



## SURGICAL PATHOLOGY REPORT

NAME:	SURG PATH #:
MR #:	SPECIMEN CLASS:
BILLING #:	ALT ID #:
LOCATION:	DATE OF PROCEDURE:
AGE:	DATE RECEIVED:
DOB:	TIME RECEIVED:
PHYSICIAN:	DATE OF REPORT:
COPY TO:	DATE OF PRINTING:

### Material Received:

- A: left axillary sentinel lymph node #1 blue
- B: left axillary sentinel lymph node #2 blue
- C: left breast total mastectomy
- D: 8 o'clock additional medial short superior, long anterior, clip true margin
- E: 8 o'clock additional inferior short anterior, long lateral clip true margin
- F: 8 o'clock additional anterior short superior, long lateral, clip true margin
- G: 8 o'clock additional posterior short superior, long lateral, clip true margin
- H: additional skin left breast blue at 3:00

ICD-O-3  
Carcinoma, infiltrating duct NOS 8500/3  
Site Ductal NOS 850.9  
9-0 5/30/14

### History:

year old female with a clinical history of breast cancer.

### Final Diagnosis:

- A. Lymph node, "left axillary sentinel lymph node #1 blue", biopsy:  
Micrometastatic mammary carcinoma (0.23 mm) identified on permanent and pancytokeratin immunostained sections only. See comment.
- B. Lymph node, "left axillary sentinel lymph node #2 blue", biopsy:  
There is no evidence of malignancy (0/1).  
Deeper sections and a pancytokeratin immunostain are negative in support of the above diagnosis.
- C. Breast, "left breast total mastectomy", mastectomy:  
Invasive ductal carcinoma, moderately differentiated, nuclear grade 2, two foci (measuring 1.2 cm and 1.8 cm in greatest dimension respectively). See comment.
- D. Fibroadipose tissue, "8 o'clock additional medial short superior, long anterior, clip true margin", resection:  
No diagnostic abnormalities.  
There is no evidence of malignancy.
- E. Fibroadipose tissue, "8 o'clock additional inferior short anterior, long lateral clip true margin", resection:  
No diagnostic abnormalities.  
There is no evidence of malignancy.
- F. Fibroadipose tissue, "8 o'clock additional anterior short superior, long lateral, clip true margin", resection:  
No diagnostic abnormalities.  
There is no evidence of malignancy.
- G. Skeletal muscle and adipose tissue, "8 o'clock additional posterior short superior, long lateral, clip true margin", resection:

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No diagnostic abnormalities.  
There is no evidence of malignancy.

H. Skin, "additional skin left breast blue at 3:00", resection:  
No diagnostic abnormalities.  
There is no evidence of malignancy.

**Comment:**

**INVASIVE CARCINOMA OF THE BREAST**

Specimen Type: mastectomy

Laterality: left

Tumor Site: lower inner quadrant at 8:00 and mid outer quadrant at 3:00

Histologic Type: Invasive ductal carcinoma

Size of Invasive Component: 1.2 cm in greatest dimension (8:00) and 1.8 cm in greatest dimension (3:00)

Tumor Multicentricity: Present (2 foci as noted above)

Surgical Margins: Final margins are negative for carcinoma. In the mastectomy, the 8:00 focus is within 0.1 cm of the inferior, medial and anterior margins and within 0.2 cm of the deep margin; however the separately submitted additional medial, inferior, anterior and posterior margins (specimens D through G) are negative for carcinoma.

Histologic Grade (Nottingham Histologic Score): II/III

Tubule Formation: 3

Nuclear Grade: 2

Mitotic Count (40x objective): 1

Total Nottingham Score: 6/9

Ductal Carcinoma In-situ (DCIS): Present, focal, intermediate nuclear grade, without necrosis

Lobular Carcinoma In-situ (LCIS): Absent

Lymph-Vascular Invasion: Present, focal

Perineural Invasion: not identified

Tumor Necrosis: not identified

Nipple Involvement: not identified

Skin Involvement: not identified

Lymph Node Sampling:

Sentinel lymph node(s) only

Total number of involved nodes/total nodes found: 1 micrometastasis out of 2 nodes.

