



Surgical Pathology Report

=== Case #: ===

Name: XX

MRN: XX

Gender: M

DOB:

Location: xx

Collected:

Received: xx

ICD-O-3
Carcinoma, infiltrating duct
NOS 8500/3
Site C62.9
④ Breast NOS C50.9
path
④ Breast, central portion
C50.1
QW 7/24/13

=====FINAL DIAGNOSIS=====

A. SENTINEL NODE NO.1 COUNT NO

ISOLATED TUMOR CELLS in one lymph node (1/1).

Immunohistochemistry for keratin confirms the diagnosis.

B. SENTINEL NODE NO.2 COUNT NO..

Negative for carcinoma one lymph node (0/1).

Immunohistochemistry for keratin performed on 2 slides (BFS1, BFS2)
confirms negative for cancer.

C. SENTINEL NODE NO.3 COUNT NO

Negative for carcinoma one lymph node (0/1).

Immunohistochemistry for keratin performed on 2 slides (CFS1, CFS2)
confirms negative for cancer.

D. SUSPICIOUS NODE:

Negative for carcinoma one lymph node (0/1).

Immunohistochemistry for keratin performed on 2 slides (DFS1, DFS2)
confirms negative for cancer.

E. LEFT BREAST:

INVASIVE DUCTAL CARCINOMA, poorly differentiated, Nottingham grade 3 (2+3+3=8), 2.1 cm.

DUCTAL CARCINOMA IN SITU, high nuclear grade (DIN 3), solid type, associated with necrosis.

Surgical resection margins are free of invasive carcinoma, <0.5 mm from inked deep margin.

Previous biopsy site identified.

Unremarkable skin and nipple.

AJCC Staging: pT2, (sn)pN0(i+), pMn/a

See Cancer Case Summary.

Surgical Pathology Cancer Case Summary:

INVASIVE CARCINOMA OF THE BREAST:

Procedure:

Total mastectomy (including nipple and skin)

Lymph Node Sampling:

Sentinel lymph nodes

Specimen Laterality:

Left

Tumor Site: Invasive Carcinoma:

Central (posterior to nipple)

Histologic Type of Invasive Carcinoma:

Invasive ductal carcinoma (no special type or not otherwise specified)

Tumor Size: Size of Largest Invasive Carcinoma:

Greatest dimension of largest focus of invasion >1 mm: 21 mm

Histologic Grade: Nottingham Histologic Score:

Glandular (Acinar)/Tubular Differentiation:

Score 2: 10% to 75% of tumor area forming glandular/tubular structures

Nuclear Pleomorphism:

Score 3: Vesicular nuclei, often with prominent nucleoli, exhibiting marked

variation in size and shape, occasionally with very large bizarre forms

Mitotic Rate:

Score 3 (greater than or equal to 8 mitoses per mm²)

Overall Grade:

Grade 3: scores of 8 or 9

Tumor Focality:

Single focus of invasive carcinoma

Ductal Carcinoma In Situ (DCIS):

DCIS is present

Negative for extensive intraductal component (EIC)

Size (Extent) of DCIS:

Estimated size (extent) of DCIS: at least 2.5 mm

Number of blocks with DCIS: 2

Number of blocks examined: 8

Architectural Patterns:

Solid

Nuclear Grade:

Grade III (high)

Necrosis:

Present, focal (small foci or single cell necrosis)

Lobular Carcinoma In Situ (LCIS): Not identified

Margins:

Invasive Carcinoma:

Margins uninvolved by invasive carcinoma

Distance from closest margin: <0.5 mm

Specify margin: Deep

DCIS:

Margins uninvolved by DCIS

Lymph Nodes:

Number of sentinel lymph nodes examined: 4

Total number of lymph nodes examined (sentinel and nonsentinel): 4

Number of lymph nodes with isolated tumor cells: 1

Number of lymph nodes without tumor cells identified: 3

Extranodal Extension:
Not identified

Method of Evaluation of Sentinel Lymph Nodes:
Hematoxylin and eosin (H&E), 1 level
Immunohistochemistry

Treatment Effect: Response to Presurgical Therapy:
In the Breast: No known presurgical therapy
In the Lymph Nodes: No known presurgical therapy

Lymph-Vascular Invasion
Not identified

Dermal Lymph-Vascular Invasion:
Not identified

Pathologic Staging (based on information available to the pathologist) (pTNM)

Primary Tumor (Invasive Carcinoma)(pT):
pT2: Tumor > 20 mm but < or equal to 50 mm in greatest dimension

Regional Lymph Nodes:

Modifier: sn: Only sentinel nodes evaluated

Category (pN)
pN0 (i+): Malignant cells in regional lymph nodes no greater than 0.2 mm and no more than 200 cells

Distant Metastasis (pM)
Not applicable

Ancillary Studies: Performed on another specimen

Estrogen Receptor (ER):
Positive Immunoreactive tumor cells present
Quantitation: >50%

Progesterone Receptor (PgR):
Negative (<1% of tumor cells with nuclear positivity)

HER2:
Immunoperoxidase Studies
Negative (Score 0)

Electronically Signed Out by:
XX,

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory (Her 2, Parvo, H. pylori, HBcore) . These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID5=ER, PgR 636=PR, A485=HER2, H-11=EGFR, CCH2/DDG9=CMV, F39.4.1=AR and

HPV by ISH. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by The results are read by a pathologist as positive or negative.

