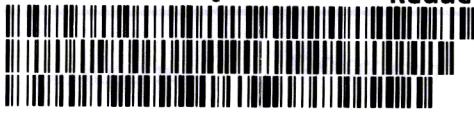


Redacted



Referring Physician:

DOB: Age: Gender: F

Ref#: Hosn#: Provider Group:

Date of Service: Date Received:

Case #:

Date Reported:

A copy of this report will be faxed to:

## FINAL SURGICAL PATHOLOGY REPORT

### Diagnosis:

#### A. -C.) RIGHT BREAST AND AXILLARY SENTINEL LYMPH NODES, LUMPECTOMY WITH SENTINEL LYMPH NODE BIOPSIES (X2):

- Invasive ductal carcinoma, Nottingham grade 3.
- Tumor size: 3.8 cm in diameter.
- Ductal carcinoma in situ (DCIS), high nuclear grade, solid type, with comedo necrosis and calcifications.
- DCIS is present in association with invasive carcinoma, at the periphery of the main tumor mass, does not extend significantly beyond the area of invasion, and comprises less than 10% of tumor volume.
- Lumpectomy margins are free of tumor.
- Carcinoma is located 0.3 cm from deep margin, and is at least 0.5 cm from all other margins.
- Metastatic carcinoma identified in one of two sentinel lymph nodes (the involved lymph node is sentinel lymph node with count 414).
  - The metastatic focus measures 1.2 cm in diameter; no extranodal extension is identified.
  - Metastatic carcinoma comprises approximately 40% of the involved lymph node volume.

#### PATHOLOGIC TUMOR STAGING SYNOPSIS:

Type and grade (invasive): Invasive ductal carcinoma, Nottingham grade 3.

Type and grade (in situ): DCIS, nuclear grade 3.

Primary tumor: pT2.

Regional lymph nodes: pN1a.

Distant metastasis: Not applicable.

Stage: IIB.

Lymphovascular invasion: Present.

Margin status: Negative (R0).

ICD-O-3  
Carcinoma, infiltrating duct  
850013

Site: R Breast NOS  
C50.9

4/2/14

#### Breast Invasive Tumor Staging Information

Case #:

Printed:

Page 1

This report continues... (FINAL)

Patient Name:

Pathology Report

Case #:

Specimen type:	Partial breast.
Specimen procedure:	Lumpectomy.
Lymph node sampling:	Sentinel lymph nodes.
Specimen integrity:	Intact specimen.
Specimen laterality:	Right.
Specimen size:	6.5 x 5.5 x 4.5 cm.
 INVASIVE TUMOR FEATURES:	
Invasive tumor size:	3.8 cm.
Invasive tumor site:	Upper-outer quadrant.
Invasive tumor focality:	Single focus.
Histologic type:	invasive ductal carcinoma.
Total Nottingham Grade:	3 of 3.
Tubule formation:	3 of 3.
Nuclear Pleomorphism:	3 of 3.
Mitotic count for Nottingham:	3 of 3.
Mitotic count:	Twenty-four mitoses in ten high power fields.
Lymphatic invasion:	Present
 MARGIN STATUS FOR INVASIVE COMPONENT:	
Distance of tumor from margins:	Negative (R0).
Closet margin:	0.3 cm.
Other margins:	Deep. All other margins are at least 0.5 cm from tumor.
 IN-SITU CARCINOMA (DCIS) FEATURES:	
DCIS extent:	Comprises less than 10% of tumor volume; DCIS identified only in area of invasive carcinoma.
Pattern:	Solid.
Nuclear grade:	High grade.
Necrosis:	Present.
Calcifications:	Present.
Margin status for DCIS component:	Negative.
Distance of In-situ from nearest margin:	At least 0.5 cm.
 LOBULAR CARCINOMA IN-SITU (LCIS):	
Skin:	Not applicable.
Nipple:	Not applicable.
Skeletal Muscle:	Not applicable.
 INVASIVE PATHOLOGIC TUMOR STAGING (pTNM)	
Primary tumor (pT):	pT2.
Regional lymph nodes (pN):	pN1a.

Case #:  
Printed:

Page 2  
This report continues... (FINAL)

Pathology Report

Case #: [REDACTED]

## FINAL SURGICAL PATHOLOGY REPORT

Distant metastasis (pM):

Not applicable.

