Surgical Pathology Final Report
Temporary Copy

Case: [redacted]
Collected:
Ordered by:
Patient: [redacted]
ID: [redacted]
Location:

Diagnosis

A. SENTINEL LYMPH NODE, EXCISION:
- ONE LYMPH NODE WITH REACTIVE SINUS HISTIOCYTOSIS
- NEGATIVE FOR CARCINOMA (0/1)

B. RIGHT BREAST, TRUE MEDIAL MARGIN, EXCISION:
- BENIGN BREAST TISSUE WITH USUAL DUCTAL HYPERPLASIA
- NEGATIVE FOR CARCINOMA

C. RIGHT BREAST, LUMPECTOMY:
- INVASIVE DUCTAL CARCINOMA, GRADE 2, 2.2 CM
- DUCTAL CARCINOMA IN SITU, GRADE 2, CRIBIFORM TYPE WITH CENTRAL NECROSIS

ICD-O-3
Carcinoma, infiltrating duct NOS 8500/3
Site C50.9 Breast NOS
JW 2/24/14

(Electronic signature)
Verified:

Synoptic Report

TUMOR SIZE: SIZE OF LARGEST INVASIVE CARCINOMA:
Greatest dimension of largest focus of invasion over 0.1 cm: 2.2 cm
Additional dimensions: 1.9 X 1.0 cm
TUMOR FOCALITY:
Single focus of invasive carcinoma
MACROSCOPIC AND MICROSCOPIC EXTENT OF TUMOR:
Skin: Skin is not present
Skeletal Muscle: No skeletal muscle present
DUCTAL CARCINOMA IN SITU (DCIS):
DCIS is present
Extensive intraductal component (EIC) negative
SIZE (EXTENT) OF DCIS:
Number of blocks with DCIS: 3
Number of blocks examined: 7
ARCHITECTURAL PATTERNS:
Cribriform (with central necrosis)
NUCLEAR GRADE:
Grade II (intermediate)
NECROSIS:
Present, central (expansive "comedo" necrosis)
LOBULAR CARCINOMA IN SITU (LCIS):
Not identified
HISTOLOGIC TYPE OF INVASIVE CARCINOMA:
Invasive ductal carcinoma (no special type or not otherwise specified)
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 COUNT:

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Score 1
Number of mitoses per 10 high-power fields: 3
Diameter of microscope field: 0.55 mm

OVERALL GRADE:
Grade 2: scores of 6 or 7

MARGINS:
Margins uninvolved by invasive carcinoma
Distance from superior margin: 8.0 mm
Distance from inferior margin: 12.0 mm
Distance from anterior margin: 6.0 mm
Distance from posterior margin: 5.0 mm
Distance from medial margin: 5.0 mm (at least 5mm. Measurment obtained from specimen B)
Distance from lateral margin: 14.0 mm
Margins uninvolved by DCIS (if present)
Distance from closest margin: 12.0 mm
Distance from inferior margin: 12.0 mm

TREATMENT EFFECT: RESPONSE TO PRESURGICAL THERAPY: IN THE BREAST:
No known presurgical therapy

TREATMENT EFFECT: RESPONSE TO PRESURGICAL THERAPY: IN THE LYMPH NODES:
No known presurgical therapy

LYMPH-VASCULAR INVASION:
Not identified

DERMAL LYMPH-VASCULAR INVASION:
No skin present

LYMPH NODES:
Number of sentinel lymph nodes examined: 1
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

METHOD OF EVALUATION OF SENTINAL LYMPH NODES:
H&E, multiple levels
Immunohistochemistry

PRIMARY TUMOR (INVASIVE CARCINOMA (pT):
pT2: Tumor >20 mm but less than or equal to 50 mm in greatest dimension

REGIONAL LYMPH NODES (pN):
pN0: No regional lymph node metastasis identified histologically

DISTANT METASTASIS (M):
Not applicable

ADDITIONAL PATHOLOGIC FINDINGS:
Intraductal papillomas

ESTROGEN RECEPTOR:
Performed on another specimen
Specimen (accession number):
Immunoreactive tumor cells present (greater than or equal to 1%)
Quantitation: 100%

PROGESTERONE RECEPTOR:
Performed on another specimen
Specimen (accession number):
Immunoreactive tumor cells present (greater than or equal to 1%)
Quantitation: 65%

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HER2/NEU IMMUNOPEROXIDASE STUDIES:
Performed on another specimen
Specimen (accession number):
Equivocal (Score 2+)
FLUORESCENCE IN SITU HYBRIDIZATION (FISH) FOR HER2/NEU:
Performed on another specimen
Specimen (accession number):
Not amplified (HER2 gene copy <4.0 or ratio <1.8)
MICROCALCIFICATIONS:
Not identified
COMMENT(S)::
Largest focus of residual tumor in lumpectomy identified was 1.2 x 0.9 cm. Largest biopsy dimension was 1.1 cm. Therefore gross measurement including cavity is accurate for staging purposes.

Specimen Source
A. Sentinel node

Clinical Information
Right breast carcinoma.

Gross Description
A. the specimen is received fresh in her grouping agreed with the patient's name and "sentinel lymph node". It consists of segment of fibroadipose tissue harboring a blue tinged lymph node which measures 2.0 x 1.3 x 0.9 cm in greatest dimension. Bisected and submitted entirely in 2 cassettes A1 and A2.

B. the specimen is received fresh in a container labeled with the patient's name and "right breast and medial margin". It consists of a segment of ligament and fibroadipose tissue measuring 4 x 2 x 0.5 cm. Two long stitches indicates the medial margin, a long single stitch indicates the superior margin. The specimen is serially sectioned from superior to inferior and submitted entirely in 3 cassettes.
Section key:
B1 superior
B2 B3 inferior

C. the specimen is received fresh in a container labeled with the patient's name and "right breast tissue". It consists of a segment of lobulated adipose tissue measuring 4.5 x 3 x 2.5 cm, double long stitch indicates 12:00, a single long stitch indicates 6:00, double short stitch indicates the deep margin.
There is an irregularly-shaped white brown mass that measures 2.2 x 1.9 x 1 cm with a central cavity and numerous calcifications. This mass is very close to the medial margin (no specific color, see slide key), it is at 0.9 cm from the inferior, 0.8 cm from superior, 1.4 cm from the lateral, 0.8 cm from anterior, 1.0 cm from posterior. The remaining of the tissue is lobulated adipose tissue.
Ink key: Inferior green, anterior red, superior orange, posterior back, lateral yellow, inferior green.
The specimen is representatively submitted as follows:
C1-C2 mass-medial margin
C3 lateral margin
C4 anterior margin
C5 posterior margin
C6 superior margin
C7 inferior margin.

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Specimen removed from patient at
Specimen sectioned and mass fixed in formalin at for at least 6 hours and less than 48 hours
Cold ischemic time: 15 minutes

Dictated by:

Special Stains / Slides

Immunohistochemical studies for AE1/AE3 were performed on formalin fixed, paraffin-embedded tissue (Block A1-2) with adequate positive and negative control sections. The stains are negative, supporting the above diagnosis.

The performance characteristics of these antibodies were determined by the . They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high-complexity clinical laboratory testing.

14he, 2ihc

Tissue Code

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 BCH Date Reviewed: 12/12/2013