



Surgical Pathology Report

Name:	xxxx	Case #:	X
DOB:		Collected:	
Gender:	F	Received:	x
MRN:	x	Reported:	x
Location:	x		
Physician:	x		

Pathologic Interpretation:

A. LEFT AXILLARY # 1

Negative for carcinoma, four lymph nodes examined (0/4).

Keratin immunostain is pending.

B. LEFT AXILLARY, , PALPABLE:

Negative for carcinoma, four lymph nodes examined (0/4).

Keratin immunostain is pending.

C. LEFT SEGMENTAL MASTECTOMY:

INVASIVE DUCTAL CARCINOMA, poorly differentiated, Nottingham grade 3 (3+3+3=9), 3.1 cm in greatest dimension.

Immunohistochemical studies performed on previous biopsy showed the following results:

Estrogen Receptor:	NEGATIVE (< 1%)
Progesterone Receptor:	NEGATIVE (< 1%)
Her2/neu	NEGATIVE (0)
Androgen Receptor:	NEGATIVE
EGFR:	POSITIVE
GCDPF:	NEGATIVE
HLA-DR:	Immunohistochemistry is pending

Skin is uninvolved by tumor.

Resection margins are uninvolved by invasive carcinoma; the tumor is at less than 1 mm from the deep resection margin.

Negative for lymphatic space invasion.

ICD-O-3
Carcinoma, infiltrating ductal NOS
8500/3
Site @ Breast NOS
C50.9
W 7/24/13

SURGICAL PATHOLOGY CANCER CASE SUMMARY

Procedure

Excision without wire-guided localization

Lymph Node

Sentinel lymph node(s)

Specimen Laterality

Left

Histologic Type of Invasive Carcinoma

Invasive ductal carcinoma (no special type or not otherwise specified)

Tumor Size: Size of Largest Invasive Carcinoma

Greatest dimension of largest focus of invasion >1 mm: 31 mm

Histologic Grade: Nottingham Histologic Score

Glandular (Acinar)/Tubular Differentiation

Score 3: <10% of tumor area forming glandular/tubular structures

Nuclear Pleomorphism

Score 3: Vesicular nuclei, often with prominent nucleoli, exhibiting marked variation in size and shape, occasionally with very large and bizarre forms

Mitotic Rate

Score 3 (≥ 8 mitoses per mm²) (see Table 1)

Overall Grade

Grade 3: scores of 8 or 9

Tumor Focality

Single focus of invasive carcinoma.

Ductal Carcinoma In Situ (DCIS)

No DCIS is present

Lobular Carcinoma In Situ (LCIS)

Not identified

Margins

Invasive Carcinoma

Margins uninvolved by invasive carcinoma

Distance from closest margin: 1 mm

Specify margin: Deep

Lymph Nodes

Number of sentinel lymph nodes examined: 8

Total number of lymph nodes examined (sentinel and nonsentinel): 0

Number of lymph nodes without tumor cells identified: 8

Method of Evaluation of Sentinel Lymph Nodes

Hematoxylin and eosin (H&E), 1 level

Immunohistochemistry

Treatment Effect: Response to Presurgical (Neoadjuvant) Therapy

In the Breast

No known presurgical therapy

In the Lymph Nodes

No known presurgical therapy

Lymph-Vascular Invasion

Not identified

Dermal Lymph-Vascular Invasion

Not identified

Pathologic Staging (based on information available to the pathologist) (pTNM)

Primary Tumor (Invasive Carcinoma) (pT)

pT2: Tumor >20 mm but ≤ 50 mm in greatest dimension

Regional Lymph Nodes (pN)

pN0: No regional lymph node metastasis identified histologically

Distant Metastasis (pM)

Not applicable

Ancillary Studies

Performed on another specimen
Specify specimen (accession number): XXX

Estrogen Receptor (ER)

Results and interpretation:
Negative (<1% of tumor cells with nuclear positivity)

Progesterone Receptor (PgR)

Results and interpretation:
Negative (<1% of tumor cells with nuclear positivity)

HER2 Immunoperoxidase Studies

Results:
Negative (Score 0)

AJCC Classification (7th edition): pT2, pN0, pMn/a

Procedures/Addenda:**Addendum**

Date Ordered:
Date Complete:
Date Reported:

Status:

Addendum Diagnosis**A. LEFT AXILLARY #1**

Keratin immunohistochemistry is negative.

