

FINAL DIAGNOSIS:

PART 1: LYMPH NODE, LEFT AXILLARY, SENTINEL NODE #1, BIOPSY -

- A. TWO OF THREE LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA (2/3) (see comment).
- B. LARGEST METASTATIC FOCUS IS 0.4 CM (Slide 1FS).
- C. EXTRACAPSULAR EXTENSION IS IDENTIFIED (Slide 1FS).

PART 2: LYMPH NODE, LEFT AXILLARY, SENTINEL NODE #2, BIOPSY -

ONE LYMPH NODE, NEGATIVE FOR METASTATIC CARCINOMA (0/1) (see comment).

PART 3: BREAST, LEFT, TOTAL MASTECTOMY -

- A. TWO (2) FOCI OF INVASIVE CARCINOMA, LARGER TUMOR IS DUCTAL AND MEASURES 2.5 CM IN GREATEST DIMENSION, AND THE SMALLER TUMOR IS LOBULAR AND MEASURES 1.0 CM IN GREATEST DIMENSION (see comment).
- B. LARGER TUMOR NOTTINGHAM GRADE 3 (TUBULE FORMATION 3, NUCLEAR PLEOMORPHISM 3, MITOTIC ACTIVITY 3; TOTAL SCORE 9/9).
- C. SMALLER TUMOR NOTTINGHAM GRADE 2 (TUBULE FORMATION 3, NUCLEAR PLEOMORPHISM 2, MITOTIC ACTIVITY 1; TOTAL SCORE 6/9).
- D. DUCTAL CARCINOMA IN-SITU (DCIS), NUCLEAR GRADE 3, SOLID TYPE WITH COMEDO-TYPE NECROSIS, COMPRISING 5% OF THE LARGER TUMOR.
- E. RESECTION MARGINS ARE FREE OF TUMOR.
- F. FOCAL LOBULAR CARCINOMA IN SITU AND ATYPICAL LOBULAR HYPERPLASIA.
- G. FOCAL ATYPICAL DUCTAL HYPERPLASIA.
- H. SCLEROSING ADENOSIS AND FIBROCYSTIC CHANGES WITH ASSOCIATED MICROCALCIFICATIONS.
- I. CHANGES CONSISTENT WITH PREVIOUS CORE BIOPSY SITES.
- J. TUMOR IS ESTROGEN AND PROGESTERONE POSITIVE AND HER2/NEU NEGATIVE AS PER CORE BIOPSIES REPORTS.
- K. NIPPLE AND SKIN, NEGATIVE FOR CARCINOMA.

PART 4: BREAST, RIGHT, TOTAL MASTECTOMY -

- A. FLORID DUCTAL EPITHELIAL HYPERPLASIA AND COLUMNAR CELL CHANGE ASSOCIATED WITH MICROCALCIFICATIONS.
- B. SCLEROSING ADENOSIS.
- C. PSEUDOANGIOMATOUS STROMAL HYPERPLASIA.
- D. FIBROCYSTIC CHANGES WITH ASSOCIATED MICROCALCIFICATIONS.
- E. UNREMARKABLE NIPPLE AND SKIN.

PART 5: LYMPH NODES, LEFT AXILLARY, DISSECTION -

TWENTY LYMPH NODES, NEGATIVE FOR METASTATIC CARCINOMA (0/20) (see comment).

SYNOPTIC - PRIMARY INVASIVE CARCINOMA OF BREAST

LATERALITY: Left
PROCEDURE: Simple mastectomy
LOCATION: Upper outer quadrant
Lower outer quadrant
SIZE OF TUMOR: Maximum dimension invasive component: 2.5 cm
MULTICENTRICITY/MULTIFOCALITY OF INVASIVE FOCI: Yes
TUMOR AGGREGATE SIZE: Sum of the sizes of multiple invasive tumors: 3.5 cm
TUMOR TYPE (invasive component): Ductal adenocarcinoma, NOS, Infiltrating lobular carcinoma
HISTOLOGIC TYPE: Classical
NOTTINGHAM SCORE: Nuclear grade: 3
Tubule formation: 3
Mitotic activity score: 3
Total Nottingham score: 9
Nottingham grade (1, 2, 3): 3
ANGIOLYMPHATIC INVASION: Yes
DERMAL LYMPHATIC INVASION: No
CALCIFICATION: Yes, benign zones
Yes, malignant zones
TUMOR TYPE, IN SITU: Solid
DCIS admixed with invasive carcinoma
Percent of tumor occupied by in situ component: 5 %
SURGICAL MARGINS INVOLVED BY INVASIVE COMPONENT: No
Distance of invasive tumor to closest margin: 5 mm
SURG MARGINS INVOLVED BY IN SITU COMPONENT: No
Distance of in situ disease to closest margin: 5 mm
PAGET'S DISEASE OF NIPPLE: No
LYMPH NODES POSITIVE: 2
LYMPH NODES EXAMINED: 24
METHOD(S) OF LYMPH NODE EXAMINATION: H/E stain, Keratin stain
SENTINEL NODE METASTASIS: Yes
ONLY KERATIN POSITIVE CELLS ARE PRESENT: No
SIZE OF NODAL METASTASES: Diameter of largest lymph node metastasis: 4 mm
LYMPH NODE METASTASIS(-ES) WITH EXTRACAPSULAR EXTENSION: Yes
SKIN INVOLVED (ULCERATION): No
NON-NEOPLASTIC BREAST TISSUE: ADH, FCD
T STAGE, PATHOLOGIC: pT2
N STAGE, PATHOLOGIC: pN1a
M STAGE, PATHOLOGIC: pMX
ESTROGEN RECEPTORS: positive
PROGESTERONE RECEPTORS: positive
HER2/NEU: zero or 1+
Comment: Nottingham grade is recorded for the ductal carcinoma. Nottingham score for the lobular carcinoma is nuclear grade 2, tubule formation 3, and mitotic activity 1 for a

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
Primary Tumor Type Discrepancy		
Primary Tumor Grade Discrepancy		
Primary Tumor Extent Discrepancy		
Primary Tumor Histology Discrepancy		
Primary Tumor Staining Discrepancy		
Primary Tumor Treatment Discrepancy		
Primary Tumor Follow-up Discrepancy		
Primary Tumor Other Discrepancy		
Other Discrepancy		

3/31/11