



Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPAA Discrepancy		
Path Malignancy History		
Dual/Synchronous Primary		
Case is (circle) <u>MG</u>	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed 5/15/12	3/12

## DIAGNOSIS

### (A) LEFT BREAST, SEGMENTAL MASTECTOMY:

INVASIVE LOBULAR CARCINOMA OF THE BREAST, MODIFIED BLACK'S NUCLEAR GRADE 1 AND 2 (LOW AND INTERMEDIATE GRADE), PRESENT AS THREE MASSES MEASURING 2.0 CM, 1.9CM AND 1.1 CM IN MAXIMUM DIMENSION. (SEE COMMENT)

PERINEURAL INVASION IS IDENTIFIED.

INVASIVE TUMOR IS NOTED WITHIN 0.1 CM FROM THE MEDIAL MARGIN, 1 MM AND 2 MM FROM THE DEEP AND ANTERIOR MARGINS TOWARDS THE MEDIAL END OF THE SPECIMEN.

LOBULAR CARCINOMA IN SITU (LCIS), MODIFIED BLACK'S NUCLEAR GRADE 1 AND 2 (LOW AND INTERMEDIATE GRADE), WIDELY DISPERSED.

Reactive changes at previous biopsy site.

Fibrocystic changes.

METASTATIC ADENOCARCINOMA INVOLVING ONE OF ONE SENTINEL LYMPH NODE (1/1).

MAXIMUM SIZE OF METASTASIS IS 0.3 CM.

Extranodal extension is not identified.

### (B) PALPABLE LYMPH NODE, LEFT AXILLA:

METASTATIC ADENOCARCINOMA IN ONE OF ONE LYMPH NODE (1/1).

MAXIMUM SIZE OF METASTASIS IS 0.9 CM.

EXTRANODAL EXTENSION IS PRESENT, MEASURING 0.1 CM IN MAXIMUM DIMENSION.

### (C) SECOND PALPABLE LYMPH NODE:

One lymph node, no tumor present (0/1).

### (D) ADDITIONAL DEEP MARGIN:

Fibroadipose tissue and skeletal muscle, no tumor present.

### (E) LEFT AXILLARY CONTENTS:

METASTATIC ADENOCARCINOMA IN THREE OF THIRTY-ONE LYMPH NODES (3/31)

MAXIMUM SIZE OF METASTASIS IS 0.4CM.

EXTRANODAL EXTENSION IS PRESENT, MEASURING 0.5MM IN MAXIMUM DIMENSION

### (F) LEFT BREAST, NEW ANTERIOR MARGIN, EXCISION:

No evidence of invasive carcinoma.

LOBULAR CARCINOMA IN SITU (LCIS), IN FEW FOCI.

Columnar alteration and ductal epithelial hyperplasia without atypia..

### (G) LEFT BREAST, NEW ANTERIOR MEDIAL MARGIN, EXCISION:

No evidence of malignancy.

ICD-O-3

carcinoma, infiltrating lobular, NOS  
8520/3

Site: breast, NOS C50.9 5-23-12 eo

## COMMENT

The invasive lobular carcinoma demonstrates tubule formation in occasional small foci comprising much less than 1 % of the entire tumor. Few signet ring cells are noted in both the in situ and invasive tumor.

## GROSS DESCRIPTION

(A) FOR IMMEDIATE INTRAOPERATIVE CONSULTATION AND X-RAY IMAGING LABELED LEFT SEGMENTAL MASTECTOMY, SHORT STITCH SUPERIOR, LONG STITCH LATERAL, PURPLE IS DEEP - A breast tissue with needle localization wires measuring 10.0 x 6.0 x 5.0 cm. Surgical margins are inked. The specimen is radiographed before and after slicing and the radiograph is reviewed by the radiologist. The specimen is sectioned from lateral to medial aspect into seven slices. Slice 3 contains an ill-defined, firm tan lesion #1 containing radiological clip. It measures 1.1 x 1.0 x 0.6 cm. It is more than 1.0 cm from all the margins. Cut surface of slices 4 and 5 contains a second ill-defined indurated tan lesion with clip measuring 2.0 x 1.2 x 1.1 cm. It is 0.4 cm from the closest anterior surgical margin. Cut surface of slice 5 and 6 shows an ill-defined lesion 3 with clip measuring 1.9 x 1.6 x 1.3 cm. In slice 5, lesion 3 and 2 are grossly connected to each other. Lesion 3 is 0.5 cm away from the medial surgical margin, 0.2cm from deep margin and more than 1.0 cm from the rest of the margins. Located in fatty tissue at the inferior aspect of slices 1 and 2 are two possible lymph nodes ranging from 1.1 up to 1.3 cm in greatest dimension which are indicated by the surgeon to represent the sentinel lymph nodes. Lymph nodes identified in slice 1 is sent for protocol

Representative sections are submitted. A portion of the tumor is given to tumor bank.