B. LEFT AXILLARY, PALPABLE:

Keratin immunohistochemistry is negative.

Final AJCC Classification (7th edition): pT2 (sn)N0(i -) Mn/a

Addendum Diagnosis**ADDENDUM C:**

Immunohistochemistry for HLA-DR is positive in tumoral cells.

This neoplasm is consistent with an invasive ductal carcinoma, medullary type.

Intraoperative Consultation:

A. Left axillary #1, FS: No malignancy seen

B. Left axillary, palpable, FS1-3: No malignancy seen.

x.

Clinical History:

Patient with palpable breast cancer, please evaluate margins and lymph nodes.

Operation / Treatment: Left segmental mastectomy with sentinel lymph node biopsy, possible axillary node dissection

Carcinoma left breast

Fee Codes:

A: LEFT AXILLARY #1, **FS** Frozen section x 1, FS Perm x 1, Touch Prep Histology x 1, FSDeep 1 x 1, Cytokeratin Cocktail (KER) x 1, H&E, Initial x 1

B: LEFT AXILLARY,, **PALPABLE FS** Frozen section x 1, FS Perm x 1, Touch Prep Histology x 1, Cytokeratin Cocktail (KER) x 1, Frozen section x 1, FS Perm x 1, Cytokeratin Cocktail (KER) x 1, Frozen section x 1, FS Perm x 1, Cytokeratin Cocktail (KER) x 1, H&E, Initial x 1, Cytokeratin Cock

C: LEFT SEGMENTAL MASTECTOMY (1 SUTURE -SUPEIOR, 2 SUTURES - MEDIAL) H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, HLA-DR (IP) x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E,

A. Received fresh labeled "Left axillary #1, _____ FS" is a fragment of adipose tissue that measures 5 x 4 x 2 cm. There are four palpable lymph nodes present. The lymph nodes are bisected and submitted for frozen section (cassette #1FS). Representative sections of the remaining adipose tissue are submitted in cassette #2.

B. Received fresh labeled "Left axillary , palpable, FS" is a fragment of adipose tissue that measures 4 x 4 x 2 cm. There are four palpable lymph nodes present. The lymph nodes are bisected and submitted for frozen section in cassettes #1-3FS. The rest of the specimen is submitted in cassettes #4-8.

C. Received in formalin labeled "Left segmental mastectomy (1 suture –superior, 2 sutures –medial)" is a lumpectomy specimen weighing 120 grams and measuring 9 x 8 x 3.5 cm, with an unremarkable dark skin ellipse measuring 3.3 x 1.3 cm. The specimen is inked as follows: superior-blue, inferior-green, anterior-yellow, deep-black, medial-red, lateral-orange. Upon sectioning, there is a 3.1 x 3.0 x 3.0 cm well circumscribed, nodular tumor, white-tan, with an elastic consistency and central cavity. A metallic clip is identified in the central of the tumor. The tumor is grossly at less than 0.1 cm from the deep margin, 0.4 cm from the superior margin, 1.0 cm from the lateral margin, 2.0 cm from the medial margin, 2.5 cm from the anterior and skin margin, 4.0 cm from the inferior margin. The rest of the specimen has a cut surface, yellow-tan and homogeneous. Cassettes are submitted as follows:

- | | |
|------------------|--|
| Cassette #1 | Tumor in relation with deep and superior margins |
| Cassette #2 | Medial margin |
| Cassette #3 | Lateral margin |
| Cassette #4 | Anterior margin (and skin) |
| Cassette #5 | Inferior margin |
| Cassette #6 | Area of tumor with clip |
| Cassettes #7&8 | Composite section of the tumor |
| Cassettes #9-12 | Additional sections of the tumor |
| Cassettes #13-15 | Representative sections of the rest of specimen |

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous is Primary Noted		<input checked="" type="checkbox"/>
Case is (circle): <u>QUALIFIED</u> / DISQUALIFIED		
Reviewer Initials: <u>WJ</u> Date Reviewed: <u>7/11/13</u>		