



## Surgical Pathology Report

[REDACTED]  
 DATE OBTAINED:  
 DATE RECEIVED:  
 DATE REPORTED:

CC: [REDACTED]

### DIAGNOSIS

#### 1. RIGHT BREAST, PARTIAL MASTECTOMY: INVASIVE LOBULAR CARCINOMA

**SIZE (INVASIVE):** Approximately 70 mm; see comment  
**LATERALITY:** Right  
**TUMOR FOCALITY:** Unifocal  
**LESIONAL SITE:** 9:00 (according to operative report)  
**HISTOLOGIC TYPE:** Invasive lobular carcinoma, classical type, focal pleomorphic type  
**NUCLEAR GRADE:** I of III (classical type) and II-III of III (pleomorphic type)  
**HISTOLOGIC GRADE:** N/A (invasive lobular carcinoma)  
**IN-SITU COMPONENT:** Not present  
**LYMPH NODE SAMPLING:** Positive (11/12), (largest 45mm; with extranodal involvement); see specimen #2  
**AJCC CATEGORIES:** Stage IIIC (assuming cMO" status)  
 pTNM: pT3 pN3a  
 cTNM: cT2 cN1 cMO  
**INTEGRITY/ORIENTATION:** Intact specimen with designated margins  
**MARGINS (Invasive lobular):** Negative  
<0.1mm superior margin (1P, highlighted by CK7 immunostain); 0.2mm medial margin (1EE) and 1mm posterior margin (1N); other margins >3mm  
**LYMPHOVASCULAR INVASION:** Focal suspicious for LVI  
**MICROCALCIFICATIONS:** Not Identified  
**NIPPLE/SKIN:** (if applicable) Negative skin  
**SKELETAL MUSCLE:** Not present  
**OTHER:** Focal atypical lobular hyperplasia, sclerosing adenosis, usual ductal hyperplasia, apocrine metaplasia and prior biopsy site changes

ICD-O-3  
 Concordant, infiltrating lobular  
 mixed w/other types  
 (pleomorphic) 8524/3

Date <sup>acc</sup> ~~8/22/13~~ Breast NOS C50.9  
 path <sup>acc</sup> ~~8/22/13~~ Breast, middle C50.8  
 Juv 8/22/13

#### 2. RIGHT AXILLARY NODE CONTENTS, DISSECTION: ELEVEN OUT OF TWELVE LYMPH NODES TOTALLY REPLACED BY METASTATIC LOBULAR CARCINOMA (11/12), LARGEST TUMOR 4.5 CM, EXTRANODAL EXTENSION PRESENT; ADDITIONAL INVASIVE LOBULAR CARCINOMA WITHIN THE FAT (ABOUT 2CM).

#### 3. OMENTUM, RESECTION: ADIPOSE TISSUE; NEGATIVE FOR TUMOR.

\*\*\*Electronically Signed Out\*\*\*  
 [REDACTED]

### COMMENT

Tumor grossly is 5.3 cm. In the axillary contents (#2), sizeable tumor mass within the fat is also present in multiple blocks, which most likely represents a direct extension from the lumpectomy, and thus the tumor size is estimated to be 7cm.  
 88307x2, 88305, 88329, 88342

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### Clinical Diagnosis and History:

Right breast cancer, gastric cancer

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cT2,cN1,cM0 clinical stage II

