



RUN DATE:
 RUN TIME:
 RUN USER:

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PATIENT:

ACCT #:

REG DR:

AGE/SX:

ROOM:

DOB:

BED:

STATUS:

SPEC #:

RECD:

STATUS:

COLL:

TIME IN FORMALIN:

hrs.

COLD ISCHEMIA TIME:

mins.

CLINICAL INFORMATION:

Pre-Op Diagnosis: Left breast cancer

Remarks:

Specimen(s): A. Left breast - green is 12 o'clock
 B. Left axilla, level 1 and 2

MICROSCOPIC DIAGNOSIS

A. LEFT BREAST (TOTAL MASTECTOMY):

- INVASIVE DUCTAL CARCINOMA, TWO SEPARATE FOCI
- COMBINED HISTOLOGIC GRADE 3 OF 3
- LARGEST INVASIVE CARCINOMA MEASURES 2.8 CM IN GREATEST DIMENSION
- HIGH-GRADE DUCTAL CARCINOMA IN SITU PRESENT
- MARGINS UNINVOLVED BY INVASIVE CARCINOMA WITH CLOSEST MARGIN DEEP AT 4 MM
- MARGINS UNINVOLVED BY IN SITU CARCINOMA WITH CLOSEST MARGIN DEEP AT 1 MM
- SEE COMMENT FOR SYNOPTIC REPORT

B. LEFT AXILLARY LYMPH NODES, LEVELS 1 AND 2 (DISECTION):

- METASTATIC CARCINOMA IN ONE OF FOUR LYMPH NODES

ICD-6-3
 Carcinoma, infiltrating duct
 Site ① Breast NOS
 ② Breast, central portion
 85003
 C50.9
 C50.1
 10/10/13

COMMENT(S)

CAP APPROVED SURGICAL PATHOLOGY CANCER CASE SUMMARY: INVASIVE CARCINOMA OF THE BREAST

PROCEDURE:

Total mastectomy

LYMPH NODE SAMPLING:

Axillary dissection, levels 1 and 2

SPECIMEN LATERALITY:

Left

HISTOLOGIC TYPE OF

INVASIVE CARCINOMA:

Invasive ductal carcinoma

TUMOR SIZE:

Greatest dimension of largest focus of invasion: 2.8 cm

HISTOLOGIC GRADE:

NOTTINGHAM HISTOLOGIC SCORE:

Glandular/tubular differentiation: Score 3

Nuclear pleomorphism: Score 3

Mitotic rate: Score 3

Overall grade: Grade 3

TUMOR FOCALITY:

Multiple foci of invasive carcinoma

Number of foci: 2

Sizes of individual foci: 2.8 cm and 1.3 cm

DUCTAL CARCINOMA IN SITU:

DCIS is present

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(Continued)

COMMENT(S)

(Continued)

MARGINS:

Size of DCIS: Estimated size of DCIS at least 5 cm
Nuclear grade: Grade III
Necrosis: Present, central
Invasive carcinoma: Margins uninvolved by invasive carcinoma

LYMPH NODES:

Distance from closest margin: 4 mm to deep
DCIS: Margins uninvolved by DCIS
Distance from closest margin: 1 mm to deep
Total number of lymph nodes examined: 4
Number of lymph nodes with metastasis: 1
Size of largest metastatic deposit: 7 mm
Extranodal extension: Not identified

PATHOLOGIC STAGING:

Primary tumor: pT2
Regional lymph nodes: Category: pN1a
Distance metastasis: Not applicable

ANCILLARY STUDIES:

PERFORMED ON
Estrogen receptor: Positive (100% of tumor cells with nuclear positivity)
Average intensity of tumor cell nuclei staining: strong
Progesterone receptor: Positive (2% of tumor cells with nuclear positivity)
Average intensity of tumor cell nuclei staining: weak
HER2: Immunoperoxidase studies: Positive (Score 3+)

GROSS DESCRIPTION:

Received fresh for tissue banking labeled with the patient's name and designated "left breast" is a 1,094 gram, 24.0 x 23.0 x 5.5 cm fibrofatty breast. The breast has an overlying 22.0 x 8.5 cm portion of tan-white skin. The skin has a central 6.5 x 5.5 cm areola and 1.5 cm raised nipple. There is a green suture on the skin designating 12 o'clock. An indurated nodule is present beneath the skin surface directly medial to the nipple and underlying the areola. The skin surface and areola have multiple plaque-like pigmented papules. The largest papule is superior and lateral at the edge of the areola. This papule is 1.6 x 0.8 cm. No additional scars or lesions are identified on the skin surface. The deep margin is ragged and fatty. The specimen is consistent with a simple mastectomy specimen.

The deep margin is inked blue, and the breast is sectioned to have a diffusely glistening fatty cut surface. A medial, 2.3 cm nodular tumor mass is present beneath the skin surface medial in the described area beneath the areola. The tumor has a focal multinodular appearance at the periphery, but appears to be one mass grossly. The mass is 0.7 cm from the skin surface, is 6.0 cm from superior, is 3.0 cm from inferior, is 5.0 cm from medial, and 18.5 cm from lateral. The tumor is at least 4.5 cm from the deep margin. The tumor has a central stellate, gritty indurated cut surface, and further sectioning shows the tumor to range up to 2.8 cm. A section of tumor is sampled for tissue banking. The remainder of the parenchyma is diffusely fatty with scant, delicate white fibrous tissue. No additional tumor-like masses are identified. The delicate white fibrous tissue makes up between 10-15% of the parenchyma. The tumor is most closely associated with the lower

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(Continued)

GROSS DESCRIPTION: (Continued)

inner quadrant. Further sectioning of the lower inner quadrant shows a deeper, separate, 1.3 x 0.7 x 0.5 cm possible tumor mass. This second described mass is 0.3 cm from the deep margin and is associated with the lower inner quadrant. This separate tumor is 5 cm from the first described tumor underlying the areola. The second mass is 4.5 cm from superior, 4.0 cm from inferior, 2.8 cm from medial, 20 cm from lateral. Representative sections are sampled as labeled:

- A1 - nipple entirely submitted
- A2 - en face section of areola
- A3 - pigmented skin papule
- A4 - deep margin associated with first described tumor mass
- A5-7 - sections of first described tumor mass to include mass to skin
- A8-10 - separate smaller circumscribed-appearing tumor mass at deep margin, entirely submitted
- A11 - upper outer quadrant
- A12 - lower outer quadrant
- A13 - upper inner quadrant
- A14 - lower inner quadrant (quadrant most closely associated with both tumor masses)

B. Received in formalin, labeled with the patient's name and "left axilla level 1 and 2" is a 5.0 x 4.0 x 2.5 cm aggregate of yellow adipose. The adipose is trimmed to have four nodular, fatty lymph nodes. The nodes range from 1.2 cm to 2.5 x 1.9 x 1.1 cm. The fat is trimmed and the nodes are sectioned to be entirely submitted as labeled:

- B1 - two lymph nodes with one lymph node bisected
- B2 - one lymph node bisected
- B3 - the largest lymph node bisected

PHOTO DOCUMENTATION

Signed ____ (signature on file) ____ [REDACTED]

** END OF REPORT **

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	[Signature]	[Signature]
Date Reviewed:	9/23/13	