INK CODE: Superior - blue; inferior - green; anterior - yellow; posterior - black; lateral and medial -red.

SECTION CODE: A1, possible lymph submitted for protocol identified in slice 1; A2, A3, slice 3, lesion 1, mirror images;

A4, slice 3, tissue superior to lesion 1 including superior surgical margin; A6, slice 3, tissue posterior to the lesion 1 including

posterior surgical margin; A7, slice 2, tissue laterally to lesion 1; A8, slice 5, lesion 2 in relation to the anterior surgical margin; A9, slice 4, lesion 2; A10, slice 4, anterior surgical margin; A11, A12, slice 5, mirror images of lesions 2 and 3 in relation to each; A13, slice 5, inferior surgical margin; A14, slice 5, superior surgical margin; A15, slice 5, posterior surgical margin; A16, slice 6, possible continuation of lesion 2 in relation to the anterior surgical margin; A17, A18, slice 6, mirror images of lesion 3 in relation to the deep surgical margin; A19, slice 6, tissue inferior to A16, including anterior surgical margin; A20, A21, lesion 3 in relation to the medial surgical margin; A22, slice 2, sectioned possible lymph node.

(B) PALPABLE NODE, LEFT AXILLA FOR FS - A single possible lymph node measuring 1.8 cm in its greatest dimension. Possible lymph node is sectioned and entirely submitted for frozen section in cassettes B1 and B2.

(C) SECOND PALPABLE LYMPH NODE - A single fatty possible lymph node measuring 2.5 cm in its greatest dimension. Possible lymph node is sectioned and entirely submitted for routine Histology.

SECTION CODE: C1-C3, one sectioned possible lymph node.

(D) ADDITIONAL DEEP MARGIN, INK ON TRUE MARGIN - A single fragment of a fatty tissue with ink indicating true margin measuring 4.5 x 3.5 x 1.1 cm. Cut surface is fibrofatty. Entirely submitted.

INK CODE: True surgical margin - blue.

SECTION CODE: D1-D7, entire tissue.

(E) LEFT AXILLARY CONTENTS - A single fragment of a fatty tissue measuring 8.0 x 7.0 x 3.0 cm. Dissection reveals multiple possible lymph nodes ranging from 0.3 up to 1.8 cm in greatest dimension. Possible lymph nodes are entirely.

SECTION CODE: E1, five possible lymph nodes; E2, five possible lymph nodes; E3, five possible lymph nodes; E4, five possible lymph nodes; E5, two possible lymph nodes; E6, one sectioned possible lymph node; E7, one sectioned possible lymph node; E8, one sectioned possible lymph node; E9, one sectioned possible lymph node; E10, one sectioned possible lymph node; E11, one sectioned possible lymph node; E12, one sectioned possible lymph node; E13, one sectioned possible lymph node; E14, one sectioned possible lymph node; E15, one sectioned possible lymph node; E16, one sectioned possible lymph node; E17, one sectioned possible lymph node; E18, one sectioned possible lymph node.

(F) NEW ANTERIOR MARGIN, INK ON TRUE MARGIN - A single fragment of a fibrofatty tissue with ink indicating true margin measuring 3.6 x 3.2 x 1.8 cm. True surgical margin is reinked blue. Cut surface is fibrofatty. Entirely submitted.

SECTION CODE: Entirely submitted in cassettes F1-F8.

(G) NEW ANTERIOR MEDIAL MARGIN, INK ON TRUE MARGIN - A single fragment of a fibrofatty tissue with ink indicating true margin measuring 4.0 x 3.0 x 0.9 cm. The surgical margin is reinked blue. Sectioned and entirely submitted.

INK CODE: True surgical margin - blue.

SECTION CODE: G1-G6, entire tissue.

## CLINICAL HISTORY

None given.

## SNOMED CODES

T-04050, T-C4710, M-85203, M-85206, M-85202

"Some tests reported here may have been developed and performance characteristics determined by I specifically cleared or approved by the U.S. Food and Drug Administration."

These tests have not been

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