

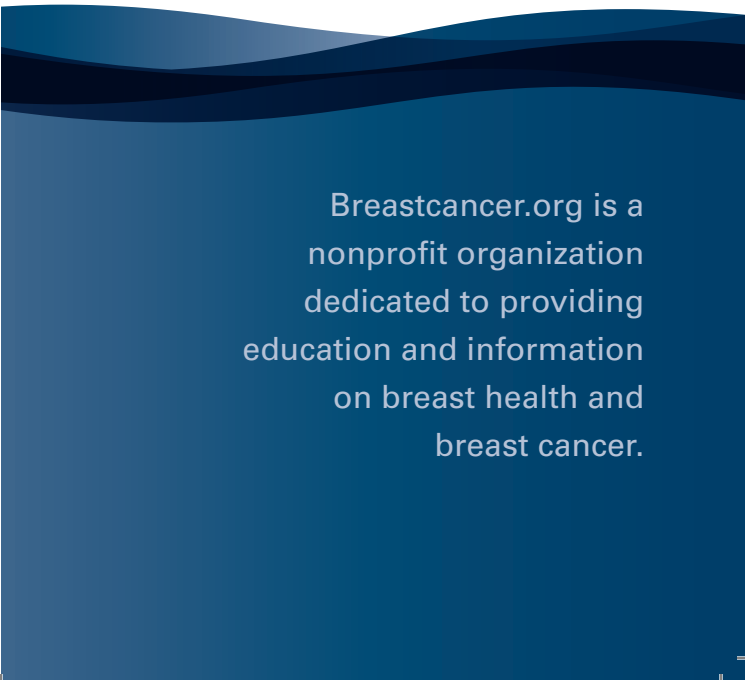


# Your Guide to the Breast Cancer Pathology Report

Developed for  
you by



BREASTCANCER.ORG




Breastcancer.org is a  
nonprofit organization  
dedicated to providing  
education and information  
on breast health and  
breast cancer.



The pathology report is used by your doctor to determine which treatments are right for you.

## Your Guide to the Breast Cancer Pathology Report



A report is written each time tissue is removed from the body to check for cancer. These are called pathology reports. Each report has the results of the studies done on the removed tissue. The information in these reports will help you and your doctors decide on the best treatment for you.

Reading your pathology report can be scary and confusing. Different labs may use different words to describe the same thing. On page 30, you'll find an easy-to-understand word list. We hope we can help you make sense of this information so you can get the best care possible.

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# WAIT FOR THE WHOLE PICTURE

## Waiting for test results

When you have all of the test results, you and your doctor can make the right decisions for you. The analysis of the removed tissue can lead to several different reports. Some tests take longer than others. Not all tests are done by the same lab. Most information comes within 1 to 2 weeks after surgery, and you will usually have all the results within a few weeks. Your doctor can let you know when the results come in. If you don't hear from your doctor, give her or him a call.

## Get all the information you need

When you have all the test information you need, you and your doctor can make a final decision about your treatment. Don't focus too much on any one piece of information by itself. Try to look at the whole picture as you think about your options.

Different labs and hospitals may use different words to describe the same thing. If there are words in your pathology report that are not explained in this booklet, don't be afraid to ask your doctor what they mean.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)

**EXPERT TIP:** Marisa Weiss, M.D.,  
breast cancer doctor

"The information in your pathology report often comes in bits and pieces. Just after surgery, the cancer cells are first looked at under the microscope. Results from additional studies that require special techniques may take longer. So you may have one, two, or

three lab reports from one surgery. Together, the lab reports make up your pathology report. Try to keep all your reports in one place, so that when you go for your treatment evaluations, the doctors will have all the information they need."

## WAIT FOR THE WHOLE PICTURE *(continued)*

### Parts of your pathology report

**Personal information.** Make sure it's your correct name and date of operation at the top of the report.

**Specimen.** This section describes where the tissue samples came from. Tissue samples could be taken from the breast, from the lymph nodes under your arm (axilla), or both.

**Clinical history.** This is a short description of you and how the breast abnormality was found. It also describes the kind of surgery that was done.

