



Sample

FINAL PATHOLOGIC DIAGNOSIS

Mastectomy and sentinel lymph node biopsy,

A. Left axillary sentinel node #1:

- Single lymph node, no tumor (0/1).

B. Left axillary sentinel node #2:

- Single lymph node, no tumor (0/1).

C. Mastectomy, left breast:

- Invasive ductal carcinoma, SRB grade II, with focal necrosis.

- Ductal carcinoma in situ, high nuclear grade, solid type.

- Focal Paget's disease of the nipple.

- Uninvolved breast parenchyma with focal flat epithelial atypia, columnar cell change, ductal hyperplasia of usual type, intraductal papilloma.

D. Left axillary base, non-sentinel lymph node:

- Two lymph nodes, no tumor (0/2).

ICD-O-3
Carcinoma, Infiltrating Duct NOS

8500/3

Site: Path, Breast at 6:00

CQCF Breast, NOS
C50.8
C50.9

QW 12/24/12

Breast Pathologic Parameters

1. Invasive carcinoma:

A. Size: Gross measurement: 6.5cm

B. Composite histologic (modified SBR) grade II

- Architecture: 3

- Nuclear grade: 2

- Mitotic count: 1

C. Associated ductal carcinoma in situ (DCIS):

- High nuclear grade, solid type.

- Associated with (forming 5% of tumor volume) and extending away (focal to involved lactiferous ducts and nipple) from index lesion

2. Excisional biopsy margins: Free of tumor

- DCIS >1cm from deep (closest) margin

- Invasive carcinoma 5mm from deep (closest) margin

3. Blood vessel and lymphatic invasion:

- Rare microscopic foci worrisome for lymphatic involvement in breast parenchyma.

4. Axillary lymph nodes: Negative for tumor (0/4)

5. Special studies (see

- Strong expression of ER in 100% of invasive tumor nuclei

- Strong expression of PR in 100% of invasive tumor nuclei

- Her2/neu antigen (FISH): pending on prior biopsy material.

6. pTNM: pT3, N0(sn), MX.

Clinical History:

The patient is a -year-old female with palpable left breast mass. Biopsy at outside hospital showed invasive ductal carcinoma, ER/PR positive, HER-2 negative. Breast MRI on showed left inferior irregular margin with irregular mass and heterogenous enhancement at 6 o' clock position. Multiple contiguous satellite lesions are present predominantly extending anterior from the mass. Overall dimensions are 6.4 x 6.1 x 4.1 cm. The right breast was normal. Bilateral axillae were normal.

Specimens Received:

- A: Left axillary sentinel node
- B: Left axillary sentinel node
- C: Left breast
- D: Non-Sentinel node base of axilla

Gross Description:

The specimen is received in four containers each labeled with the patient's name and medical record number.

A. Container A is further identified as, 3left axillary sentinel node4.
Received fresh is a 2.5 x 1.5 x 1.0 cm apparent lymph node with blue ink. The specimen is bisected and entirely submitted for frozen section with the diagnosis of 3no evidence of tumor4 per . The frozen remnant is entirely submitted in cassette A1FS.

B. Container B is further identified as, 3left axillary sentinel node4.
Received fresh is a 2.0 x 1.5 x 1.0 cm apparent lymph node with blue ink. The specimen is bisected and entirely submitted for frozen section with a diagnosis of 3no evidence of tumor4 per . The remnant of the frozen section is entirely submitted in cassette B1FS.

C. Container C is further identified as, 3left breast4. Received fresh and placed in formalin is a specimen mastectomy weighing 1100 grams measuring 23.8 cm from medial to lateral, 17.4 cm from superior to inferior, 6.0 cm from anterior to posterior. The specimen is oriented with two short sutures designated as superior and two long sutures designated as lateral. The breast is overlaid with 14.5 x 10.5 cm adipose and skin. Eccentrically located is a 5.8 x 5.2 cm areola with a nipple with a diameter of 1.5 cm. The nipple areolar complex displays no evidence of ulceration or retraction. The deep fascia is inked black and the specimen is sectioned from medial to lateral into ten

slices, with the medial slice designated as slice 1. The nipple is located in slice 4 and slice 5. A 6.5 x 4.9 x 3.3 cm mass is located in slice 4 through slice 7. The mass is white and firm and inferior to the nipple. The margin of the mass is irregular especially at the anterior aspect. A satellite lesion is identified superior and anterior to the index mass located in slice 5 measuring 1.5 x 1.1 x 1.1 cm and is 0.4 cm from the nearest skin. The mass is 1.0 cm from the closest inked margin on slice 5. A 2.0 x 2.0 x 1.5 cm black discolored area is identified in slice 3 and 4 and another 4.0 x 3.8 x 2.0 cm blue discolored area is identified on slice 5 and 6. The remainder of the breast consists approximately 17% of adipose tissue and 30% of breast duct parenchyma. Additional masses or nodules are not grossly identified. Representative sections are submitted as follows:

C1: nipple

C2-C3: areola

C4-C7: full section of the tumor on slice 5 with cassette 4 showing the closest deep margin and cassette

6 showing the satellite lesion and the closest skin

C8: section from slice 5 showing satellite lesion and the closest skin

C9: representative sections from the tumor on slice 6

C10: inner upper quadrant slice 3

C11: inner upper quadrant slice 4

C12: inner lower quadrant slice 3

C13: inner lower quadrant slice 2

C14: outer upper quadrant slice 5

C15: outer upper quadrant slice 8

C16: outer lower quadrant slice 8

D. Container D is further identified, as 3 non-sentinel node base of axilla left. Received fresh and placed in formalin are two apparent lymph nodes measuring 1.8 x 1.0 x 0.6 cm and 1.2 x 0.7 x 0.5 cm. The specimen is entirely submitted in cassettes D1-D2 with one lymph node in each cassette bisected.

Intraoperative Consult Diagnosis:

A1FS. Left axillary sentinel node: No evidence of tumor.

B1FS. Left axillary sentinel node: No evidence of tumor.

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
IPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (circle) <u>QUALIFIED</u> <u>DISQUALIFIED</u>		
Reviewer Initials <u>KMM</u> Date Reviewed <u>12/21/12</u>		