=====Intraoperative Consultation=====

- A. SENTINEL NODE NO.1 COUNT NO. (FS): Negative for carcinoma.
- B. SENTINEL NODE NO.2 COUNT NO. (FS): Negative for carcinoma.
- C. SENTINEL NODE NO.3 COUNT NO. (FS): Negative for carcinoma.
- D. SUSPICIOUS NODE (FS): Negative for carcinoma.

XX, MD

=====Gross Description=====

- A. Received fresh and labeled 3SENTINEL NODE NO.1 COUNT NO. (FS)4 is a yellow, fibrofatty tissue. Lymph node is identified measuring 2.0 x 0.8 x 0.3 cm. Bisected and submitted in toto in one cassette for frozen section.
- B. Received fresh and labeled 3SENTINEL NODE NO.2 COUNT NO. (FS)4 is a yellow fibrofatty tissue. Lymph node is identified measuring 1.5 x 0.5 x 0.3 cm. Bisected and submitted in toto in one cassette for frozen section. Cassette 2 remainder of specimen in one cassette.
- C. Received fresh and labeled 3SENTINEL NODE NO.3 COUNT NO. (FS)4 is a yellow fibrofatty tissue. Lymph node is identified measuring 1.0 x 1.0 x 0.3 cm. Bisected and submitted in toto in one cassette for frozen section. Cassette 2 is remainder of fibrofatty tissue in one cassette.
- D. Received fresh and labeled 3SUSPICIOUS NODE (FS)4 is a lobulated fibrofatty tissue. One lymph node is identified measuring 2.3 x 1.0 x 0.4 cm. Bisected and submitted in one cassette for frozen section. Cassette 2 remainder of specimen in toto.

E. Received in formalin and labeled 3LEFT BREAST / 1 SHORT STITCH SUPERIOR; 1 LONG STITCH LATERAL (FRESH)4 is a lumpectomy specimen oriented with two sutures by surgeon as dictated. Specimen is inked as follows: superior, blue; inferior, green; deep, black; lateral, orange; medial, red. Specimen measures from medial to lateral 14.0 cm, superior to inferior 13.0 cm and anterior to posterior 2.2 cm. The specimen weighs 103.0 grams. Sectioning reveals a firm, well defined tan nodule identified with a metallic clip. The nodule measures 2.1 cm medial to lateral, 2.0 cm from superior to inferior and 1.5 cm from anterior to posterior. The closest inked margin is the deep margin, 0.1 cm. The other margins are as follows: 0.5 cm from superior, 0.5 cm from inferior, 1.2 cm from lateral, 2.5 cm from medial, 0.1 cm from deep and is covered in the anterior aspect by the overlying skin. There is a segment of dark brown skin ellipse with nipple measuring 6.5 x 2.5 cm overlying the lesion. Specimen submitted in cassettes as follows:

- 1 Section through the lesion in the superior to inferior direction with deep margin
- 2&3 Composite of the lesion in relation with deep margin, inferior and superior margin and overlying skin
- 4 Additional section of the lesion
- 5 Additional section of the lesion around the nipple area
- 6 Additional section of the lesion
- 7 Section through the nipple
- 8 Representative section of the medial and lateral margin

XX, MD (Resident)

Clinical History:

Left male breast cancer

Pre Operative Diagnosis:

Not provided

Operation:

Left breast total mastectomy, sentinel node biopsy, possible axillary dissection, possible internal mammary sentinel node biopsy

Specimen(s) Received:

- A: SENTINEL NODE NO.1 COUNT NO. (FS)
 B: SENTINEL NODE NO.2 COUNT NO. (FS)
 C: SENTINEL NODE NO.3 COUNT NO. (FS)
 D: SUSPICIOUS NODE (FS)
 E: LEFT BREAST / 1 SHORT STITCH SUPERIOR; 1 LONG STITCH LATERAL (FRESH)

| Criteria | Yes | No |
|--------------------------------|-----------------------|--------------|
| Diagnosis Discrepancy | | |
| Primary Tumor Site Discrepancy | | |
| IPAA Discrepancy | | |
| Prior Malignancy History | | |
| Qual/Synchronous Primary Noted | | |
| Case is (circle): | QUALIFIED | DISQUALIFIED |
| Reviewer Initials | Date Reviewed: 1/9/13 | |