



Referring Physician.

DOB: _____ Age: _____ Gender: F

Ref#: _____ Hosp#: _____ Provider Group : _____

Date of Service: _____ Date Received: _____ Outpatient

Case # 1*

Date Reported:

FINAL SURGICAL PATHOLOGY REPORT

Diagnosis:

A. - B.) LEFT BREAST AND AXILLARY LYMPH NODE, LUMPECTOMY AND SENTINEL LYMPH NODE BIOPSY:

- Invasive ductal carcinoma, Nottingham grade 3.
 - Tumor size: 6.8 cm in diameter.
- Ductal carcinoma in situ (DCIS), high nuclear grade, with comedo necrosis.
 - DCIS is extensive, involving an area larger than the area involved by invasive carcinoma.
- The inferior lumpectomy margin is involved by DCIS (see comment for additional information concerning margins).
- Two lymph nodes, no tumor present (0/2).

PATHOLOGY TUMOR STAGING SYNOPSIS:

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

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

Primary tumor: pT3.

Regional lymph nodes: pN0(i-)(sn).

Distant metastasis: Not applicable.

Stage: IIB.

Lymphovascular invasion: Not identified.

Margin status: Margin involved by carcinoma. See comment.

ICD-O-3
Carcinoma, ductal, infiltrating NOS 8050/3
S Site Q Breast, Nbs 250.9
On 5/10/13

COMMENT: The invasive carcinoma has an irregular, elongated multilobulated configuration, with possible small satellite tumor nodules at the periphery of the tumor. In some areas, the gross appearance of the tumor was subtle, and in other areas where invasive carcinoma was present, no grossly demonstrable tumor could be seen. The tumor size of 6.8 cm in diameter is based on the distribution of invasive tumor in the specimen. DCIS is extensively present in association with invasive carcinoma.

The inferior margin is involved by DCIS, in both the medial and lateral aspects of the specimen. In addition, DCIS is identified 0.1 cm from the anterior and superior

Case #

Page 1

Printed:

This report continues .. (FINAL)

Patient:

Case #:

FINAL SURGICAL PATHOLOGY REPORT

margins. Carcinoma is identified 0.5 cm from the lateral and medial margins. Invasive carcinoma is not identified at any margin, but is identified 0.2 cm from the anterior and superior margins.

In some areas, the invasive carcinoma has features suggestive of neuroendocrine differentiation (nuclear molding, relatively scant cytoplasm, inconspicuous nucleoli), and this impression is supported by positive staining for synaptophysin in tumor cells.

*pwi TSS, 0% neuroendocrine carcinoma.
Tumor is 100% ductal. BCL*

Intradepartmental consultation [REDACTED] has reviewed representative slides, and concurs with the above diagnosis.

Invasive Breast Cancer Tumor Staging Information

AJCC Cancer Staging Handbook, 7th Ed., and CAP Protocol (revised June 2012).

Previous pathology specimens:

Case #:

Page 2

Printed:

This report continues... (FINAL)

Patient:

Case #

SPECIMEN IDENTIFICATION

Procedure/specimen type:

Lumpectomy.

Laterality:

Left.

Lymph node sampling:

Sentinel lymph node biopsy.

INVASIVE CARCINOMA TUMOR CHARACTERISTICS

Histologic type:

Invasive ductal carcinoma (with neuroendocrine differentiation).

Tumor site:

1:00 aspect.

Tumor size:

6.8 cm in diameter.

Tumor focality:

Single tumor focus (multilobulated) irregularly shaped tumor with possible satellite nodules at the periphery of the tumor).

Histologic grade (Nottingham Score):

3 of 3.

Tubule formation:

3 of 3.

Nuclear pleomorphism:

3 of 3.

Mitotic rate:

3 of 3.

Lymphovascular invasion:

Not identified.

Macroscopic and microscopic extent of tumor:

Skin and chest wall invasion cannot be assessed.

DUCTAL CARCINOMA IN SITU (DCIS):

Present, extensive, nuclear grade 3.

MARGINS

Invasive carcinoma:

Invasive carcinoma is 0.2 cm from anterior and superior margins, 0.5 cm from medial margin, and is at least 0.5 cm from all other margins.

Ductal carcinoma in situ:

Present at inferior margin, 0.1 cm from anterior and superior margins, 0.5 cm from lateral margin, at least 0.5 cm from medial margin.

