

Redacted



SURGICAL PATHOLOGY REPORT

Patient: _____
FMP/SSN: _____
DOB/Age/Sex: _____ (Age: _____)
Location: _____
Physician(s): _____

Specimen #:

Taken:
Received:
Reported:

SPECIMEN:

A: RIGHT BREAST B: SENTINEL NODE #1 RIGHT AXILLA
C: NON SENTINEL LYMPH NODE RIGHT AXILLA
D: SENTINEL NODE #2 RIGHT AXILLA
E: NON-SENTINEL NODE #2 RIGHT AXILLA

ICD-O-3
carcinoma, infiltrating ductal, NOS
8500/3

FINAL DIAGNOSIS:

Site: breast, NOS c50.9

A. BREAST, RIGHT, MASTECTOMY:

- TUMOR TYPE: INFILTRATING DUCTAL CARCINOMA, NO SPECIAL TYPE.
- NOTTINGHAM GRADE: MODERATELY DIFFERENTIATED (G2).
- NOTTINGHAM SCORE: 7/9.
(Tubules=3, Nuclei=2, Mitoses=2 ; mitotic count 8 per 10 HPF at 40x power, Slide A5).
- TUMOR SIZE (GREATEST DIMENSION): 3.0 CM (Gross measurement).
- TUMOR NECROSIS: FOCALLY PRESENT IN INFILTRATING COMPONENT.
- MICROCALCIFICATIONS: PRESENT IN CARCINOMA AND BENIGN BREAST TISSUE.
- VENOUS / LYMPHATIC INVASION: PRESENT, EXTENSIVE.
- MARGINS: NEGATIVE
 - DISTANCE OF INFILTRATING TUMOR FROM THE NEAREST MARGIN IS 2.5 MM, FROM THE DEEP MARGIN (Slide A8). SEE COMMENT.
- INTRADUCTAL COMPONENT: PRESENT.
 - DUCTAL CARCINOMA IN SITU WITH APOCRINE FEATURES, HIGH NUCLEAR GRADE (G3), CRIBRIFORM AND SOLID TYPES WITHOUT DEFINITE NECROSIS.
- LYMPH NODES: SEE PARTS B-E.
- NIPPLE INVOLVEMENT: PRESENT WITHIN THE STROMA.
- SKIN INVOLVEMENT: ABSENT.
- MULTICENTRICITY: ABSENT.
- ESTROGEN RECEPTORS: POSITIVE (95-100% Nuclear staining, per
- PROGESTERONE RECEPTORS: POSITIVE (10% Nuclear staining, per
- HER2 by IHC: NEGATIVE (1+; per
- HER2 BY FISH: NOT PERFORMED.
- PATHOLOGIC STAGE: pT2 N1a Mx.
- ADDITIONAL PATHOLOGIC CHANGES:
 - FIBROCYSTIC CHANGES INCLUDING STROMAL FIBROSIS, MICROCYSTS AND APOCRINE METAPLASIA.
 - NODULAR SCLEROSING ADENOSIS.
 - MODERATE-FLORID USUAL DUCTAL HYPERPLASIA.

5-23-12
RO

SURGICAL PATHOLOGY REPORT

Patient: _____

Specimen #:

FINAL DIAGNOSIS (continued):

- FIBROADENOMATOID CHANGE.
- COLUMNAR CELL CHANGE WITHOUT ATYPIA.

- B. LYMPH NODE, RIGHT AXILLA (#1), SENTINEL BIOPSY:
- ONE LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA.
 - LARGEST METASTATIC FOCUS: 1.5 CM.
 - MICROSCOPIC FOCUS (0.8 MM) OF EXTRANODAL EXTENSION BY CARCINOMA IDENTIFIED.
 - SEE COMMENT.
- C. LYMPH NODE, RIGHT AXILLA, NON-SENTINEL BIOPSY:
- ONE OF TWO LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA.
 - LARGEST METASTATIC FOCUS = 1.1 CM.
 - NEGATIVE FOR EXTRANODAL EXTENSION BY CARCINOMA.
- D. LYMPH NODE, RIGHT AXILLA (#2), SENTINEL BIOPSY:
- ONE LYMPH NODE, NEGATIVE FOR METASTATIC CARCINOMA BY H AND E AND IMMUNOHISTOCHEMISTRY.
 - SEE COMMENT.
- E. LYMPH NODE, RIGHT AXILLA (#2), NON-SENTINEL BIOPSY:
- TWO LYMPH NODES, NEGATIVE FOR METASTATIC CARCINOMA BY H AND E.

