

Surgical Pathology Report

Name: DOB:

Gender:

XXX

X

MRN: Location:

XX Physician: XXX Case #:

Collected:

Received:

Reported:

Х X

X

Caramoria, Idular villetating
1 8520/3

Ste: Cac F Different NAS C50.9

path Breast, upper-outer quadran
(40 7/24/13

Pathologic Interpretation:

A. LEFT BREAST SENTINEL NODE 1

One lymph node, negative for carcinoma (0/1).

Immunohistochemistry for keratin is pending.

B. LEFT BREAST SENTINEL NODE 2

One lymph node, negative for carcinoma (0/1).

Immunohistochemistry for keratin is pending.

C. LEFT BREAST LUMPECTOMY:

INVASIVE LOBULAR CARCINOMA, moderately differentiated, Nottingham grade 2 (3+2+1=6), 2.1 cm in greatest dimension.

Immunohistochemistry performed on previous core needle biopsy demonstrated the following staining pattern in the lesional cells:

ER:

POSITIVE (> 50%)

PR:

POSITIVE (10-50%)

HER2:

NEGATIVE (0)

E-Cadherin:

NEGATIVE (0)

Resection margins are negative for carcinoma.

Prior biopsy site changes present.

Atypical ductal hyperplasia.

See Surgical Pathology Cancer Case Summary.

Surgical Pathology Cancer Case Summary

Procedure

Excision without wire-guided localization Lymph Node Sampling Sentinel lymph node(s) Specimen Laterality

```
Left
Tumor Site: Invasive Carcinoma
        Position: 1 o'clock
Histologic Type of Invasive Carcinoma
        Invasive lobular carcinoma
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 3: <10% of tumor area forming glandular/tubular structures
         Nuclear Pleomorphism
                  Score 2: Cells larger than normal with open vesicular nuclei, visible nucleoli, and moderate
                  variability in both size and shape
         Mitotic Rate
                  Score 1 (≤3 mitoses per mm²)
         Overall Grade
                  Grade 2: scores of 6 or 7
Tumor Focality (required only if more than 1 focus of invasive carcinoma is present)
         Single focus of invasive carcinoma
Ductal Carcinoma In Situ (DCIS) (select all that apply)
         No DCIS is present
Lobular Carcinoma In Situ (LCIS)
         Not identified
Margins
         Invasive Carcinoma
                  Margins uninvolved by invasive carcinoma
                  Distance from closest margin: 2.5 mm
                  Specify margin: Anterior
Lymph Nodes (required only if lymph nodes are present in the specimen)
 Number of sentinel lymph nodes examined: 2
 Total number of lymph nodes examined (sentinel and nonsentinel): 2
         Number of lymph nodes with macrometastases (>2 mm): 0
         Number of lymph nodes with micrometastases (>0.2 mm to 2 mm and/or >200 cells): 0
 Method of Evaluation of Sentinel Lymph Nodes (select all that apply)
         Hematoxylin and eosin (H&E), 1 level
         H&E. multiple levels
         Immunohistochemistry to follow
 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
          Not identified
 Dermal Lymph-Vascular Invasion
          No skin present
 Pathologic Staging (based on information available to the pathologist) (pTNM)
          Primary Tumor (Invasive Carcinoma) (pT)
                           Tumor >20 mm but ≤50 mm in greatest dimension
                  pT2:
 Regional Lymph Nodes (pN)
          Modifier (required only if applicable)
                           Only sentinel node(s) evaluated
                   (sn):
                   No regional lymph node metastasis identified histologically
          pN0:
 Distant Metastasis (pM)
          Not applicable
 Ancillary Studies
 (required only if available at time of report completion) (select all that apply)
          Performed on another specimen
          Specify specimen (accession number): ----
```

Estrogen Receptor (ER)

Results and interpretation:

Positive Immunoreactive tumor cells present (>50%)

Progesterone Receptor (PgR)

Results and interpretation:

Positive Immunoreactive tumor cells present (10-50%)

HER2

Immunoperoxidase Studies

Results:

Negative (Score 0)

Microcalcifications (select all that apply)

Present in invasive carcinoma

AJCC Classification (7th edition): pT2, (sn)pN0, pMn/a

Final AJCC classification will be issued after the keratin immunostain.