**Clinical diagnosis.** This is the diagnosis the doctors were expecting before your tissue sample was tested.

**Gross description.** This section describes the pieces of tissue removed. It talks about the size, weight, and color of each piece.

**Microscopic description.** This section describes the way the cancer cells look under the microscope, their relationship to the normal surrounding tissue, and the size of the cancer.

**Special tests or markers.** This section reports the results of tests for proteins, genes, and cell growth rate.

**Summary or final diagnosis.** This section is the short description of all the important findings in all of the tissue examined.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)



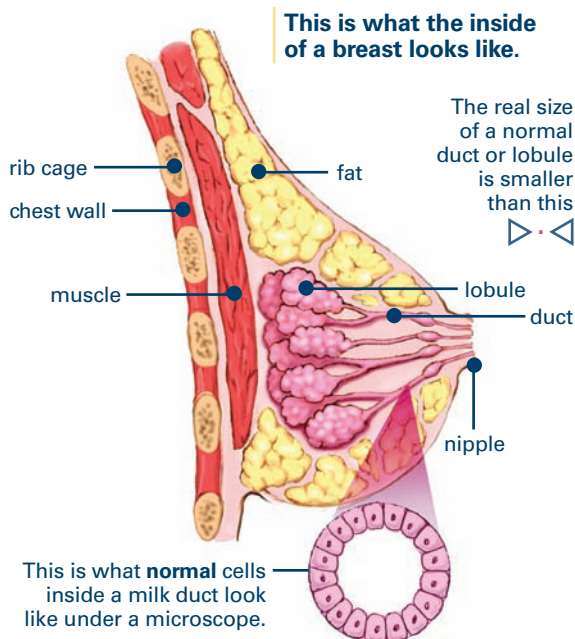
# READING YOUR PATHOLOGY REPORT

## The pathology report answers questions about a breast abnormality

Breast tissue can develop abnormalities that are sometimes cancerous. Usually breast cancer begins either in the cells of the lobules, which are milk-producing glands, or the ducts, the passages that drain milk from the lobules to the nipple. Breast cancers have many characteristics that help determine the best treatment.

## Is the breast abnormality a cancer?

A lump or spot in the breast can be made of normal cells or cancer cells. Cancer cells are cells that grow in an uncontrolled way. They may stay in the place where they started to grow, or they may grow into the normal tissue around them. Cancer cells may also spread beyond the breast.



The abnormal lump or spot may be found using mammography or other testing methods. A procedure called a biopsy removes a piece of tissue from the lump or spot to find out if cancer cells are present.

The pathology report will tell you what kinds of cells are present.

## Is the breast cancer invasive?

If breast cancer is found, it's important to know whether the cancer has spread outside the milk ducts or lobules of the breast where it started.

**Non-invasive** cancers stay within the milk ducts or milk lobules in the breast. They do not grow into or invade normal tissues within or beyond the breast. Non-invasive cancers are sometimes called in situ or pre-cancers.

If the cancer has grown into normal tissues, it is called **invasive**. Most breast cancers are invasive. Sometimes cancer cells spread to other parts of the body through the blood or lymph system. When cancer cells spread to other parts of the body, it is called metastatic breast cancer.

In some cases, a breast cancer may be both invasive and non-invasive.



## READING YOUR PATHOLOGY REPORT *(continued)*

You may see these descriptions of the type of cancer cells in your report:

**DCIS (Ductal Carcinoma In Situ).** This is a cancer that is non-invasive. It stays inside the milk ducts.

**NOTE:** There are subtypes of DCIS. You'll find their names in the word list on page 30 of this booklet.

**LCIS (Lobular Carcinoma In Situ).** This is a tumor that is an overgrowth of cells that stay inside the milk-making part of the breast (called lobules). LCIS is not a true cancer. It's a warning sign of an increased risk for developing an invasive cancer in the future in either breast.

**IDC (Invasive Ductal Carcinoma).** This is a cancer that begins in the milk duct but has grown into the surrounding normal tissue inside the breast. This is the most common kind of breast cancer.

**ILC (Invasive Lobular Carcinoma).** This is a cancer that starts inside the milk-making glands (called lobules), but grows into the surrounding normal tissue inside the breast.