### RECEPTOR STATUS AND HER2/NEU:

Estrogen receptors:

[REDACTED]  
0% positive cells.

Progesterone receptors:

[REDACTED]  
0% positive cells.

Her2/neu:

[REDACTED]  
1+.

Ki-67 proliferative index:

[REDACTED]  
70% positive cells..

Signed by [REDACTED]

### Source of Specimen:

- A. Breast lumpectomy;Right Breast
- B. Sentinel lymph node;Right Breast
- C. Sentinel lymph node;Right Breast

### Clinical History/Operative Dx:

Right breast mass/cancer

### Gross Description:

A. Specimen is labeled right breast lumpectomy. Initially received in fresh state for possible tumor bank studies is a 74 gram portion of yellow-tan fibrofatty soft tissue, 4.5 cm anterior-posterior, 5.5 cm superior-inferior, 8.5 cm medial-lateral. Three sets of sutures are present designated as follows: a double long designated inferior, a single long designated medial, a double short designated anterior. The margins are now differentially inked. The specimen is serially sectioned perpendicularly through the medial-lateral long axis to reveal a partially well demarcated dense gray-tan tumor mass, measuring upwards of 3.8 x 2.8 x 2.1 cm. The mass approaches within 0.3 cm of the posterior, 0.6 cm of the medial, 0.6 cm of the superior, 0.6 cm of the anterior, 1.0 cm of the lateral and 1.2 cm of the inferior surgical margins. The cut surfaces surrounding the tumor mass are lobular, admixed yellow-tan without additional discrete nodularity. Representative sections are submitted in a sequential fashion, lateral towards medial.

### Cassette summary:

A1-A2) slab 1, lateral margin

Printed:

Page 3

This report continues... (FINAL)

Pathology Report [REDACTED]

Case #: [REDACTED]

## FINAL SURGICAL PATHOLOGY REPORT

- A3) slab 2, posterior anterior margins
- A4) slab 2, superior inferior margins
- A5) slab 2, bulk of tumor
- A6) slab 3, posterior anterior margins, tumor
- A7) slab 3, superior inferior margins, tumor
- A8) slab 3, bulk of tumor
- A9) slab 4, posterior margin
- A10) slab 5, posterior anterior margins
- A11) slab 5, superior inferior margins
- A12) slab 5, bulk of tumor
- A13) slab 6, posterior anterior
- A14) slab 6, superior inferior margins
- A15) slab 6, bulk of tumor
- A16-A17) slab 7, medial margin, tumor

SUPERIOR: BLUE

MEDIAL: RED

ANTERIOR: YELLOW

INFERIOR: GREEN

LATERAL: ORANGE

POSTERIOR: BLACK

B. Specimen is labeled sentinel node [REDACTED], right breast. Received in formalin is a rubbery pink and tan lymph node candidate 1.3 x 1.1 x 0.7 cm. The margins are now routinely marked blue. The specimen is serially sectioned demonstrating a rubbery pink and tan cut surface without grossly discrete nodularity. The lymph node is entirely submitted for microscopic evaluation in B1, with a sentinel lymph node protocol performed. [REDACTED]

C. Specimen is labeled sentinel node [REDACTED], right breast. Received in formalin is a 3.0 x 2.3 x 2.0 cm portion of fat. Examination reveals a 2.0 x 1.6 x 1.3 cm lymph node. The margins are now marked blue. The specimen is serially sectioned, revealing a predominantly nodular dense gray-tan cut surface with peripheral softened pink and tan appearance. The lymph node is entirely submitted for microscopic evaluation in C1 and C2, with a sentinel lymph node protocol performed. [REDACTED]

### Microscopic Description:

A. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

B. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

C. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

Case #: [REDACTED]

Printed: [REDACTED]

Page 4

END OF REPORT .. (FINAL)

Pathology Report [REDACTED]

Patient Name [REDACTED]

Criteria	W 11/25/13	Yes	No
Diagnosis Discrepancy			✓
Primary Tumor Site Discrepancy			✓
HIPAA Discrepancy			✓
Prior Malignancy History			✓
Dual/Synchronous Primary Noted			✓
Case Circled: <input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED			
Reviewer Initials: [REDACTED]	Date Reviewed: W 11/25/13		