

Breast Case Example

History:

41 yr old female with an abnormal screening mammogram of Lt breast

Physical examination:

Bilateral breast and bilateral axilla negative

Imaging:

1/3/18 Screening mammogram – abnormality UOQ Lt breast

1/5/18 US Lt breast – 2 focal hypoechoic areas, 2:00 and 10:00 (0.8cm)

Procedure:

1/5/18 US guided Lt breast bx

- Well diff infiltrating ductal carcinoma, low histologic grade, Lt breast bx at 10:00. (1+1+1=3). ER and PR positive. HER2 by FISH is unamplified, 1.1. Atypical hyperplasia, Lt breast.

1/15/18 Lt breast lumpectomy w/ sentinel node bx

- 0.9 cm infiltrating ductal carcinoma, Nottingham Grade I/III, 1+2+1=4, Lt breast lumpectomy. Moderate component of DCIS. Margins free. LVI negative. One sentinel node negative by IHC.

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Bladder Case Example

History:

75 yr old female presents with blood in her urine

Physical examination:

Mild tenderness in abdomen

Imaging:

1/20/18 CT abd/pelvis – rt hydronephrosis

3/6/18 CT abd/pelvis – percutaneous nephrostomy catheter in place on the right side, solid abnormality involving the anterior aspect of the bladder base just to the left of midline, a second mural nodule involving the posterior and right lateral side of the bladder base

Procedure:

1/21/18 Transurethral resection bladder tumor – large tumor at the base of the bladder

- Pathology showed high grade urothelial carcinoma, grade 3 with slight smooth muscle invasion, bladder tumor. Fragments of urothelial carcinoma and fragments of fibrovascular tissue and smooth muscle with chronic inflammation and fibrosis at the deep margin

2/2/18 Radical Cystectomy with ileal conduit, bil pelvic node dissection

- Pathology showed poorly differentiated urothelial carcinoma, bladder, 3.2 cm in maximum dimension involving perivesical tissue. Margins are free. One right and one left pelvic nodes are free of metastatic tumor

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Colon Case Example

History:

85 yr old female hx of hepatic flexure colon cancer

Physical examination:

Abdomen soft, not distended, normal bowel sounds

Procedure:

1/28/18 Colonoscopy – mass in the splenic flexure approx. 2 cm, bx taken

- Tubular-villous adenoma w/ severe dysplasia/carcinoma in-situ, splenic flexure mass bx. Biopsy fragments are superficial, significant possibility of co-existing invasive carcinoma associated with this mass cannot be excluded.

2/2/18 Resection of colon – tumor in splenic flexure, no obvious enlarged nodes in mesentery. Liver normal.

- 2.5 cm moderately differentiated mucin secreting adenocarcinoma arising from adenoma, distal transvers colon and splenic flexure. Invades superficial muscularis propria. Proximal, distal, and radial margins widely free. NO LVI present. 12 pericolonc nodes negative.

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Lung Case Example

History:

75 yr old female wheezing and coughing, smoker

Physical examination:

Slight wheezing, no other findings

Imaging:

1/14/18 CT chest – 2 cm mass in peripheral RUL lung

2/18/18 PET – uptake in RUL nodule, possible uptake gastrohepatic ligament and external iliac nodes

2/18/18 CT abd/pelvis – no evidence of masses or nodes in areas outside lung noted on PET

Procedure:

1/14/18 CT guided bx RUL lung mass

- Pathology showed non-small cell lung carcinoma, RUL lung

2/18/18 Rt upper lobectomy, mediastinal lymphadenectomy – mass palpated in posterior segment of RUL, 1.5 cm and firm

- Pathology showed 1.0 cm moderately differentiated adenocarcinoma, RUL lung. Margins negative. No visceral pleural invasion. No LVI. 4 peribronchial nodes negative, node stations 7, 9, R4

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Melanoma Case Example

History:

93 yr old male with a skin lesion on her left cheek on her face

Physical examination:

Pigmented lesion on left cheek

Procedure:

1/21/18 Excision of pigmented skin lesion of left cheek

- Pathology showed melanoma in situ, left cheek

2/4/18 Wide excision skin of left cheek with reconstruction – larger than normal margins to avoid multiple seborrheic keratosis

- Pathology showed residual melanoma in situ, left cheek skin. Margins negative.

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