



RUN DATE:
 RUN TIME:
 RUN USER:

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

SPEC #: [REDACTED]	RECD: [REDACTED]	STATUS: [REDACTED]	PERFORMED AT: [REDACTED]
	COLL: [REDACTED]	TIME IN FORMALIN: 3:56	hrs.
		COLD ISCHEMIA TIME: 0:00	mins.

CLINICAL INFORMATION:

Pre-Op Diagnosis:

Remarks:

Specimen(s): Left modified radical mastectomy - stitch at axilla

ICD-O-3
Carcinoma, infiltrating lobular NOS 8520/3
Site: L Y breast NOS C50.9
JW 4/3/14

MICROSCOPIC DIAGNOSIS

LEFT BREAST, MODIFIED RADICAL MASTECTOMY:

- INFILTRATING LOBULAR CARCINOMA, PLEOMORPHIC TYPE
- MODIFIED NOTTINGHAM HISTOLOGIC GRADE 2 OF 3; NUCLEAR SCORE 2 OF 3, TUBULAR FORMATION SCORE 3 OF 3, MITOTIC SCORE 1 OF 3 (THREE MITOTIC FIGURES PER SQUARE MILLIMETER)
- TUMOR MEASURES 10 CM AND EXHIBITS EXTENSIVE LYMPH-VASCULAR INVASION
- SURGICAL MARGINS FREE OF TUMOR WITH NEAREST MARGIN 0.3 CM FROM TUMOR, INFERIOR MARGIN
- METASTATIC LOBULAR CARCINOMA PRESENT IN 28 OF 28 AXILLARY LYMPH NODES, 5 CM GREATEST DIMENSION WITH EXTRACAPSULAR EXTENSION
- SEE COMMENT FOR SYNOPTIC REPORT

COMMENT(S)

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

PROCEDURE:	Total mastectomy (including nipple and skin)
LYMPH NODE SAMPLING:	Axillary dissection
SPECIMEN LATERALITY:	Left
HISTOLOGIC TYPE OF INVASIVE CARCINOMA:	Invasive lobular carcinoma
TUMOR SIZE:	Size of largest invasive carcinoma
	Greatest dimension of largest focus of invasion > 1 mm: 10 cm
HISTOLOGIC GRADE:	Glandular/tubular differentiation: Score 3
	Nuclear pleomorphism: Score 2
	Mitotic rate: Score 1
	Overall grade: Grade 2
TUMOR FOCALITY:	Single focus of invasive carcinoma
DUCTAL CARCINOMA IN SITU:	No DCIS is present
MARGINS:	Invasive carcinoma: Margins uninvolved by invasive carcinoma
	Distance from closest margin: 0.3 cm, inferior

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Specimen Inquiry
Lab Database:

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SPEC #: PATIENT: (Continued)

COMMENT(S) (Continued)

LYMPH NODES: Number of lymph nodes examined: 28
Number of lymph nodes with macrometastases: 28
PATHOLOGIC STAGING: Primary tumor: pT3
Regional lymph nodes: pN3a
Distant metastasis: Not applicable
ANCILLARY STUDIES: Estrogen receptor: Positive (100% of tumor cells with nuclear positivity)
Progesterone receptor: Positive (2% of tumor cells with nuclear positivity)
Immunoperoxidase studies: Positive

GROSS DESCRIPTION:

Received fresh for tissue banking, labeled with the patient's name and "left modified radical mastectomy" is a 1758 gram, 28.0 x 25.0 x 6.5 cm fibrofatty breast. The breast is received with an 11.0 x 8.5 x 4.0 cm axillary tail consistent with a modified radical mastectomy specimen. There is a 22.0 x 9.0 cm tan-white skin ellipse which has a centrally located, 5.5 x 4.5 cm ovoid areola and central 1.5 cm nipple. No scars or lesions are identified on the skin's surface. The deep fascial margin is smooth with delicate strands of fibroskeletal muscle. The breast is sectioned to have diffuse, ill defined indurated nodularity. This area of indurated nodularity is ill defined and is central to inferior. The nodule extends to cover a region which is 10.0 x 7.0 x 7.0 cm. Central within this region is a 4.0 x 3.5 x 3.0 cm solid mass. The tumor is sampled for tissue banking from the solid mass. The more solid appearing mass is 4 cm from the deep margin; however the indurated nodularity is 2.3 cm from the deep margin with focal nodules being 2.0 cm. The measurable mass is 2.5 cm from inferior and approximately 11 cm from superior, the mass is approximately 8 cm from medial and 9 cm from lateral. There is focal petechial hemorrhage associated with the mass and consistent with a previous biopsy. The dense, white-fibrous tissue makes up approximately 40% of the parenchyma. The tumor appears to be predominantly central and inferior within the breast with finger-like, indurated extensions into each quadrant. There are two large lymph nodes present in the upper outer quadrant. The axilla is sectioned to have multiple, indurated nodular lymph nodes. The largest lymph node is a linear 5.0 x 2.0 x 1.0 cm. Representative sections are sampled as labeled:

- 1 - nipple trisected
- 2 - en face section of areola
- 3 - deep margin overlying more solid appearing tumor mass sampled
- 4-7 - sections of described, solid tumor mass
- 8 - section of possible tumor extension abutting inked, inferior, peripheral margin
- 9 - sections of upper outer quadrant biopsy cavity
- 10 - sections from upper outer quadrant
- 11 - lower outer quadrant sampled
- 12 - upper inner quadrant
- 13 - lower inner quadrant
- 14-15 - representative sections of two separate, large axillary lymph nodes associated with upper outer quadrant
- 16 - whole lymph nodes
- 17 - whole lymph nodes

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SPEC #:

PATIENT:

(Continued)

GROSS DESCRIPTION: (Continued)

18 - whole lymph nodes
19 - whole lymph nodes
20 - whole lymph nodes
21 - whole lymph nodes
22 - one large lymph node sampled
23-24 - largest described axillary lymph node sampled

INTRAOPERATIVE CONSULTATION:

IMMEDIATE GROSS EVALUATION, LEFT RADICAL MASTECTOMY:

- LARGE INVASIVE TUMOR, PROCESSED FOR TUMOR BANKING
- SURGICAL MARGINS GROSSLY FREE OF TUMOR

PHOTO DOCUMENTATION

Image
Image
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 Noted		
Case Is (Clinical):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 1/3/14	