

# Surgical Pathology Report

Name: [REDACTED]  
DOB: [REDACTED]  
Gender: F  
MRN: [REDACTED]  
Location: [REDACTED]  
Physician: [REDACTED]

Case #: [REDACTED]  
Collected: [REDACTED]  
Received: [REDACTED]  
Reported: [REDACTED]  
Copy To: [REDACTED]

## Pathologic Interpretation:

### A. LEFT BREAST LUMP MASS (1 STITCH SUPERIOR, 2 STITCHES LATERAL, 3 STITCHES DEEP):

- INVASIVE DUCTAL CARCINOMA, MICROPAPILLARY TYPE, MODERATELY DIFFERENTIATED, Nottingham grade 2 (3+2+1=6), 1.9 cm in greatest microscopic dimension.
- Lymphovascular invasion is seen.
- Resection margins are free of invasive carcinoma, closest margin is the anterior (4 mm).
- IN SITU DUCTAL CARCINOMA, INTERMEDIATE NUCLEAR GRADE (DIN 2) WITH EXTENSIVE NECROSIS, cribriform type, representing 10% of tissue sampled.
- Resection margins are free of DCIS, closest margin is the anterior (10 cm)
- Previous biopsy site
- See tumor summary.
- AJCC: pT1c, pN1a, pMn/a

### B. LEFT AXILLARY CONTENTS:

- Metastatic carcinoma in one out of twenty-three lymph nodes (1/23).
- Largest metastatic deposit is 2.5 mm.

## Tumor Summary

### Specimen:

- Partial breast

### Procedure:

- Excision without wire-guided localization

### Lymph Node Sampling:

- Axillary dissection (partial or complete dissection)

### Specimen Integrity:

- Single intact specimen (margins can be evaluated)

### Specimen Size:

- Greatest dimension: 11.5 cm
- \* Additional dimension: 7.5 x 3.5 cm.

### Laterality:

- Left

### Tumor Size: Size of Largest Invasive Carcinoma

- Greatest dimension of largest focus of invasion over 0.1 cm: 2 cm

### Tumor Focality:

- Single focus of invasive carcinoma

### Macroscopic and Microscopic Extent of tumor:

- Skin: Skin is not present
- Skeletal muscle: No skeletal muscle present

### Ductal Carcinoma In Situ (DCIS):

- DCIS is present

\*Size (Extent) of DCIS: Representing 10% of tumoral surface

Architectural Patterns: Cribriform

Nuclear Grade: Grade II (intermediate)

Necrosis: Present, central (expansive "comedo" necrosis)

### Lobular Carcinoma In Situ (LCIS):

- Not identified.

### Histologic Type of Invasive Carcinoma:

- Invasive micropapillary carcinoma

### Histologic Grade: Nottingham Histologic Score

Glandular (Acinar)/Tubular Differentiation: Score 3

Nuclear Pleomorphism: Score 2

1CD-0-3

Carcinoma, invasive micropapillary

Site: breast, NOS C50.9 3/12/11

mu

8507/3

UUID: F59530A5-7370-4E77-9099-9F38B25A38EB  
TCGA-EW-A1PE-01A-PR



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Mitotic Count: Score 1

Overall Grade: Grade 2: score of 6

**Margins:**

- Margins uninvolved by invasive carcinoma
  - Distance from closest margin: 4 mm (anterior)
- Margins uninvolved by DCIS:
  - Distance from closest margin: 10 mm (anterior)

**Treatment Effect: Response to Presurgical (Neoadjuvant) therapy:**

- In the Breast: No known presurgical therapy
- In the Lymph Nodes: No known presurgical therapy

**Lymph-Vascular Invasion: PRESENT**

\*Dermal Lymph-Vascular Invasion: No skin present

**Lymph Nodes:**

- Number of sentinel lymph nodes examined: 0
- Total number of lymph nodes examined (sentinel and Nonsentinel): 23
- Number of lymph nodes with macrometastases (>0.2 cm): 1
- Number of lymph nodes with micrometastases (>0.2 mm to 0.2 cm and /or >200 cells): 0
- Number of lymph nodes with isolated tumor cells (≤0.2 mm and ≤200 cells): 0
- Size of largest metastatic deposit (if present): 2.5 mm

\*Extranodal Extension: Not identified

**Pathologic Staging (pTNM)**

- Primary Tumor: pT1c
- Regional Lymph Nodes: pN1a
- Distant Metastasis: Not applicable

**Ancillary Studies:**

**Estrogen Receptor:**

- Performed on another specimen: ; Results: Immunoreactive tumor cells present (≥1%).

**Progesterone Receptor:**

- Performed on another specimen: ; Results: Immunoreactive tumor cells present (≥1%).

**Her2:**

- Performed on another specimen: ; Results: Negative

**AJCC classification (7<sup>th</sup> ed) pT1c, pN1a, pMn/a**

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 clones are used: ID5-ER, PgR 636-PR, A4A3-HER2, H-11-EGFR. All immunohistochemical stains are used with formalin 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: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).*

\*\*\*Electronically Signed Out By\*\*\*

**Clinical History:**

None Provided

**Operation Performed**

Left breast lumpectomy with axillary node dissection

**Pre Operative Diagnosis:**

Breast cancer, female

**Specimen(s) Received:**

- A: Left breast lump mass (1 stitch superior, 2 stitches lateral, 3 stitches deep)
- B: Left axillary contents

**Gross Description:**

- A. Received in formalin is a 180 gram 11.5 x 7.5 x 3.5 cm left lumpectomy specimen without wire guide. The specimen is oriented with one stitch superior, two stitches lateral and three stitches deep. Resection margins are inked as follows: Superior blue, inferior green, medial red, lateral orange, deep black, anterior yellow. On serial section through the specimen, there is a tan-white ill-defined indurated mass with infiltrating borders that measures 2.0 x 2.0 x 1.5 cm. This mass is present at 0.6 cm from the anterior margin, 2.0 cm from the superior margin, 2.2 cm from the inferior margin, 2.4 cm from the deep margin, 3.8 cm from the lateral margin and 2.7 cm from the medial margin. An area of tan-white fibrosis is present adjacent to the mass. This area measures 2.8 x 2.0 x 2.0 cm. No other lesions are identified. The breast parenchyma has a fat to stroma ratio of 80-20. Sections submitted as follows:
- 1 Anterior margin (closest)
  - 2 Inferior margin
  - 3 Superior and deep margin
  - 4 Lateral and deep margins
  - 5-8 Lesions submitted in toto
  - 9 Representative section of fibrotic area adjacent to lesion
- B. Received in formalin is a segment of tan-yellow fibroadipose tissue, measuring 13.0 x 11.0 x 4.0 cm. Examination of the specimen reveals multiple possible lymph nodes, measuring up to 2.4 cm. Sections submitted as follows:
- 1-7 One lymph node bisected per cassette
  - 8 Four lymph nodes per cassette
  - 9-12 Three lymph nodes per cassette

MD

| Criteria                        | Yes                   | No                                  |
|---------------------------------|-----------------------|-------------------------------------|
| Diagnosis Discrepancy           |                       | <input checked="" type="checkbox"/> |
| Primary Tumor Site Discrepancy  |                       | <input checked="" type="checkbox"/> |
| HPAA Discrepancy                |                       | <input checked="" type="checkbox"/> |
| Prior Malignancy History        |                       | <input checked="" type="checkbox"/> |
| Local/Synchronous Primary Noted |                       | <input checked="" type="checkbox"/> |
| Case is (circle):               | QUALIFIED             | DISQUALIFIED                        |
| Reviewer Initials               | Date Reviewed: 5/4/11 |                                     |