

Patient:

Referring Physician:

UUID:5CF85AF1-D227-430C-99CD-C2A524CFFA29
TCGA-AC-A201-01A-PR Redacted



DOB:

Ref#:

Patient Location:

Date of Service: Date Received:

Outpatient

Cat

Room: Bed:

Date Reported:

A copy of this report will be faxed to:

FINAL SURGICAL PATHOLOGY REPORT

Diagnosis:

A. -C) RIGHT BREAST WITH AXILLARY SENTINEL LYMPH NODES, MASTECTOMY WITH SENTINEL LYMPH NODE BIOPSIES (X 2).

- Invasive lobular carcinoma (multicentric), Nottingham grade 2.
 - Main tumor mass measures 57 mm in diameter.
- Lobular carcinoma in situ (LCIS), comprising less than 5% of tumor volume.
- Resection margins are free of tumor.
 - Invasive tumor is focally present 2 mm from the deep (pectoralis fascia) margin, and is at least 30 mm from all other margins.
- Metastatic carcinoma is present in two sentinel lymph nodes (2/2).
 - Metastatic carcinoma is diffusely present throughout both lymph nodes.
 - No extranodal extension is present.

ICD-0-3
carcinoma, infiltrating lobular, nos
8520/3

Site: breast, nos C50.9
dw 9/3/11

PATHOLOGIC TUMOR STAGING SYNOPSIS:

Type and grade (invasive): Invasive lobular carcinoma, grade 2.

Type and grade (in situ): Lobular carcinoma in situ, nuclear grade 2.

Primary tumor: pT3.

Regional lymph nodes: pN1a.

Distant metastasis: pMX.

Pathologic stage: IIIA.

Lymphovascular invasion: Present.

Margin status: Negative (R0).

| Criteria | Yes | No |
|--------------------------------|-----------|--------------|
| Diagnosis Discrepancy | | X |
| Primary Tumor Site Discrepancy | X | |
| Hist AA Discrepancy | X | |
| Prior Malignancy History | | |
| Dual/Synchronous Primary Noted | | |
| Case is (circle): | QUALIFIED | DISQUALIFIED |
| Reviewer Initials | | |
| | | |

COMMENT: The main tumor mass measures 57 mm in diameter. The tumor cells diffusely infiltrate a relatively discrete dense fibrous area in the central breast. A few smaller foci of invasive lobular carcinoma and LCIS are present in representative sections taken away from the main tumor mass, but the main tumor burden is in the central breast. The pathology findings were telephoned to Dr.

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Breast Invasive Tumor Staging Information

(AJCC Cancer Staging Handbook, 7th Ed, and CAP protocol, Oct 2009). This staging also incorporates:

Previous biopsy:

Breast profile:

Specimen type:

Specimen procedure:

Lymph node sampling:

Specimen integrity:

Specimen laterality:

Specimen size (other than mastectomy):

Total breast.

Mastectomy with sentinel lymph node biopsies x 2.

Sentinel lymph nodes.

Single intact specimen.

Right.

17 x 12.5 x 2.5 cm.

INVASIVE TUMOR FEATURES:

Invasive tumor size:

57 mm.

Invasive tumor site:

Central.

Invasive tumor focality:

Multicentric (central, UOQ, LIQ, LOQ)

Histologic type:

Invasive lobular carcinoma.

Total Nottingham Grade:

2 of 3 (intermediate grade).

Tubule formation:

3 of 3.

Nuclear Pleomorphism:

2 of 3.

Mitotic count for Nottingham:

1 of 3.

Mitotic count:

Five mitoses in ten high power fields.

Lymphatic invasion:

Present.

MARGIN STATUS FOR INVASIVE COMPONENT:

Distance of tumor from margins:

2 mm.

Closest margin:

Deep (bounded by pectoralis fascia).

Other margins:

Invasive carcinoma is at least 30 mm from all other margins.

LOBULAR CARCINOMA (LCIS) FEATURES:

Extent:

LCIS present in association with invasive carcinoma, and in representative sections away from main tumor mass.

