

SAINT JOHN'S HEALTH CENTER, 1328 22ND ST., SANTA MONICA, CA 90404  
DEPT. OF PATHOLOGY, D.L. KRASNE, M.D., MEDICAL DIRECTOR

PRINTED: 12/14/07  
1700 HRS

PATHOLOGY REPORT

LISA 47/F

Patient Loc: 2B

Reg:

Room: 22-1

Adm: 12/11/07

Status: ADM

Dis:

Accession #: [REDACTED]

Coll: 12/11/07

Submitted By: [REDACTED]

Recd: 12/11/07

Copies To: [REDACTED]

CLINICAL HISTORY

Preoperative diagnosis: Left breast cancer.

GROSS DESCRIPTION

Labeled "left breast and axillary contents, short double stitch- superior, long double stitch- axillary tail": The specimen consists of a 1,045-gram, 19.0 (superior-inferior) x 17.0 (medial-lateral) x 7.0 cm portion of tan yellow to gray white fibrofatty breast tissue partially surfaced by an eccentrically located 6.1 x 4.5 cm pink wrinkled areola and a 1.0 cm soft everted nipple. The posterior margins display a smooth and intact fascia and there is a portion of axillary tissue present having dimensions of 8.0 x 7.5 x 3.3 cm. The specimen is inked as follows: Anterior blue, posterior black. Sectioning reveals a 10.5 x 8.7 x 4.5 cm pink red nodular firm mass having serpiginous ill-defined borders. The mass involves all four quadrants, comes to within 0.5 cm from the anterior margin of both inner and outer lower quadrants, and is greater than 2.0 cm from the posterior margin. The remaining cut surface is yellow lobulated and soft. Sectioning the axillary tissue reveals multiple pink red lymph nodes, several of which are markedly firm and ranging from 0.3 to 2.4 cm in greatest dimension. Representative sections are submitted as follows: A nipple, B-C - upper outer quadrant, D-F - lower outer quadrant, G-H - upper inner quadrant, I-A - lower inner quadrant, K-Q - lymph nodes. MGK/YT/le

Microscopic H&E stained sections are prepared and interpreted.

MICROSCOPIC

Sections show an infiltrating ductal carcinoma characterized by poor tubule formation, intermediate to focally high nuclear grade and low to intermediate mitotic activity. The tumor tends to form morular nests in small retractive spaces and micropapillae, particularly in distended lymphatic spaces. The tumor cells have eosinophilic to

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PAGE: 2

██████████ LISA 47/F  
██████████  
Attend MD: ██████████

Patient Loc: ██████████  
Room: 2-1  
Status: ██████████

Reg:  
Adm: 12/11/07  
Dis:

Accession #: ██████████

Coll: 12/11/07  
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Submitted By: ██████████  
Copies To: ██████████

MICROSCOPIC (Continued)

flocculent to clear cytoplasm.

DIAGNOSIS

BREAST AND AXILLARY CONTENTS, LEFT, MASTECTOMY AND NODE DISSECTION:

- INFILTRATING DUCTAL CARCINOMA, MICROPAPILLARY TYPE, MODERATELY DIFFERENTIATED, 10.5 CM.
- ASSOCIATED MINORITY COMPONENT OF DUCTAL CARCINOMA IN SITU, INTERMEDIATE NUCLEAR GRADE WITH COMEDONECROSIS, SOLID TYPE.
- EXTENSIVE LYMPHOVASCULAR INVASION PRESENT.
- BIOPSY RELATED CHANGES NOTED.
- TUMOR INVOLVES NIPPLE.
- INVASIVE TUMOR FOCALLY EXTENDS TO WITHIN 2.5 CM OF ANTERIOR MARGIN.
- INTRALYMPHATIC TUMOR EXTENDS TO ANTERIOR MARGIN.
- TWENTY-EIGHT OUT TWENTY-NINE AXILLARY LYMPH NODES, POSITIVE FOR METASTATIC CARCINOMA (28/29).

BREAST CANCER PROGNOSTIC SUMMARY

SITE:	LEFT BREAST, INVOLVING ALL FOUR QUADRANTS
INVASIVE TUMOR SIZE	10.5 CM
TUMOR TYPE:	INFILTRATING DUCTAL CARCINOMA, MICROPAPILLARY TYPE
HISTOLOGIC GRADE:	MODERATELY DIFFERENTIATED
MODIFIED BLOOM-RICHARDSON SCORE:	7/9 (TUBULES 3, NUCLEI 2-3, MITOSES 1-2)
IN SITU CARCINOMA:	PRESENT
TYPE:	DCIS, INTERMEDIATE GRADE WITH COMEDONECROSIS, SOLID TYPE
EXTENSIVE IN SITU CARCINOMA:	NOT PRESENT
MARGINS OF RESECTION:	TUMOR FOCALLY PRESENT 2.5 MM FROM THE ANTERIOR MARGIN (INTRALYMPHATIC TUMOR FOCALLY INVOLVES THE ANTERIOR MARGIN)

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PAGE: 3

██████████ LISA 47/F  
Acct # ██████████  
Attend MD: ██████████

Patient Loc: 22  
Room: 22-1  
Status: M N

Reg:  
Adm: 12/11/07  
Dis:

Accession #: ██████████

Coll: 12/11/07  
Recd: 12/11/07


Submitted By: ██████████  
Copies To: ██████████

**DIAGNOSIS** (Continued)

NIPPLE/SKIN INVOLVEMENT:	NIPPLE INVOLVEMENT PRESENT.
LYMPHOVASCULAR INVASION:	PRESENT, EXTENSIVE
LYMPH NODES:	POSITIVE. NO EXTRANODAL EXTENSION SEEN.
# POSITIVE/TOTAL COUNT:	28/29
SENTINEL NODE:	N/A
TNM PATHOLOGIC STAGE:	pT3 N3a MX
MOLECULAR STUDIES:	SAINT JOHN'S LABORATORY, BLOCK I

#TNM

Signed



TAKASUMI, YUKI

MD Date: 12/14/07

\*\* END OF REPORT \*\*