

PATIENT EXAMPLE

Birthdate: 01/01/1945
Age: 59
Sex: Female
Report to: Dr. J. Connolly
Gross description by: Dr. J. Connolly
Specimen submitted: Left breast biopsy

Procedure date 05/11/2004
Tissue received 05/11/2004
Report date 05/12/2004
Diagnosed by Dr. J. Connolly
Previous biopsies: Left breast biopsy

Narrative Report

Diagnosis: Left breast excision and sentinel lymph nodes
Infiltrating ductal carcinoma, 2.3 cm in greatest dimension. The tumor is Nottingham histologic grade 3/3 with a high mitotic count (score 3). There is lymphatic vessel invasion. There is an extensive intraductal component of high grade ductal carcinoma in-situ with comedo necrosis. The margins are free of tumor. Infiltrating carcinoma is 5 mm from the lateral margin and 7 mm from the anterior and inferior margins. Ductal carcinoma in-situ is present 1 mm from the anterior and inferior margins.

There is metastatic carcinoma involving sentinel node #1 and sentinel node #2. Two of two (2/2) nodes are positive and the largest metastasis is 0.7 cm.

The tumor would be staged as pT2, pN1a and pMX.

The receptors will be reported in an addendum.

Clinical: Left breast, upper outer quadrant mass.

Gross: Received fresh is a 6.5 x 5 x 4 cm excision specimen with a firm, 2.3 cm stellate lesion, grossly 5 mm from the closest margin. The specimen is inked in six (6) colors as per protocol.

ER, PR, HER2: See addendum.

Clinical: Left breast mass, upper outer quadrant.

Gross: Received fresh is a 6.5 x 5 x 4 cm excision specimen with a firm 2.3 cm stellate lesion, grossly 5 mm from the closest margin. The specimen is inked in six (6) colors as per protocol.

Synoptic Report

Diagnosis: Left breast lesion:

1. Infiltrating ductal carcinoma, see synoptic report.
2. Sentinel lymph node #1: Metastatic carcinoma.
3. Sentinel lymph node #2: Metastatic carcinoma.

Invasive Breast Cancer Synopsis

MACROSCOPIC

Specimen type: Excision.

Lymph node sampling: Sentinel lymph node(s) only: 2 nodes.

Specimen size (for excisions less than total mastectomy): Greatest dimension: 6.5 cm.

Laterality: Left.

Tumor site: Upper outer quadrant.

MICROSCOPIC

Size of invasive component: Greatest dimension: 2.3 cm.

Histologic type: Invasive ductal carcinoma

Ductal carcinoma in situ: Present.

Nuclear grade: High.

Architectural patterns: Comedo.

Necrosis: Present, comedo type.

Extensive intraductal component: Present.

Histologic grade—Nottingham histologic score

Tubule formation: Minimal less than 10% (score=3).

Nuclear pleomorphism: Marked variation in size, nucleoli, chromatin clumping, etc. (score=3).

Mitotic count: Greater than 10 mitoses per 10 HPF (score=3).

Total Nottingham score: Grade III: 8-9 points.

Extent of Invasion

Primary tumor: pT2: Tumor more than 2.0 cm but not more than 5.0 cm in greatest dimension.

Lymph nodes

Number examined: 2.

Number involved: 2

Size of largest metastasis: 0.7 cm

Regional lymph nodes: pN1a:

Metastasis in 1 to 3 axillary lymph nodes (at least 1 tumor deposit greater than 2.0 mm).

Distant metastasis: pMX: Cannot be assessed.

Margins

Lateral margin.

Uninvolved by invasive carcinoma.

Distance from closest margin: 5 mm.

Uninvolved by DCIS.

Distance from closest margin: 10 mm.

Anterior and inferior margin.

Uninvolved by invasive carcinoma.

Distance from closest margin: 7 mm.

Uninvolved by DCIS

Distance from closest margin: 1 mm.

Lymphatic (small vessel) invasion: Present.

The above two versions of cancer reports on this sample patient—the synoptic and narrative reports—will be considered acceptable by ACS CoC inspectors.