



RUN DATE: [REDACTED]
RUN TIME: [REDACTED]
RUN USER: [REDACTED]

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PATIENT: [REDACTED]

ACCT #: [REDACTED]

LOC: [REDACTED]

AGE/SX: 7F

ROOM: [REDACTED]

REG DR: [REDACTED]

DOB: [REDACTED]

BED: [REDACTED]

STATUS: [REDACTED]

SPEC #:

RECD:

STATUS:

COLL:

TIME IN FORMALIN:

hrs.

COLD ISCHEMIA TIME:

mins.

CLINICAL INFORMATION:

Pre-Op Diagnosis:

Remarks:

- Specimen(s): A. Right sentinel node
B. Right breast for tissue banking

MICROSCOPIC DIAGNOSIS

A. ONE LYMPH NODE, RIGHT SENTINEL NODE, LYMPHADENECTOMY:

- NO TUMOR SEEN IN MULTIPLE STEP SECTIONS STAINED WITH ROUTINE AND PANKERATIN IMMUNOCHEMICAL STAINS

B. RIGHT BREAST, TOTAL MASTECTOMY:

- INFILTRATING DUCTAL CARCINOMA
- MODIFIED NOTTINGHAM HISTOLOGIC GRADE 3 OF 3; NUCLEAR SCORE 3 OF 3, TUBULAR FORMATION SCORE 3 OF 3, MITOTIC SCORE 2 OF 3 (5 MITOTIC FIGURES PER SQUARE MILLIMETER)
- NO DUCTAL CARCINOMA IN SITU IDENTIFIED
- INVASIVE TUMOR MEASURES 17 MM
- SURGICAL MARGINS FREE OF TUMOR WITH NEAREST MARGIN 7 MM FROM TUMOR, THE DEEP MARGIN
- SEE COMMENT FOR SYNOPTIC REPORT

COMMENT(S)

SURGICAL PATHOLOGY CANCER CASE SUMMARY - APPROVED BY COLLEGE OF AMERICAN PATHOLOGISTS

PROCEDURE:

Total mastectomy

LYMPH NODE SAMPLING:

Sentinel lymph node(s)

SPECIMEN LATERALITY:

Right

TUMOR SIZE:

Greatest dimension of largest focus of invasion:
17 mm

HISTOLOGIC GRADE (NOTTINGHAM
HISTOLOGIC SCORE):

Glandular/tubular differentiation: score 3
Nuclear pleomorphism: score 3
Mitotic rate: score 2

TUMOR FOCALITY:

Overall grade: grade 3

DUCTAL CARCINOMA IN SITU:

Single focus of invasive carcinoma
No DCIS is present

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ICD-O-3
Carcinoma, infiltrating duct NOS
8500/3
Site @ Breast NOS
C50.9
9/28/13

RUN DATE:
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SPEC #:

PATIENT:

(Continued)

COMMENT(S)

(Continued)

MARGINS:

Invasive carcinoma:

Margins uninvolved by invasive carcinoma

Distance from closest margin: 7 mm. deep

LYMPH NODES:

Number of sentinel lymph nodes examined: 1

Number of lymph nodes with macrometastases: 0

Number of lymph nodes with micrometastases: 0

PATHOLOGIC STAGING:

Primary tumor: pT1c

Regional lymph nodes: pN0 (i-)

Distant metastases: Not applicable

ANCILLARY STUDIES:

Estrogen receptor:

Results: negative (<1% of tumor cells with nuclear positivity)

Progesterone receptor:

Results: negative (<1% of tumor cells with nuclear positivity)

HER-2:

Immunoperoxidase studies:

Results: negative (score 0)

GROSS DESCRIPTION:

The specimen is received in two parts. Both parts are received labeled with the patient's name.

A. Received in formalin, labeled with the patient's name and "right sentinel node" is a 3.5 x 2.5 x 2.0 cm portion of yellow, lobulated adipose. The adipose is trimmed to have a flattened, 2.6 x 2.0 x 0.6 cm nodular, fatty lymph node. The node is sectioned perpendicular to the long axis to be entirely submitted per sentinel lymph node protocol cassettes A1-A3.

B. Received fresh for tissue banking, labeled with the patient's name and "right breast" is a 962 gram, 23.0 x 20.0 x 4.5 cm fibrofatty breast consistent with simple mastectomy specimen. There is a suture designating the region of the axilla and an overlying 12.5 x 4.5 cm black-brown skin ellipse. The skin ellipse has a central, 5.0 x 4.5 cm areola which extends to the skin margins and a central 1.3 cm erect nipple. The deep margin is predominantly smooth and intact with a focal, minor, inferior medial area of disruption. The deep margin will be inked blue and the breast is serially sectioned to have a diffusely fatty parenchyma. The upper inner quadrant has a 1.7 x 1.0 x 0.8 cm tumor mass. The mass is 2.5 cm from the superior peripheral margin. The _____ is 17 cm from the inferior peripheral margin, is approximately 4 cm from the medial peripheral margin and at least 16.5 cm from the lateral peripheral margin. The tumor comes to within 0.7 cm of the deep margin. The remainder of the breast has glistening, yellow adipose with diffuse, delicate and focal scant dense-white fibrous tissue. There is a central area of possible fibrocystic change. The white fibrous tissue makes up between 15 and 20% of the parenchyma and is more pronounced towards the medial aspect of the breast. No additional indurated lesions or tumor-like masses are identified. Representative sections are sampled as labeled:

B1 - perpendicular section of nipple

B2 - section of tumor adjacent to tumor collected for tissue banking

** CONTINUED ON NEXT PAGE **

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HP/PA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Notes		
Case is [closed]	QUALIFIED	DISQUALIFIED
Reviewer initials	8/1/13	8/1/13

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SPEC #:

(Continued)

GROSS DESCRIPTION: (Continued)

- B3-B5 - sections of tumor to deep margin
- B6 - representative sections of upper outer quadrant
- B7 - representative sections of lower outer quadrant
- B8 - representative sections of upper inner quadrant (quadrant near tumor)
- B9 - representative sections of lower inner quadrant sampled

INTRAOPERATIVE CONSULTATION:

B. IMMEDIATE GROSS EVALUATION RIGHT BREAST:

- INVASIVE CARCINOMA, PROCESSED FOR TUMOR BANKING
- SURGICAL MARGINS FREE OF TUMOR

PHOTO DOCUMENTATION

Image

Image

Signed ____ (signature on file) ____

** END OF REPORT **