### Tissue(s) Submitted:

- 1: RIGHT BREAST MASS SHORT SUTURE SUPERIOR LONG SUTURE LATERAL
- 2: RIGHT AXILLARY NODE CONTENTS
- 3: OMENTUM

### Gross Description:

Specimen #1 is received fresh for intraoperative consultation, labeled with the patient's name and right breast mass, and consists of an 11.3 cm (medial to lateral) x 8.5 cm (superior to inferior) x 4.5 cm (anterior to posterior) product of partial mastectomy which is surfaced by a 6.9 x 2.2 x 0.2 cm ellipse of unremarkable white tan skin. No nipple is identified. A short suture designating superior and a long suture designating lateral are present. Two needle localization wires are entering the specimen in the superior and inferior aspects. The specimen is radiographed and differentially inked as follows: superior-blue, inferior-green, lateral-yellow, medial-red, posterior/deep-black and serially sectioned from lateral to medial into 10 slices. No biopsy clip is identified. An ill-defined, rubbery to firm, white-tan area measuring 5.3 x 5.0 x 3.5 cm is identified in slices 4 to 10. This area of fibrous tissue shows some extensions to the posterior, inferior, superior, and medial margins. This fibrous area is also 2.0 cm from the overlying skin. No other lesions are grossly identified. The breast parenchyma consists of tan-yellow, lobulated adipose tissue (60%) and fibrous tissue (40%). Time in formalin: Some tumor and normal tissue is frozen for TCGA studies.

Representative sections of all slices (with the exception of slices 2 and 3) are submitted as follows:

- 1A-1B: slice #1, lateral margin, perpendicular (representative)
- 1C-1D: slice #4, irregular fibrous area
- 1E: slice #4, fibrous area to posterior margin
- 1F: slice #4, fibrous area to superior margin
- 1G-1H: slice #5, fibrous area contiguous section
- 1I: slice #5, posterior margin
- 1J: slice #5, inferior and posterior margins
- 1K: overlying skin
- 1L-1M: slice #6, contiguous section of fibrous area to inferior margin
- 1N-1O: posterior margin
- 1P: superior margin
- 1Q-1T: slice #7, contiguous section from superior to inferior (orange ink denotes contiguous section)
- 1U: overlying skin
- 1V: slice #8, fibrous area
- 1W: superior margin
- 1X: inferior margin
- 1Y: posterior margin
- 1Z: slice #9, inferior margin
- 1AA: slice #9, irregular fibrous area
- 1BB: superior margin
- 1CC: posterior margin
- 1DD-1GG: slice #10, medial margin, perpendicular (representative).

Specimen #2 is received in formalin labeled right axillary dissection, and consists of 11.0 x 10.0 x 2.5 cm yellow adipose tissue. The specimen was serially sectioned to reveal 16 lymph nodes ranging in size from 1.5 to 4.5 cm. The lymph nodes are entirely submitted and labeled as follows:

- 2A: Two lymph nodes intact.
- 2B: Two lymph nodes intact.
- 2C: Four lymph nodes intact.
- 2D: One lymph node, bisected.
- 2E: One lymph node, bisected.
- 2F: One lymph node, bisected.
- 2G: One lymph node, bisected.
- 2H: One lymph node, representative section.
- 2I: One lymph node, representative section.
- 2J: One lymph node, representative section.
- 2K-2L: One lymph node, representative section.

Specimen #3 is received fresh labeled omentum, and consists of a 20 x 20 x 5.0 yellow lobulated adipose tissue. The specimen is serially sectioned and no lesion is grossly identified. Representative sections are submitted labeled 3A-3B.

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**Intraoperative Consult Diagnosis**

1A/GDX: NEEDLE LOC WIRE ENTERS SUPERIORLY AND ONE OTHER ENTERS INFERIORLY. VAGUE AREA, NO DISCRETE MASS; MARGINS HARD TO DETERMINE; QUESTION POSTERIOR, INFERIOR, AND MEDIAL MARGIN.

Per TSS, this is a mixed carcinoma:  
lobular + pleomorphic (10-30%) type.

BCR

Criteria	8/20/13	Yes	No
Diagnosis Discrepancy			/
Primary Tumor Site Discrepancy			/
HIPAA Discrepancy			/
Prior Malignancy History			/
Dual/Synchronous Primary Malignancy			/
Case is (circle):	QUALIFIED / DISQUALIFIED		
Reviewer Initials	BTH	Date Reviewed:	8/20/13