

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:

BREAST, MASTECTOMY, PARTIAL/SIMPLE:

- Invasive poorly differentiated ductal carcinoma Nottingham grade 3(3+3+3), 8.5 cm in greatest dimension.
- Margins are free of tumor (See Tumor Summary).
- Metastatic carcinoma to two out of eight lymph nodes (2/8) with extranodal extension.
- The largest metastatic deposit 4.5 cm.

Tumor summary:

Specimen:

- Total breast

Procedure:

- Total mastectomy

Lymph Node Sampling:

- Axillary dissection

Specimen Integrity:

- Single intact specimen

Specimen Laterality:

- Right

Tumor Site:

- Upper outer quadrant

Tumor Size:

- Greatest dimension of largest focus of invasion over 0.1 cm: 8.5 cm

- Additional dimensions: 7.4 x 5.8 cm.

Tumor Focality:

- Single focus of invasive carcinoma

Macroscopic Extent of Tumor:

- Skin: Invasive carcinoma does not invade into the dermis or epidermis

- Skeletal Muscle: No skeletal muscle present.

Histologic Type:

- Invasive ductal carcinoma.

Histologic Grade (Nottingham Histologic Score):

- Score 3

Nuclear Pleomorphism:

- Score 3

Mitotic Count:

- Score 3

Overall Grade:

- Grade 3

Margins:

- Uninvolved by invasive carcinoma.

- Distance from closest margin: 5.0 mm (deep).

Treatment Effect:

- No known Presurgical therapy

In The Lymph Nodes: No known Presurgical therapy.

Lymph-Vascular Invasion:

- Present

Dermal Lymph-Vascular Invasion:

- Not identified.

Lymph Nodes:

- Total number of lymph nodes examined (sentinel and nonsentinel): 8

- Number of lymph nodes with macrometastases (>0.2 cm): 2

- Size of largest Metastatic deposit: 4.5 cm

Extranodal Extension:

- Present

Method of Evaluation of Sentinel Lymph Nodes:

ICD - O - 3

carcinoma, infiltrating ductal, nos 8500/3
Site: breast, nos C50.9 3/10/11 L



SURGICAL PATHOL Report

- Hematoxylin and eosin (H&E), one level

Pathologic Staging (pTNM):

- Primary Tumor (pT): pT3

- Regional Lymph Nodes (pN): pN1a.

- Distant Metastasis (pM): Not applicable.

Ancillary Studies:

- Estrogen Receptor:

- Performed on another specimen: [REDACTED]: Results: No immunoreactive tumor cells present.

- Progesterone Receptor:

- Performed on another specimen: [REDACTED]: Results: No immunoreactive tumor cells present.

- HER2/neu:

- Performed on another specimen: [REDACTED]: Results: Negative (Score 0)

AJCC: pT3, pN1a, M-n/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: ID3-ER, PgR 636-PR, A485-HER2, II-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:

Patient with cT3N1M0 carcinoma right breast - one large palpable mass axillary tail plus main mass in breast. Patient is [REDACTED])R done under para-vertebral block. Please evaluate margins and any submitted nodes

Operation Performed

Right total mastectomy

Pre Operative Diagnosis:

Triple negative carcinoma breast

Specimen(s) Received:

Breast, mastectomy, partial/simple

Gross Description:

Received in formalin is a mastectomy specimen, measuring 28.0 x 18.0 x 6.5 cm with an ellipse of skin attached, measuring 25.0 x 16.0 cm with a nipple attached. The specimen is oriented with one stitch marking the superior margin, two stitches marking the medial margin. The specimen has been previously opened with inked deep margin. Upon serial sectioning, there is an 8.5 x 7.4 x 5.8 cm white lesion located in the upper outer quadrant of the breast. The cut surface appears to be necrotic with foci of hemorrhage. The rest of the breast appear unremarkable with a stroma to fat ratio of 20 to 80%. Additionally, there is a 4.5 x 3.5 x 3.0 cm white-tan firm lesion located in the axilla. Those lesions are approximately 0.3 cm to the deep margin. Representative sections are submitted as follows:

- 1 Nipple
- 2 Tumor with skin
- 3 Tumor with deep margin

SURGICAL PATHOL Report

- 4 Another section of the tumor with deep margin
5 Section from the center of the tumor
6 Another section of the tumor, firm area and skin
7 One more section of the tumor
8 A section of the smaller lesion in the axilla with deep margin
9 Two more sections of the smaller tumor with deep margin
10 Another section of the smaller lesion
11 A section of the breast from the upper inner quadrant
12 Section of the breast from the inner lower quadrant
13 Section of the breast from the lower outer quadrant
14 Section from one possible lymph node, measuring 3.2 x 1.1 x 1.0 cm
15 One bisected possible lymph node
16 One trisected possible lymph node
17 One bisected possible lymph node
18 One bisected possible lymph node
19 One bisected possible lymph node
20 Adipose tissue with possible lymph node

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
tPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary, Noted		/
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED <input type="checkbox"/> DQUALIFIED		
Reviewer Initials: <i>[initials]</i>	Date Reviewed: <i>3/13/11</i>	