XX, XX.

Electronically Signed Out By

Procedures/Addenda Addendum

Date Ordered:

Status:

Date Complete: Date Reported:

Addendum Diagnosis

A. Immunohistochemistry for keratin is negative.

B. Immunohistochemistry for keratin is negative.

Final AJCC pT2 sn N0 (i-) Mn/a

XX

stains

stains

Intraoperative Consultation

A. Sentinel node 1,

FS: No malignancy seen. However, final diagnosis pending Immunohistochemical

B. Sentinel node 2,

FS: No malignancy seen. However, final diagnosis pending Immunohistochemical

Clinical History:

Lobular carcinoma, ER+, RR+, HER (-)

Operation Performed

Left lumpectomy with sentinel node biopsy and possible axillary dissection

Pre Operative Diagnosis:

None Provided

Specimen(s) Received/Processing Information:

Codes:

A: LEFT BREAST SENTINEL NODE 1 Frozen section x 1, FS Perm x 1, Touch
Prep Histology x 1, Cytokeratin Cocktail (KER) x 1

B: LEFT BREAST SENTINEL NODE 2 Frozen section x 1, FS Perm x 1, Touch
Prep Histology x 1, Cytokeratin Cocktail (KER) x 1

C: LEFT BREAST LUMPECTOMY 1 SUPERIOR 2 LATERAL 3 DEEP H&E, Initial x 1, H&

Gross Description:

- A. Received fresh labeled "Sentinel lymph node count 1" containing 1.3 x 1.0 x 1.0 cm pale yellow soft lymph node. Bisected and submitted in toto in one cassette for frozen section.
- B. Received fresh labeled "Sentinel node 2 count" containing 1.3 x 1.0 x 1.0 cm pale yellow, soft lymph node. It is bisected and submitted in toto in one cassette for frozen section.
- C. Received in formalin labeled "Left breast lumpectomy, 1 superior, 2 lateral 3 deep" is a lumpectomy specimen of the breast weighing 180 grams. It is oriented with sutures by the surgeon. It measures 7.5 cm in superior to inferior, 7.0 cm medial to lateral surface, 3.5 cm anterior to the posterior surface. The specimen is inked as follows: Blue superior, green inferior, red medial, orange lateral, black posterior, yellow anterior. Upon sectioning, there is a 2.0 x 1.6 x 1.2 cm tan-white, firm gritty mass with stellate borders. It is approximately round to oval in shape. The mass contains a metallic clip measuring 3 mm. The mass is closest to the anterior margin which is 0.7 cm away. It is 3.0 cm away from the posterior margin, 2.0 cm from the superior margin, 2.6 cm from the inferior margin, 4.0 cm from the medial margin and 2.5 cm from the lateral margin. The rest of the breast parenchyma is yellow and soft with fat to stroma ratio 90's to 30. A piece of tumor measuring approximately1.0 x 1.0 cm is submitted to the tissue bank. Sections are submitted as follows:

Cassettes #1-6 Mass in toto (cassette 1 mass with clip)

Cassette #7
Cassette #8
Cassette #9
Cassette #10
Cassette #11
Cassette #12
Cassette #12
Cassette #13
Cassette #13
Cassette #13
Anterior margin
Posterior margin
Lateral margin
Superior margin
Inferior margin
Stroma

ingnosis Discrepancy
ingnosis Discrepancy
ingnosis Discrepancy
ingnosis Discrepancy
ingnosis Discrepancy
ingnosis Discrepancy
ingnosis Pringnosis Pringnos