Comment: Part A - The tumor that is closest to the margin is present within a lymphatic space.

Parts B and D are examined per the _____ sentinel node protocol, with four step sections and intervening sections examined by immunohistochemistry for pancytokeratin (x2). Control stains are reviewed.

** Report Electronically Signed Out **

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CLINICAL DIAGNOSIS AND HISTORY:

yo diagnosed with right breast cancer

PRE-OPERATIVE DIAGNOSIS:

right breast cancer

SURGICAL PATHOLOGY REPORT

Patient: _____

Specimen #: _____

POST-OPERATIVE DIAGNOSIS:
none provided

GROSS DESCRIPTION:

A: Received fresh, labeled with the patient's name, _____ and designated "Right Breast, long-lateral, short-superior, double-deep stitches" consists of a 344 gm mastectomy specimen oriented with short stitch superior, long stitch lateral. The specimen measures 20.0 cm superior to inferior, 18.0 cm medial to lateral, and 3.0 cm anterior to posterior. The darkly pigmented superficial skin ellipse measures 9.5 x 3.5 cm and displays a 1.0 cm centrally located, flat nipple free of discharge. The deep margin is inked black and the superficial margin is inked blue. Serial sections reveal a centrally located, well-defined mass measuring 3.0 cm (superior to inferior) x 2.5 x 2.5 cm. The mass is subjacent to (and continuous with) the nipple and comes to within 1.3 cm of the deep margin. The cut surface is pink-white, firm and gritty with peripheral congestion. The fibrous tissue surrounding the mass is markedly dense and diffusely nodular, suggestive of an additional focal lesion. The remainder of the specimen is composed moderately of dense fibrous tissue admixed with lobulated, yellow-tan adipose tissue. No lymph nodes are identified. Representative sections are submitted.

Cassette Summary: A1- nipple with subjacent mass; A2- mass with deep margin; A3-A5- mass; A6- mass with skin; A7-A8- deep margin to tumor, central breast; A9- lower mid, adjacent (inferior) to tumor; A10- margin of A9; A11- central breast, adjacent (medial) to tumor; A12- margin of A11; A13- upper outer quadrant, 4.5 cm from tumor; A14- margin of A13; A15- lower outer quadrant, 4.5 cm from tumor; A16- lower inner quadrant with deep adjacent to tumor; A17- upper inner quadrant adjacent to tumor; Matched sections of A1, A3-A7, A9, A11, A13 and A15-A17 are submitted in OCT for _____ protocol.

B: Received fresh, labeled with the patient's name, _____ and designated "Sentinel Node #1 Right Axilla" consists of a 1.5 x 1.2 x 0.7 cm possible lymph node. The lymph node is bisected to reveal a firm, tan-white cut surface. The specimen is submitted in cassette B1. A matched section of section of B1 is submitted in OCT for _____ protocol.

C: Received fresh, labeled with the patient's name, _____ and designated "Non-Sentinel Lymph Node Right Axilla" consists of two possible lymph nodes measuring 1.5 x 1.0 x 0.5 cm and 0.5 cm in greatest dimension. The cut surface of the larger possible lymph node is pink-white and firm. The lymph nodes are submitted as follows:

Cassette Summary: C1- one lymph node; C2- one lymph node bisected. A matched section of C1 is submitted in OCT for _____ protocol.

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Specimen #: _____

GROSS DESCRIPTION (continued):

D: Received in formalin, labeled with the patient's name _____ designated "Sentinel Node #2 Right Axilla" consists of one irregular shaped fragment of yellow lobular adipose tissue measuring 1.5 cm in greatest dimension. Sectioning reveals one possible lymph node measuring 0.6 cm in greatest dimension. Specimen submitted in its entirety.

E: Received fresh, labeled with the patient's name _____ and designated "Non-Sentinel Node #2" consists of two possible lymph nodes measuring 2.0 x 1.0 x 0.7 cm and 0.7 cm in greatest dimension. Sectioning of both possible lymph nodes reveals a pink-tan, unremarkable cut surface. The lymph nodes are entirely submitted as follows:
Cassette Summary: E1-E2- one lymph node; E3- one lymph node bisected.

A matched section of E2 is submitted in OCT for _____ protocol.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPAA Discrepancy		
Prior Malignancy History		
Asynchronous Primary Note		
Case is (circle):		
Reviewer Initials	QUALIFIED	DISQUALIFIED
Date Reviewed	5/10/12	

1/17/12