Surgical Pathology Report

Name: DOB: Gender: MRN: Location: Physician:

Case #: Collected: Received: Reported: Copy To:

Pathologic Interpretation:

LEFT BREAST LUMPECTOMY 1 STITCH SUPERIOR, 2 STITCHES LATERAL, SKIN IS ANTERIOR:

- Invasive poorly differentiated ductal carcinoma, 2.2 cm in greatest linear dimension, Nottingham Grade 3 (3+3+3).
- Tumor is less than 0.1 cm from the posterior and lateral margins.
- Lymphovascular invasion is present.
- Tumor cells are negative for ER, PR, HER-2 by immunohistochemistry.

100-0-3

Carcinoma, infiltrating ductal, was 8500, Site: breast, NOS C50.9 3/12/11 4

B. SENTINEL LYMPH NODE #1 COUNT 171:

- Metastatic carcinoma in one lymph node with extranodal extension (1/1).

C. SENTINEL LYMPH NODE #2 COUNT 82:

- Metastatic carcinoma in one lymph node with extranodal extension (1/1).
- D. NON-SENTINEL NODE:
 - Metastatic carcinoma in one lymph node with extranodal extension (1/1).
- E. **LEFT AXILLARY CONTENTS:**
 - Metastatic carcinoma in eleven out of twelve lymph nodes (11/12) with extranodal extension.

<u>Tumor Summary</u>

Specimen:

Partial breast

Procedure:

Excision without wire-guided localization

Lymph Node Sampling:

- Sentinel lymph node
 - **Axillary dissection**

Specimen integrity:

Single intact specimen

Specimen Size:

Greatest dimension: 9 cm

Additional dimensions: 5 x 6 cm.

Specimen Laterality:

Left

Tumor Size:

Greatest dimension of largest focus of invasion over 0.1 cm: 2.2 cm

Tumor Focality:

Single focus of invasive carcinoma

Macroscopic Extent of Tumor:

Skin: Invasive carcinoma does not invade into the dermis or epidermis

Skeletal Muscle: No skeletal muscle present.

Histologic Type:

- Invasive ductal carcinoma.

Histologic Grade (Nottingham Histologic Score):

Score 3

Nuclear Pleomorphism:

Score 3:

Mitotic Count:

Score 3

Overali Grade:

- Grade 3:

Margins:

- Uninvolved by invasive carcinoma.
 - Distance from closest margin: <1.0 mm



- Distance from posterior margin: <1.0 mm
- Distance from lateral margin: <1.0 mm

Treatment Effect:

- In the breast:
 - No known presurgical therapy

In the Lymph Nodes:

No known presurgical therapy.

Lymph-Vascular invasion:

Present.

Dermal Lymph-Vascular invasion:

Not identified

Extranodal Extension:

- Present

Method of Evaluation of Sentinel Lymph Nodes:

- H&E multiple levels

Pathologic Staging (pTNM):

- Primary Tumor (pT): pT2
- Regional Lymph Nodes (pN): pN3a.
- Distant Metastasis (pM): Not applicable.

Ancillary Studies:

- Estrogen Receptor:
 - Performed on this specimen: Results: Less than 1% immunoreactive cells present.
- Progesterone Receptor:
 - Performed on this specimen: Results: Less than 1% immunoreactive cells present.
- HER2/neu:
 - Performed on this specimen: Results: Negative (Score 0)

Microcalcifications:

Present in invasive carcinoma.

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory. These ASRs are clinically useful indicators that do not require FDA approval. These ciones are used: IDS=ER, PgR 636=PR, A485=HER2, H-II=EGFR. All immunohistochemical stains are used with formallin or molecular fixed, paraffin embedded tissue. Detection is by Envision Method. The results are read by a pathologist as positive or negative.

> As the attending pathologist, I attest that I: (1) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).

> > , MD

Electronically Signed Out By

Intraoperative Consultation

- , FS: Metastatic carcinoma in lymph nodes, consistent with a breast primary. B. Sentinel lymph node #1 count
- , FS: Metastatic carcinoma in lymph node. C. Sentinel lymph node #2 count

MD

Clinical History:

None provided





Left breast lumpectomy with sentinel node biopsy

Pre Operative Diagnosis:

Left breast mass

Specimen(s) Received:

A: Left breast lumpectomy 1 stitch superior, 2 stitches lateral, skin is anterior (permanent)

B: Sentinel lymph node #1 count FS

C: Sentinel lymph node #2 count FS

D: Non-sentinel node

E: Left axillary contents

Gross Description:

- A. Received in formalin is a yellow ovoid tissue weighing 74 grams and measuring 9 x 5 x 6 cm. The specimen is oriented with one short suture-superior margin and double black sutures-lateral margin. At the anterior aspect, there is an ellipse of white skin, 4 x 1.2 x 0.3 cm. Margins inked as follows: superior margin in blue, inferior margin in green, lateral margin in orange, medial margin in red, anterior margin in yellow and posterior margin in black. On multiple cross sections, there is an ill-defined firm tumoral mass with focally hemorrhagic areas measuring 2.2 x 2 x 2 cm, present at less than 0.1 cm from deep margin (closest margin) and 0.5 cm from anterior margin, 2 cm from superior and inferior margins. The rest of the breast presents a white fibrotic breast tissue, the stroma to fat ratio is approximately 30-70%. Representative sections are submitted in twelve cassettes as follows:
 - 1 Superior margin
 - 2 Inferior margin
 - 3 Lateral margin
 - 4 Medial margin
 - 5 Anterior margin (skin)
 - 6&7 Deep margin with tumor
 - 8-10 Tumor
 - 11&12 Breast stroma
- B. Received fresh are two lymph nodes measuring from 1 cm to 4 x 1 x 0.8 cm. Submitted in toto in three cassettes for frozen section as follows:
 - Small lymph node
 - 2&3 Large lymph node
- C. Received fresh is a possible lymph node, 1.5 x 1 x 0.6 cm. Submitted in toto in one cassette for frozen section
- D. Received in formalin are two yellow, pale tan tissue fragments, the smaller one is 1.2 x 1 x 0.2 cm and the bigger one is 1.5 x 1.4 x 0.5 cm. Submitted in toto in two cassettes as follows:
 - 1 Smaller tissue
 - 2 Bigger tissue, bisected, submitted in toto
- E. Received is a yellow fibroadipose tissue segment, 11 x 9 x 2 cm. There are twelve possible lymph nodes ranging from 0.5 to 1.8 cm in greatest dimension. They are bisected. Representative sections are submitted in twelve cassettes as follows: One possible lymph node, bisected per block.

