



SURGICAL PATHOLOGY REPORT



Date Reported:

SPECIMEN(S) RECEIVED

A: RIGHT TOTAL MASTECTOMY
 B: SENTINEL LYMPH NODE #1 HOT
 C: SENTINEL LYMPH NODE #2 HOT
 D: SENTINEL LYMPH NODE #3 HOT

FINAL DIAGNOSIS

A. RIGHT TOTAL MASTECTOMY:

SYNOPTIC REPORT

MICROSCOPIC:

HISTOLOGIC TYPE: INVASIVE DUCTAL CARCINOMA

SIZE OF INVASIVE COMPONENT: 3.4 x 3.0 x 2.5 cm

TUMOR FOCALITY:
 SINGLE FOCUS OF INVASION

MACRO/MICRO EXTENT OF INVASIVE TUMOR

SKIN
 TUMOR DOES NOT INVADE DERMIS/ EPIDERMIS

NIPPLE
 DCIS DOES NOT INVOLVE THE NIPPLE EPIDERMIS

SKELETAL MUSCLE
 SKELETAL MUSCLE IS PRESENT AND IS FREE OF CARCINOMA

DUCTAL CARCINOMA-IN-SITU (DCIS):
 DCIS IS PRESENT
 EXTENSIVE INTRADUCTAL COMPONENT (EIC) NEGATIVE

LOBULAR CARCINOMA-IN-SITU (LCIS):
 NOT IDENTIFIED

HISTOLOGIC MODIFIED SCARFF-BLOOM-RICHARDSON GRADE: 2/3

MARGINS
 MARGINS UNINVOLVED BY INVASIVE CARCINOMA
 DISTANCE FROM CLOSEST MARGIN: 2.0cm (DEEP)
 MARGINS UNINVOLVED BY DCIS
 DISTANCE FROM CLOSEST MARGIN: GREATER THAN 2.0cm (DEEP)

C4E ICD-O-3
 Carcinoma, infiltrating duct NOS
 path 8500/3
 Carcinoma, infiltrating duct w/mixed
 types 8524/3
 Site: @ Breast NOS C50.9
 @ Breast, mixed C50.8
 G. J 4/30/14

MICROCALCIFICATIONS:
PRESENT IN DCIS

TREATMENT EFFECT:
RESPONSE TO NEOADJUVANT THERAPY

IN THE BREAST:
NO KNOWN PRESURGICAL THERAPY

IN THE LYMPH NODES:
NO KNOWN PRESURGICAL THERAPY

VENOUS / LYMPHATIC INVASION:
NOT IDENTIFIED

SKIN / DERMAL LYMPHATIC INVASION:
NOT IDENTIFIED

LYMPH NODES:
NUMBER OF SENTINEL LYMPH NODES EXAMINED: 3
TOTAL NUMBER OF LYMPH NODES EXAMINED (SENTINEL AND NONSENTINEL): 4
NUMBER OF LYMPH NODES WITH MACROMETASTASES (>0.2 CM): 0
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): 0

EXTRANODAL EXTENSION: N/A

METHOD OF EVALUATION OF SENTINEL LYMPH NODES:
H&E, MULTIPLE LEVELS

NOTE: ER/ PR/ HER-2/ MIB-1 RESULTS: SEE PRIOR REPORT

MACROSCOPIC

SPECIMEN TYPE: TOTAL BREAST

PROCEDURE: TOTAL MASTECTOMY

LYMPH NODE SAMPLING: SENTINEL LYMPH NODES WITH PARTIAL AXILLARY DISSECTION.

SPECIMEN INTEGRITY: SINGLE INTACT SPECIMEN

SPECIMEN SIZE: 27 x 17 x 3.5 cm

LATERALITY: RIGHT

TUMOR SITE: 12 O'CLOCK POSITION

AJCC PATHOLOGIC STAGE (AJCC 7TH ED.): (pT2, pN0).

B. SENTINEL LYMPH NODE #1 HOT:
ONE (1) REACTIVE LYMPH NODE.
NO METASTATIC CARCINOMA IDENTIFIED.

C. SENTINEL LYMPH NODE #2 HOT:
ONE (1) REACTIVE LYMPH NODE.
NO METASTATIC CARCINOMA IDENTIFIED.

D. SENTINEL LYMPH NODE #3 HOT:
ONE (1) REACTIVE LYMPH NODE.
NO METASTATIC CARCINOMA IDENTIFIED.

*** Report Electronically Signed ***

CLINICAL DIAGNOSIS AND HISTORY

Right breast cancer
 See results
 right breast Ca

GROSS DESCRIPTION

The specimen is received fresh in four containers labeled with the patient's name, medical record number, and identified as A. "Right Total Mastectomy", B. "Sentinel Lymph Node #1 Hot", C. "Sentinel Lymph Node #2 Hot" and D. "Sentinel Lymph Node #3 Hot".

Specimen A consists of a mastectomy (811.1 grams, 27 x 17 x 3.5 cm) with a 22 x 9.5 cm skin ellipse and a centrally located unremarkable 1.2 cm nipple. The specimen has been oriented by the surgeon with a stitch indicating the tail of the specimen. The deep margin is inked black. The specimen is serially sectioned to reveal an irregular firm tan colored mass with focal hemorrhage and calcification (3.4 x 3 x 2.5 cm) in the 12:00 position, 2 cm to the deep margin, 1.2 cm to the anterior skin margin, and 2 cm to the nipple. The remaining breast parenchyma appears grossly unremarkable. One 0.7 cm lymph node is identified in the tail of the specimen. The specimen is submitted representatively as follows: A1 thru A3, tumor, A4-tumor and anterior skin, A5-anterior skin margin, A6-posterior deep margin, 7-nipple, A8 and A9-lateral upper quadrant, A10 and A11-lateral lower quadrant, A13-medial upper quadrant, A14 and A15-medial lower quadrant, 16-0.7 cm lymph nodes, bisected.

Specimen B consists of a 2.2 cm sentinel lymph node. The lymph node is serially sectioned and submitted entirely in two cassettes labeled B1 and B2.

Specimen C consists of a 2.5 cm sentinel lymph node. The lymph node is serially sectioned and submitted entirely in two cassettes labeled C1 and C2.

Specimen D consists of a 1 cm sentinel lymph node with fibroadipose tissue. Lymph nodes are serially sectioned and submitted entirely in two cassettes labeled D1 and D2.

Dictated by:

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	SC	Date Reviewed 3/14/14

By the signature above, the senior pathologist certifies that s/he personally conducted the evaluation of the described specimen(s) and rendered the diagnosis(es) related thereto.