frozen Section Evaluation: TOUCH PREP NO TUMOR SEEN,
 FROZEN SECTION NO TUMOR SEEN PER

Gross Description: Received fresh for touch preparation/frozen section
 evaluation labeled "sentinel node right axilla" are two tan focally blue dye stained firm
 lymph nodes, 2.0 cm in greatest dimension. They are sectioned, touch preparations are
 made and frozen sections are performed on each lymph node. The frozen section
 residues are submitted in two blocks. The remaining lymph node tissue is
 entirely submitted in four blocks.

Designation of Sections: 1FSA- frozen section lymph node A, 1FSB- frozen
 section lymph node B, 1A-1B- 1TPA, 1C-1D- 1TPB

Summary of Sections: multiple

Source of Tissue: 2. Labeled #2, "right breast lumpectomy"

Gross Description: Received fresh labeled "right breast lumpectomy" is a 9.0 x 7.5 x 4.5
 cm yellow-tan fragment of breast tissue. It is covered in part by a 5.0 x 2.5 cm light-tan
 skin ellipse. There is a short stitch denoting the superior margin and a long
 stitch denoting the lateral margin. The margins are inked in black, the
 specimen is serially sectioned to reveal predominantly yellow-tan adipose
 tissue. There is an ill-defined, 3.0 x 2.5 x 1.6 cm firm mass having tan
 gritty cut surfaces with infiltrating borders. This grossly appears to

| Criteria | Yes | No |
|-------------------------------------|--------------------------|----|
| Diagnosis Discrepancy | | / |
| Primary Tumor Site Discrepancy | | / |
| HIPAA Discrepancy | | / |
| Prior Malignancy History | | / |
| Dual/Synchronous Primary Malignancy | | / |
| Case is (circle): | QUALIFIED / DISQUALIFIED | |
| Reviewer Initials | Date Reviewed: 12/17/12 | |

come closest to the inked anterior, posterior and medial margins.
Representative sections are submitted in ten blocks.

Designation of Sections: 2A- superior, 2B- inferior, 2C-2D- medial, 2E- lateral, 2F-2H- anterior, 2I-2J- posterior

Summary of Sections: multiple

Source of Tissue: 3. Labeled #3, "final posterior margin (pectoral margin)"

Gross Description: Received fresh labeled "final posterior margin (pectoral margin)" is a 2.2 x 1.0 x 0.4 cm red-purple fragment of soft tissue and muscle. There is a stitch present marking the final margin and this area is inked in black. The specimen is sectioned and entirely submitted in one block.

Designation of Sections: Block 3

Summary of Sections: undesignated-multiple

Source of Tissue: 4. Labeled #4, "final anterior and medial margin"

Gross Description: Received fresh labeled "final anterior and medial margin" is a 6.0 x 0.6 cm tan elliptical fragment of skin excised to a depth of 0.4 cm. The margins are inked in black, it is serially sectioned and entirely submitted in two blocks.

Designation of Sections: 4A-4B

Summary of Sections: multiple

Final Diagnosis:

1. Right axilla, sentinel lymph nodes, excision:

- Two lymph nodes with no tumor seen (0/2), see note.

Note: Immunohistochemical stains for Cytokeratin will be reported as an addendum.

2. Right breast, lumpectomy:- Invasive lobular carcinoma, grade II with microscopic focus of pleomorphic changes (3.0 cm); lymphovascular invasion is not seen.

- Invasive carcinoma extends to the inked and cauterized lateral and inked anterior breast parenchymal margin; approximately 2.0 mm from the inked posterior margin.

- Focal atypical ductal hyperplasia approximately 1.0 mm from inked superior margin.

3. Final posterior margin:

- Fibroadipose tissue and skeletal muscle, no tumor seen.

4. Final anterior and medial margin:
- Skin and subcutaneous tissue, no tumor seen.
(pT2 N0 Mx).

Pathology Fellow:
Pathologist(s):
Electronically Signed By
Pathologist

Procedures/Addenda

Addendum Date Ordered: Status:
Date Complete: By:
Date Reported:

Addendum Diagnosis

Immunohistochemistry stains for the sentinel lymph nodes (specimen #1) do not reveal metastatic carcinoma, confirming the histologic diagnosis.

These tests were developed and their performance characteristics determined by the immunohistochemistry laboratory at the

These tests have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1998 (CLIA) as qualified to perform high complexity clinical testing.

INVASIVE BREAST CANCER TEMPLATE: Excisions and Mastectomies
Specimen Type
Excision

Lymph Node Sampling
Sentinel lymph node(s) only

Specimen Size (for excisions less than total mastectomy)
Greatest dimension: 9.0 cm

Laterality
Right

Tumor Site(s)
Not specified

Invasive Component
Solitary
Greatest dimension: 3.0 cm

Histologic Type(s)
Invasive lobular

Invasive Lobular Carcinoma Type
Classical Solid Trabecular and Pleomorphic

Invasion
Invasion confined to breast parenchyma

Angiolymphatic Invasion
Absent

Intraductal Carcinoma
Extensive intraductal component (EIC) [>25% of tumor mass and
extending beyond edges of invasive carcinoma]
Absent

Lobular carcinoma in situ
Absent

Margins
Margin(s) involved by invasive carcinoma: lateral

Regional Lymph Nodes
2 regional lymph nodes examined
No regional lymph node metastasis histologically, no examination for
isolated tumor cells (N0)

Ancillary Immunopathology Studies (performed on:
ER Positive
PR Negative
Her2-Neu 1+

pTNM: T2 N0 Mx