Nuclear grade:

Intermediate grade.

Necrosis:

Not present.

Calcifications:

Not present.

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Margin status for LCIS component: Negative.
Distance of In-situ from nearest margin: At least 10 mm.

Skin: Unremarkable.
Nipple: Unremarkable.
Skeletal Muscle: No skeletal muscle present.

INVASIVE PATHOLOGIC TUMOR STAGING (pTNM)

Primary tumor (pT): pT3.
Regional lymph nodes (pN): pN1a.
Distant metastasis (pM): pMX.

RECEPTOR STATUS AND HER2/NEU:

Estrogen receptors: POSITIVE (100% positive cells, strong intensity).
Progesterone receptors: Negative (less than 1% positive cells).
Her2/neu: Not overexpressed (IHC score 1+).
Ki-67 proliferative index: 12% positive cells.

Signed by:

Source of Specimen:

- A. Right Axillary Sentinel Lymph Node
- B. Right Breast total mastectomy
- C. Sentinel lymph node; Right Axillary Sentinel Lymph Node

Gross Description:

A. The specimen is labeled right axillary sentinel lymph node #960 and is received in formalin. It consists of a 2.9 x 2.2 x 0.7 cm discoid lobulated portion of fatty tissue. On dissection a single 1.6 x 0.7 x 0.5 cm lymph node is recovered. The node is serially sectioned and entirely submitted in cassette A1.

B. The specimen is labeled right breast and is received without fixative. It consists of a mastectomy specimen which weighs 232 grams. A suture marks the tail of the breast. With this orientation, the specimen measures 12.5 cm from superior to inferior, 17 cm from medial to lateral and 2.5 cm from superficial to deep. There is an overlying 15.5 x 7 cm ellipse of mottled tan to pale red skin. Medially and inferiorly within the skin is a 2.8 cm areola and a slightly retracted appearing 0.8 cm nipple. The skin is bulging but otherwise unremarkable. The anterior-superior margin is inked blue, the anterior-inferior margin is inked green, and the posterior margin, which consists of smooth fascial tissue is inked black. The breast is serially sectioned at close intervals to reveal a central firm and relatively well circumscribed area of fibrous breast parenchyma. This fibrous parenchyma overall measures 5.7 cm from medial to lateral, 2.5 cm from superior to inferior, and 1.7 cm from superficial to deep. The fibrous tissue is separated from the deep margin by a thin layer of movable fascial tissue. The fibrous breast parenchyma is 3 cm from the

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inferior margin, 3 cm from the superior margin, 4 cm from the medial margin, and 6 cm from the lateral margin. It is 1 cm from the closest skin and abuts the fascial margin of the posterior breast centrally. Representative samples of this tissue are obtained for research purposes. Sections of this fibrous breast tissue reveal a central and inferiorly located area of hemorrhage with a twisted biopsy site clip. The remainder of the breast is composed predominantly of fatty tissue but rubbery fibrous parenchyma extends to the lower-outer quadrant. There are no obvious lymph nodes in the tail of the breast. Representative sections are submitted. Section summary:

- B1) nipple and tissue just deep to nipple,
- B2) central deep margin (fascial tissue),
- B3) medial edge of central fibrous tissue,
- B4) superior edge of central mass,
- B5) inferior portion of central mass (biopsy site clip here),
- B6-B7) additional central sections of tumor (B6 has deep margin),
- B8) lateral edge of fibrous mass,
- B9) representative sections upper-inner quadrant,
- B10) representative sections lower-inner quadrant,
- B11) representative sections upper-outer quadrant,
- B12) representative sections lower-outer quadrant.

C. The specimen is labeled right axillary level two sentinel lymph node and is received in formalin. It consists of a 0.9 x 0.6 x 0.5 cm tan lymph node with a small amount of adherent adipose tissue. The specimen is serially sectioned and entirely submitted in cassette C1.

Microscopic Description:

A. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

B. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

C. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

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REPRINT: Orig. printing on