Size of largest metastasis: 0.23 mm

Extranodal extension: not identified

Fixation to one another:

Non-neoplastic Breast Tissue: not identified

Treatment Effect (Response to Presurgical Neoadjuvant Therapy):

In the Breast:

In the Lymph Nodes:

Prognostic markers: See for addendum on prior biopsy

Fixation Time between 6-48 hours: Yes

Pathologic Staging:

pT2N(sn) 1miM(not applicable)

**Primary Tumor (Invasive Carcinoma) (pT)**

pT1: Tumor ≤20 mm in greatest dimension

pT1c: Tumor >10 mm but ≤20 mm in greatest dimension

**Regional Lymph Nodes (pN)**

(sn): Only sentinel node(s) evaluated. If 6 or more sentinel nodes and/or nonsentinel nodes are removed, this modifier should not be used.

pN1mi: Micrometastases (greater than 0.2 mm and/or more than 200 cells, but none greater than 2.0 mm).

**Distant Metastasis (M)**

Not applicable

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The pathologic stage assigned here should be regarded as provisional, as it reflects only current pathologic data and does not incorporate full knowledge of the patient's clinical status and/or prior pathology.

The final diagnosis has been communicated via electronic mail to \_\_\_\_\_ by \_\_\_\_\_

**Attestation:**

By this signature, I attest that I have personally formulated the final interpretation expressed in this report and that the above diagnosis is based upon my examination of the slides and/or other material indicated in this report.

\*\*\*Electronically Signed Out By\*\*\*

Interpreted by: \_\_\_\_\_

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**Gross Description:**

A. Received fresh labeled with the patient's name and "left axillary sentinel lymph node #1 blue" is an irregular portion of red-tan fibroadipose tissue. The tissue is palpated to reveal one possible lymph node measuring 2.8 x 2.5 x 1.3 cm. The specimen is serially sectioned and submitted entirely in cassettes A1FS and A2FS for frozen and permanent diagnosis.

B. Received fresh labeled with the patient's name and "left axillary sentinel lymph node #2 blue" is an irregular portion of red-tan fibroadipose tissue. The tissue is palpated to reveal one possible lymph node measuring 2.5 x 1.8 x 1.0 cm. The possible lymph node is serially sectioned and submitted entirely in cassette B1FS for frozen and permanent diagnosis.

C. Received fresh labeled with the patient's name and "left breast total mastectomy short superior/long lateral" is a 650 gram simple mastectomy specimen measuring 20.5 x 18 x 3.5 cm. There is a short stitch marking superior and a long stitch marking lateral. The breast is serially sectioned to reveal a 1.2 x 1.2 x 0.8 cm tan-pink stellate mass that is 22.5 cm from the lateral margin, abutting the medial margin, 8.4 cm from the superior margin, abutting the inferior margin, 0.2 cm from the superficial margin, and 0.2 cm from the deep margin. The mass is located in the lower inner quadrant at approximately 8:00. The deep resection margin is inked black and the superficial resection margin is inked blue. The medial margin of the mass is inked orange and the inferior margin of the mass is inked green. A second tan-white stellate mass measuring 1.8 x 1.5 x 1.4 cm is located 6.5 cm from the lateral margin, 13.6 cm from the medial margin, 13.6 cm from the superficial margin, 8.3 cm from the inferior margin, 2.4 cm from the superficial margin/skin and 3.7 cm from the deep margin. The mass is located in the mid outer portion of the specimen at approximately 3:00. The remainder of the breast parenchyma is yellow-white and unremarkable. The specimen contains a tan-brown skin ellipse measuring 7.2 x 4.5 cm. The nipple measures 1.4 x 1.3 x 0.6 cm. There is no dimpling or skin retraction identified. The breast is placed in formalin at \_\_\_\_\_. The specimen is submitted as follows:

- C1 Lower inner quadrant mass to medial margin.
- C2-C4 Remainder of lower inner quadrant mass (to superficial, deep and inferior margin).
- C5-C6 Second mass to deep margin (bisected).
- C7-C8 Second mass to superficial margin/skin (bisected).
- C9-C14 Remainder of second mass.
- C15 Representative section from upper inner quadrant.
- C16 Representative section from lower inner quadrant.
- C17 Representative section from lower outer quadrant.
- C18 Representative section from upper outer quadrant.
- C19 Nipple (serially sectioned).
- C20 Skin.