LYMPH NODES

Total lymph nodes examined

Two.

Number of lymph nodes involved

Zero

PATHOLOGIC STAGING.

Primary Tumor (pT):

pT3.

Regional lymph nodes (pN):

pN0(i-)(sn).

Distant metastasis (pM):

Not applicable.

AJCC Stage:

IIB.

ANCILLARY STUDIES.

Estrogen receptor:

95% positive cells.

Case #

Page 3

Printed:

This report continues .. (FINAL)

MR N:

Patient Name

Patient: [REDACTED]

Case #: [REDACTED]

FINAL SURGICAL PATHOLOGY REPORT

Progesterone receptor: 60% positive cells.
HER2: IHC 0.
Ki-67: 25% positive cells.



Signed by [REDACTED]

Source of Specimen:

- A. Sentinel lymph node; Left axillary (
- B. Breast lumpectomy; Left

Clinical History/Operative Dx:

Malignant neoplasm of breast (female) unspecified site.

Gross Description:

A. Part A is . sentinel node #1, left axillary. Received in formalin is a 2.4 x 1.8 x 1.8 cm portion of fatty soft tissue. Examination reveals a lymph node, 1.6 x 1.0 x 0.7 cm. The lymph node is serially sectioned and entirely submitted for microscopic evaluation in A1 with a sentinel node protocol performed. A second lymph node is 0.4 x 0.3 x 0.2 cm. This lymph node is bisected and submitted in A2. Routine histology and sentinel node protocol is performed on blocks A1 and A2. [REDACTED]

B. Part B is left breast mass. Initially received in the fresh state for possible Oncogenotyping studies is a 178 gram yellow-tan portion of fibrofatty soft tissue. 9.3 cm superior-inferior, 9.3 cm medial-lateral, and 4.8 cm posterior-anterior. An overlying ellipse of wrinkled, tan skin is 7.5 x 1.1 cm. Two sets of sutures are present: a double long suture marks lateral and a double short suture marks superior. The surgical margins are now differentially inked as follows:

SUPERIOR: BLUE

MEDIAL: RED

ANTERIOR: YELLOW

Case #

Page 4

Printed:

This report continues... (FINAL)

Patient: [REDACTED]

Case #: [REDACTED]

FINAL SURGICAL PATHOLOGY REPORT

INFERIOR: GREEN
LATERAL: ORANGE
POSTERIOR: BLACK

The specimen is sliced from medial to lateral in seven slices, with slice #1 most medial, slice #7 most lateral. There is an irregularly shaped elongated mass measuring 6.8 x 3.5 x 2.4 cm (present in slices #1-6). The tumor is 0.7 cm from the medial, 1.8 cm from the lateral, 0.6 cm from the anterior, 1.9 cm from the posterior, 0.4 cm from the superior (slab 3) and 1.8 cm from the inferior surgical margins. Representative tissue submitted for Oncogenotyping studies.

A second partially calcified, light gray fibrous nodule is 1.1 x 0.7 x 0.6 cm, located along the inferior aspect in slice #2.

Cassette summary:

B1-B3) slab 1, medial including tumor relationship,
B4-B7) slab 2, including superior, inferior, medial-posterior, anterior and tumor relationship,
B8) fibrous-calcified nodule, along inferior margin, slab 2, over-night decal performed,
B9-B14) slab 3, inferior, superior, anterior, posterior surgical margins including tumor relationship,
B15-B20) slab 4, anterior, superior, inferior, posterior surgical margins and tumor relationship,
B21-B25) slab 5, inferior, posterior, anterior, superior surgical margins and tumor relationship, and representation of bulk of tumor,
B26-B30) slab 6, inferior, anterior, posterior, and superior surgical margins, area suspicious for tumor,
B31-B35) slab 7, lateral, edge of inferior margin represented. [REDACTED]

Microscopic Description:

A. Immunohistochemical stain: CK-OSCAR, showing no evidence of metastatic carcinoma. Appropriate positive and negative controls reviewed.

B. Immunohistochemical stain: synaptophysin, showing positive staining in tumor cells. Appropriate positive and negative controls reviewed.

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (check):	QUALIFIED / DISQUALIFIED	
Reviewer (initials)	Date Reviewed	31/1/13

Case #

Page 5

Printed:

END OF REPORT (FINAL)