

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



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PATIENT: [REDACTED] ACCT #: [REDACTED] LOC: [REDACTED]
AGE/SX: /F ROOM: [REDACTED]
REG DR: [REDACTED] DOB: [REDACTED] BED: [REDACTED]
STATUS: [REDACTED]

SPEC #: [REDACTED] RECD: [REDACTED] STATUS: [REDACTED]
COLL: [REDACTED] TIME IN FORMALIN: [REDACTED] hrs.
COLD ISCHEMIA TIME: [REDACTED] mins.

CLINICAL INFORMATION:

Pre-Op Diagnosis:
Remarks:

- Specimen(s): A. Left breast skin biopsy
B. Left breast lumpectomy - stitch marks area of interest
C. Left breast frozen section

MICROSCOPIC DIAGNOSIS

- A. "LEFT BREAST SKIN BIOPSY":
- INVASIVE CARCINOMA WITH EXTENSIVE VASCULAR LYMPHATIC INVASION
- B. "LEFT BREAST LUMPECTOMY STITCH MARKS AREA OF INTEREST":
- INVASIVE DUCTAL CARCINOMA
- RECEPTORS, HER2/NEU, KI-67 ANALYSIS PENDING
- SEE COMMENT FOR DETAILS
- C. "LEFT BREAST":
- INVASIVE DUCTAL CARCINOMA

ICD-O-3
Carcinoma, infiltrating duct NOS
8500/3
Site of Breast NOS
C50.9
JW 8/11/13

COMMENT(S)

COLLEGE OF AMERICAN PATHOLOGISTS PROTOCOL FOR THE EXAMINATION OF SPECIMENS WITH
INVASIVE CARCINOMA OF THE BREAST, BASED ON AJCC/UICC TNM, 7TH EDITION

The following classification should be adjusted based on additional clinical information.

PROCEDURE: Excision without wire-guided localization,
skin biopsy, left breast biopsy
LYMPH NODE SAMPLING: No lymph nodes identified
SPECIMEN LATERALITY: Left
HISTOLOGIC TYPE OF INVASIVE CARCINOMA: Invasive ductal carcinoma
TUMOR SIZE: 2.0 cm
HISTOLOGIC GRADE: Grade 3
Tubular Differentiation Score: 3
Nuclear Pleomorphism Score: 3
Mitotic Rate Score: 2
TUMOR FOCALITY: Single focus of invasive carcinoma
DUCTAL CARCINOMA IN SITU: Present high grade, not extensive

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SPEC #:

PATIENT:

(Continued)

COMMENT(S)

(Continued)

MACROSCOPIC/MICROSCOPIC EXTENT OF TUMOR: Skin: Invasive carcinoma directly invades into dermis without ulceration
MARGINS: Margins involved by invasive carcinoma
Margins uninvolved by ductal carcinoma in situ
LYMPH NODES: No lymph nodes identified
LYMPH-VASCULAR INVASION: Present
DERMAL-LYMPHATIC INVASION: Present
PATHOLOGIC STAGING: Primary Tumor: pT1c
Lymph Nodes: pNX
Distant Metastasis: Not applicable
Receptors, Her2/Neu, Ki-67 analysis pending
ANCILLARY STUDIES: Fibrocystic changes
ADDITIONAL PATHOLOGIC FINDINGS:

GROSS DESCRIPTION:

A. In formalin labeled with the patient's name and "left breast skin biopsy" is a 3 x 0.8 x 1.5 cm wedge biopsy of brown skin and underlying fatty tissue. The specimen is bisected lengthwise and totally submitted in blocks A1 and A2.

B. Received fresh labeled with the patient's name and "left breast lumpectomy, stitch marks area of interest" is a 7 gram aggregate of fibroadipose tissue. The specimen measures 6 x 5 x 2 cm. There is one portion which is sutured, and this portion measures 4 x 2 x 1.5 cm. On cross section, this portion shows an admixture of adipose tissue and streaky gray-white tissue possibly representing tumor. A section of this portion is submitted in blocks B1-B3. Additional sections of the other fragments of tissue are submitted in blocks B4-B6.

C. Received fresh for frozen section labeled with the patient's name and "left breast" are several fragments of firm, fatty tissue which measure together 2.5 x 2 x 1 cm. A representative portion of the firmer area is submitted in block C1 for frozen section. A cytologic scrape prep is prepared for Diff-Quik stain. The complimentary tissue submitted for frozen section is provided to the Tissue Bank coordinator. The remainder of the soft tissue is submitted in block C2 for permanent section.

MICROSCOPIC DESCRIPTION:

E-cadherin stains on specimens B and C demonstrate that they are positive. Control block stained appropriately.

INTRAOPERATIVE CONSULTATION:

- C. FROZEN SECTION DIAGNOSIS, LEFT BREAST BIOPSY:
- MALIGNANT CONSISTENT WITH INVASIVE CARCINOMA, POSSIBLE PLEOMORPHIC LOBULAR CARCINOMA
 - TISSUE PROVIDED TO TISSUE BANK COORDINATOR
 - RESULTS PHONED TO

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PATIENT:

(Continued)

PHOTO DOCUMENTATION

Image .

Signed ____ (signature on file) ____

** END OF REPORT **

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Notes		✓
Case is (check):		
Reviewed: <i>W 8/1/13</i>		

QUALIFIED *DOES* DISQUALIFIED *6/1/13*