D. Received in formalin labeled with the patient's name and "8:00 additional medial, short superior, long lateral, clip true" is a 2.6 x 1.9 x 1.0 cm lumpectomy specimen, with a short suture designating superior, a long stitch designating anterior, and clips designating the true (medial) margin. The specimen is received as follows:

Anterior - orange  
Posterior - black  
True (medial) - green  
Lateral - blue

The specimen is serially sectioned from superior to inferior to reveal a tan-yellow, glistening cut surface. No discrete lesions are identified. The specimen is submitted entirely from superior to inferior in cassettes D1 through D4. The breast was placed in formalin at \_\_\_\_\_

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E. Received in formalin labeled with the patient's name and "8:00 additional inferior short anterior, long lateral, clip true margin" is a 3.0 x 2.3 x 1.1 cm lumpectomy specimen, with short suture designating anterior, long suture designating lateral, and clips marking the true margin. The specimen is inked as follows:

Anterior - orange  
Posterior - black  
Superior - blue  
True (inferior) - green

The specimen is serially sectioned from medial to lateral to reveal a yellow-gold, glistening cut surface. No discrete lesions are identified. The specimen is submitted entirely from medial to lateral in cassette E1 through E4. The breast is placed in formalin at

F. Received in formalin labeled with the patient's name and "8:00 additional anterior short superior, long lateral, clip true margin" is a 3.2 x 1.7 x 0.3 cm lumpectomy specimen, with short sutures designating superior, a long stitch designating lateral, and clips designating the true (inferior) margin. The specimen is inked as follows:

True (anterior) - orange  
Posterior - black  
Medial - green  
Lateral - blue

The specimen is serially sectioned from superior to inferior to reveal a yellow, glistening cut surface. No discrete lesions are identified. The specimen is submitted entirely from superior to inferior in cassettes F1 through F3. The breast is placed in formalin at

G. Received in formalin labeled with the patient's name and "8:00 additional posterior short superior, long lateral, clip at true margin" is a 2.1 x 1.9 x 0.6 cm lumpectomy specimen with short sutures designating superior, a long set of sutures designating lateral, and clips designating the true margin. The specimen is inked as follows:

Anterior - orange  
True (posterior) - black  
Medial - green  
Lateral - blue

The specimen is serially sectioned from superior to inferior to reveal a tan-pink to tan-brown cut surface. No discrete lesions are grossly identified. The specimen is submitted entirely from superior to inferior in cassettes G1 through G3. The specimen is placed in formalin at

H. Received in formalin labeled with the patient's name and "additional skin left breast blue at 3:00" is a 5.0 x 5.0 cm C-shaped portion of tan-brown skin and subcutaneous tissue with an attached strip of brown skin measuring 13.9 x 0.3 x 0.5 cm. The skin on the specimen was inked blue in the OR and designates 3:00. The remainder of the specimen is inked as follows:

12 to 3:00 - orange  
3 to 6:00 - purple  
6 to 9:00 - blue  
9 to 12:00 - green  
Deep-black

The specimen is serially sectioned from 12 to 6:00, and no discrete lesions are identified. Also received within the container are two irregular portions of tan-brown skin and subcutaneous tissue measuring 1.4 x 0.6 x 0.6 cm and 8.6 x 0.3 x 0.5 cm. This tissue is serially sectioned and no discrete lesions are identified. The specimen is submitted as follows:

H1 - Representative sections from the 12 to 3:00 margin  
H2-H4 - Representative sections from the 3 to 6:00 margin  
H5 - Representative sections from the 6 to 9:00 margin  
H6 - Representative sections from the 9 to 12:00 margin  
H7-H8 - Representative sections from the additional skin and underlying soft tissue

### Intraoperative Consultation:

A1FS, A2FS, lymph node, "left axillary sentinel lymph node #1 blue":  
Negative for carcinoma.

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B1FS, lymph node, "left axillary sentinel lymph node #2 blue":  
Negative for carcinoma.

If immunohistochemical stains and/or in situ hybridization are cited in this report, the performance characteristics were determined by the  
in compliance with CLIA'88  
regulations. Some of these tests rely on the use of "analyte specific reagents" and are subject to specific labeling requirements by the FDA. Known  
positive and negative control tissues demonstrate appropriate staining. This testing was developed by the  
It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval  
is not necessary.

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	Date Reviewed: 1/26/14	

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