



Final Surgical Pathology Report

Procedure:

Diagnosis

A. Lymph node, right axillary sentinel node, excision:  
One lymph node positive for metastatic carcinoma (1/1).

B. Breast, right, excision:

Invasive lobular carcinoma (see tumor characteristics in the microscopic description).

C. Lymph nodes, right axillary contents, excision:

Ten of sixteen lymph nodes positive for metastatic carcinoma (10/16).

D. Lymph node, highest apical node, excision:

One of two lymph nodes positive for metastatic carcinoma (1/2).

Microscopic Description:

Invasive carcinoma:

Histologic type: Lobular

Histologic grade:

Overall grade: 2

Architectural score: 3

Nuclear score: 2

Mitotic score: 1

ICD-O-3

Carcinoma, infiltrating, lobular, NOS

85203

Site: breast, NOS C50.9

7-23-13 RD

Greatest dimension (pT) 7.5 cm, pT3

Specimen margins: Tumor is more than 2 cm from the deep margin of excision and 1 cm from the superficial soft tissue margin.

Vessel invasion: Present

Nipple (Paget's). Tumor invades into the dermis beneath the surface of the nipple: Paget's disease is not identified.

Ductal carcinoma in situ: Not identified

Description of non-tumorous breast: Biopsy site changes are identified.  
Fibrocystic changes.

Lymph nodes:

Number of positive nodes of total: Twelve lymph nodes positive for metastatic carcinoma (12/19).

Size of largest metastasis: 2.9 cm

Extracapsular extension (present/absent): Present

pN: pN3a

Distant metastasis (pM): pMX

Prognostic markers: Previously performed

Specimen

A. Right breast axillary sentinel node

B. Right breast stitch at 12 o'clock

C. Right axillary contents

D. Highest apical node

Clinical Information  
Right breast cancer

Intraoperative Consultation

A) Lymph node, right axillary sentinel node, excision: One lymph node positive for metastatic carcinoma (1/1).

Gross Description

A. Received fresh labeled "right axillary sentinel node hot not blue" is a lymph node that measures 2.9 x 1.7 x 1.4 cm in dimension. The lymph node has a firm consistency and shows yellowish discoloration. A representative section from the node is submitted for frozen section. The remaining node is sectioned and entirely submitted for permanent section in 6 cassettes.

B. Received fresh for tissue procurement labeled "right breast" is a 1220 g, 29.0 cm (medial to lateral) by 23.5 cm (superior to inferior) by 5.8 cm (anterior to posterior) soft, lobulated tan gold-like portion of fibroadipose tissue in keeping with breast, designated as right per requisition slip and container and oriented by a suture as stated previously. A 17.5 x 5.8 cm wrinkled tan-white skin ellipse with a flat 1.3 x 1.3 cm nipple is present along the anterior aspect. An indurated focus is present subjacent to the central superior portion of the skin, corresponding to the junction of the upper inner and outer quadrants. The anterior surface in this area is inked blue. The intact deep margin is inked black and the specimen is sectioned. There is a central, 7.5 cm (superior to inferior) by 5.5 cm (medial to lateral) by 4.0 cm (anterior to posterior) rubbery tan-white apparent tumor mass is present (corresponding to the central junction of the 4 quadrants). The lesion is present within 3.5 cm of the inked deep margin and appears to approach the anterior surface to within 2 cm. A portion of tumor and a portion of normal parenchyma are submitted for tissue procurement as requested. The cut surfaces throughout the remainder of the specimen consist predominantly of soft lobulated tan gold adipose tissue with a scant amount of interspersed delicate tan-white fibrous tissue. No additional mass lesion or abnormality is identified.

Summary: 1 - deep margin subjacent to the lesion, 2 - lesion to anterior surface, 3 through 7 - lesion to adjacent parenchyma, 8 - random upper outer quadrant, 9 - upper inner quadrant, 10 - lower inner quadrant, 11 - lower outer quadrant, 12 - nipple

C. Received fresh and subsequently fixed in formalin labeled "right axillary contents" is a 12.0 x 7.5 x 3.0 cm aggregate of yellow lobular fatty tissue fragments which are not orientated. The specimens are palpated to identify lymph nodes which range from 0.1 cm and 2.5 cm in greatest dimension.. The lymph nodes are entirely submitted as follows: 1 - 1 possible lymph node, 2 - 6 possible lymph nodes, 3 - 6 possible lymph nodes, 4 - 2 possible lymph nodes, 5 - 1 possible lymph node, 6 - 1 possible lymph node.

D. Received fresh and subsequently fixed in formalin labeled "highest apical node" is a 3.0 x 2.0 x 0.4 cm aggregate of yellow lobular fatty tissue fragment. The specimen is palpated to identify 2 possible lymph nodes present. The lymph nodes are 0.5 cm and 0.2 cm in greatest dimension. The specimens are entirely submitted as follows: 1 - lymph nodes, 2 - remaining fat.

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"/> DISQUALIFIED		
Reviewer Initials:	EWL	Date Reviewed: 7/1/12