**NOTE:** There are other, less-common types of invasive breast cancer. You'll find their names in the word list on page 30 of this booklet.

## How different are the cancer cells from normal cells?

Grade is how different the cancer cells are from normal cells. Experts compare the appearance of the cancer cells to normal breast cells. Based on these comparisons, they give a grade to the cancer. Grade is different from stage (see page 24 for information about stage).

There are three cancer grades:

**Grade 1 (low grade or well differentiated):** Grade 1 cancer cells look a little bit different from normal cells. They are usually slow-growing.

**Grade 2 (intermediate/moderate grade or moderately differentiated):** Grade 2 cancer cells do not look like normal cells. They are growing a little faster than normal.

**Grade 3 (high grade or poorly differentiated):** Grade 3 cancer cells look very different from normal cells. They are fast-growing.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)

### MY REPORT SAYS:

The type of cancer I have is \_\_\_\_\_  
\_\_\_\_\_.

The cancer is: *(circle one)*

**Grade 1**

**Grade 2**

**Grade 3**

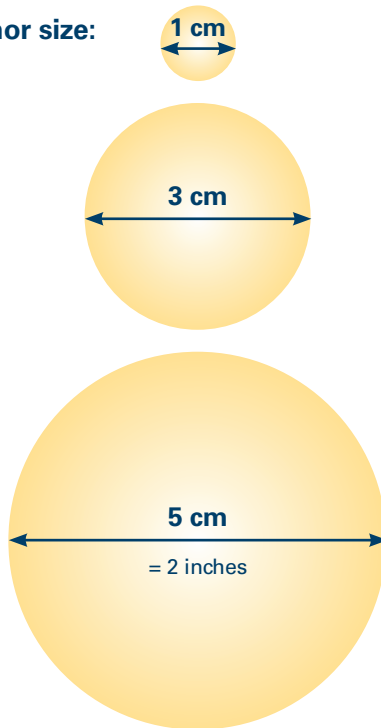
## READING YOUR PATHOLOGY REPORT *(continued)*

### How big is the cancer?

Doctors measure cancers in **centimeters (cm)**. The size of the cancer is one of the factors that determines the stage of the breast cancer.

Size doesn't tell the whole story. All of the cancer's characteristics are important. A small cancer can be very fast-growing while a larger cancer may be slow-growing, or it could be the other way around.

**Tumor size:**



### Has the whole cancer been removed?

When surgery is done to remove the whole cancer, the surgeon tries to take out all of the cancer with an extra area, or **margin** of normal tissue around it. This is to be sure that all of the cancer is removed.

The outer edge of the tissue removed is called the **margin of resection**. It is looked at very carefully to see if it is clear of cancer cells.

The pathologist also measures the distance between the cancer cells and the margin.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)

### MY REPORT SAYS:

The size of the cancer is \_\_\_\_\_ centimeters.



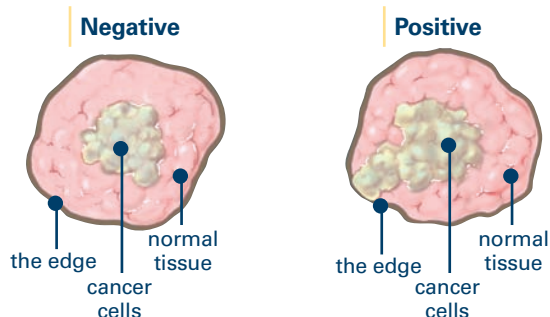
## READING YOUR PATHOLOGY REPORT *(continued)*

Margins around a cancer are described in three ways:

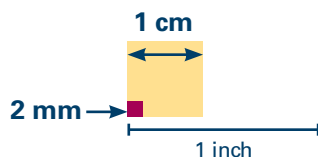
**Negative:** No cancer cells can be seen at the outer edge. Usually, no more surgery is needed.

**Positive:** Cancer cells come right out to the edge of the tissue. More surgery is usually needed to remove any remaining cancer cells.

