

# The pathology reporting of breast cancer

## Synoptic report - invasive carcinoma

<b>Patient's name:</b>	<b>Laboratory number:</b>
<b>Diagnostic summary</b>	<b>Paget's disease of nipple:</b>
	<input type="checkbox"/> absent <input type="checkbox"/> present
	<b>Non-neoplastic breast changes:</b>
<b>Specimen type:</b>	<b>Microcalcification:</b>
<b>Location:</b>	<input type="checkbox"/> absent <input type="checkbox"/> present
<b>Tumour type:</b>	<i>Specify associated pathology:</i>
<b>Lesion size</b>	<b>Hormone receptor assay status (if performed)</b>
<b>Invasive tumour size/s (mm):</b>	<b>ER result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative
<b>Total extent of lesion (DCIS + invasive carcinoma)* (mm):</b>	Percentage of nuclei stained: _____ %
<i>*if greater than invasive tumour size</i>	Predominant staining intensity: _____
<b>Histological grade</b>	<b>PR result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Mitotic rate (per 10 high power fields): _____	Percentage of nuclei stained: _____ %
Mitosis score (1-3): _____	Predominant staining intensity: _____
Tubular formation score (1-3): _____	
Nuclear grade (1-3): _____	<b>HER2 status:</b>
<b>Histological grade (1-3):</b> _____	Immunohistochemistry score: _____
	ISH (please specify) result: _____
<b>Peritumoural lymphovascular invasion:</b>	<b>Sentinel lymph nodes</b>
<input type="checkbox"/> absent <input type="checkbox"/> suspicious	Metastatic carcinoma present in ___ of ___ sentinel lymph nodes examined
<input type="checkbox"/> present <input type="checkbox"/> present and extensive	
<b>Involvement of skin/muscle:</b>	
<input type="checkbox"/> absent <input type="checkbox"/> present	
<i>Please specify:</i>	
<b>DCIS in specimen</b>	
Nuclear grade: <input type="checkbox"/> low <input type="checkbox"/> intermediate <input type="checkbox"/> high	
Necrosis: _____ Architecture: _____	
Calcification: _____	
<b>Resection margins</b>	<b>Axillary lymph node dissection</b>
Invasive carcinoma at resection margin:	Metastatic carcinoma present in ___ of ___ lymph nodes examined
<input type="checkbox"/> No <input type="checkbox"/> Yes	
<i>Distance from nearest specified margin(s):</i>	
<i>Orientation of involved margin:</i>	
<i>Extent of involvement (mm):</i>	
DCIS at resection margin:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
<i>Distance from nearest specified margin(s):</i>	
<i>Orientation of involved margin:</i>	
<i>Extent of involvement (mm):</i>	
LCIS at resection margin:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Atypical lobular hyperplasia/lobular carcinoma in situ:</b>	
<input type="checkbox"/> Absent <input type="checkbox"/> Present	
<input type="checkbox"/> classical <input type="checkbox"/> pleomorphic	
	<b>Comments</b>

Based on the recommendations contained within *The pathology reporting of breast cancer.*

*A guide for pathologists, surgeons, radiologists and oncologists 2008.*

To access the guide visit [www.nbcc.org.au](http://www.nbcc.org.au) or phone 1800 624 973

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## Synoptic report - ductal carcinoma in situ



**Patients' name:**

**Laboratory number:**

Specimen:

Method of localisation:

Location:

Size:

Resection margins:

Nuclear grade:  low  intermediate  high

Necrosis:

Absent/minimal  Present  
↳  comedo-type  non-comedo type

Architecture:

Calcification:

Absent  Present  
↳ *Associated with necrosis*  Yes  No

### Hormone receptor assay status (if performed)

ER

PR

Percentage of nuclei stained: % Percentage of nuclei stained: %

Predominant staining intensity: Predominant staining intensity:

Non-neoplastic breast changes:

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