

1CD-0-3
Carcinoma, infiltrating lobular, NOS 8520/3
Site: breast, NOS C50.9 lw
8/18/11

Final Diagnosis

A. Lymph node, left axillary sentinel No. 1, biopsy: A single left axillary sentinel lymph node is negative for metastatic carcinoma. Blue dye is identified. Immunohistochemical cytokeratin stain was performed on the paraffin embedded sentinel lymph node tissue and confirms the H&E impression.

B. Lymph node, left axillary sentinel No. 2, biopsy: A single left axillary sentinel lymph node is negative for metastatic carcinoma. Blue dye is identified. Immunohistochemical cytokeratin stain was performed on the paraffin embedded sentinel lymph node tissue and confirms the H&E impression.

C. Breast, left, simple mastectomy: Infiltrating lobular carcinoma, Nottingham grade I (of III) [tubules 3/3, nuclei 1/3, mitoses 1/3; Nottingham score 5/9] is identified forming a 0.9 x 0.7 x 0.5 cm mass located in the lower outer quadrant of the breast. Ductal carcinoma in situ is absent. Lobular carcinoma in situ is present. Angiolymphatic invasion is absent. The non-neoplastic breast parenchyma shows fibrocystic changes and a hyalinized fibroadenoma (0.6 x 0.4 x 0.4 cm, lower inner quadrant). Calcifications present in benign ducts and acini. Biopsy site changes present. The tumor does not involve the nipple, overlying skin, or underlying chest wall. All surgical resection margins, including the deep margin, are negative for tumor (minimum tumor free margin, 0.2 cm, anterior margin). With available surgical material [AJCC pT1bN0(i-)(sn)].

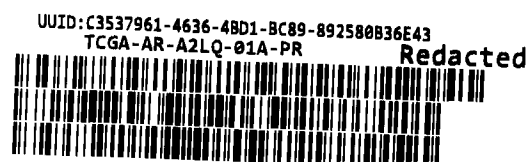
D. Lymph node, right axillary sentinel No. 1, biopsy: A single right axillary sentinel lymph node is positive for isolated tumor cells (less than 200 cells) on H&E and cytokeratin immunostaining. Blue dye is identified.

E. Lymph node, right axillary sentinel No. 2, biopsy: A single right axillary sentinel lymph node is negative for metastatic carcinoma. Blue dye is not identified. Immunohistochemical cytokeratin stain was performed on the paraffin embedded sentinel lymph node tissue and confirms the H&E impression.

F. Lymph node, right axillary, biopsy: A single right axillary lymph node is negative for tumor.

G. Breast, right, simple mastectomy: Infiltrating lobular carcinoma, Nottingham grade I (of III) [tubules 3/3, nuclei 1/3, mitoses 1/3; Nottingham score 5/9] is identified forming a 12.5 x 6.3 x 2.2 multinodular, irregular, ill-defined mass with biopsy site changes involving multiple quadrants from the lateral aspect of the breast to the upper inner quadrant. Ductal carcinoma in situ is absent. Lobular carcinoma in situ is present. Angiolymphatic invasion is absent. The non-neoplastic breast parenchyma shows fibrocystic changes. Calcifications present in benign ducts and acini. Biopsy site changes present. The tumor does not involve the nipple, overlying skin, or underlying chest wall. All surgical resection margins, after re-excision of the deep margin (see part H), are negative for tumor (minimum tumor free margin, 0.2 cm, deep margin). With available surgical material [AJCC pT3N0(i+)(sn)].

H. Breast, new right inferior-lateral chest wall margin, re-excision: Invasive lobular carcinoma present within the tissue, located 0.2 cm from the new deep margin.



| Criteria | Yes | No |
|-------------------------------------|-----------|--------------|
| Diagnosis Discrepancy | | X |
| Primary Tumor Site Discrepancy | | X |
| HIPAA Discrepancy | | X |
| Prior Malignancy History | | X |
| Dual/Synchronous Primary Malignancy | | X |
| Case is (circle): | QUALIFIED | DISQUALIFIED |
| Reviewer Initials | lw | 8/18/11 |
| Date Reviewed | 8/18/11 | |