**Close:** Cancer cells are close to the edge of the tissue, but not right at the edge. More surgery may be needed.



**NOTE:** What is called negative (or clean or clear) margins can be different from hospital to hospital. In some hospitals, doctors want at least 2 millimeters (mm) of normal tissue between the edge of the cancer and the outer edge of the tissue. In other places, just one healthy cell is called a negative margin.



### MY REPORT SAYS:

The margins are: *(circle one)*

**Negative**

**Positive**

**Close**

## Are there cancer cells in your lymph channels or blood vessels?

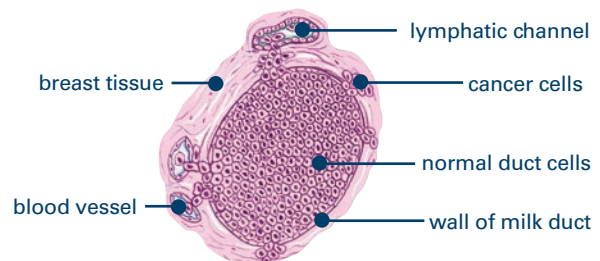
The breast has a network of lymph channels and blood vessels that drain fluid and blood from your breast tissue back into your body's circulation. These pathways remove used blood and waste products.

There is an increased risk of cancer coming back when cancer cells are found in the fluid channels of the breast. In these cases, your doctor may customize your treatment to reduce this risk.

If lymphatic or blood vessel (vascular) invasion is found, your pathology report will say **present**. If there is no invasion, the report will say **absent**.

**NOTE:** Lymphatic or vascular invasion is different from lymph node involvement.

**This is a picture of cancer cells that have spread through the wall of the milk duct and into the nearby lymph channels.**



Lymphatic or vascular invasion is: *(circle one)*

**Present**

**Absent**

## READING YOUR PATHOLOGY REPORT *(continued)*

### Do the cancer cells have hormone receptors?

Hormone receptors are like ears on and in breast cells that listen to signals from hormones. These hormone signals tell breast cells that have the receptors to grow.

A cancer is called **ER-positive** if it has receptors for the hormone estrogen. It's called **PR-positive** if it has receptors for the hormone progesterone. Breast cells that do not have receptors are negative for these hormones.

Breast cancers that are ER-positive, PR-positive, or both tend to respond to hormonal therapy. Hormonal therapy is medicine that reduces the amount of estrogen in your body or that blocks estrogen from the receptors.

If the cancer has no hormone receptors, there are still treatments available.

Hormone receptors are proteins. Like all proteins, their production is controlled by genes. To learn more about tests for various genes, please see page 16.

You will see the results of your hormone receptor test written in one of these three ways:

**1. The number of cells that have receptors out of 100 cells tested.**

You will see a number between 0% (none have receptors) and 100% (all have receptors).

**2. A number between 0 and 3.**

**0** (no receptors)

**1+** (a small number of cells have receptors)

**2+** (a medium number of cells have receptors)

**3+** (a large number of cells have receptors)

**3. The word "positive" or "negative."**

**NOTE:** Even if your report just says "positive" or "negative," ask your doctor or lab to give you the number of cells (percentage or level) that have receptors. This is important because sometimes a low number may be called negative. But even cancers with low numbers of hormone receptors may respond to hormonal therapy. And a high positive number is important to know because it predicts a particularly good response to hormonal therapy.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)

### MY REPORT SAYS:

Hormone receptors are:

**ER-positive** \_\_\_\_% (0%-100%) |  **ER-negative**  
or circle: **0 1+ 2+ 3+**

**PR-positive** \_\_\_\_% (0%-100%) |  **PR-negative**  
or circle: **0 1+ 2+ 3+**

## READING YOUR PATHOLOGY REPORT *(continued)*

### Does the cancer have genes that affect how the cancer might be treated?

Genes contain the recipes for the various proteins a cell needs to stay healthy and function normally. Some genes and the proteins they make can influence how a breast cancer behaves and how it might respond to a specific treatment. Cancer cells from a tissue sample can be tested to see which genes are normal and abnormal. The proteins they make can also be tested.

If the genetic recipe contains a mistake the report will say “**genetic mutation**” or “**genetic abnormality.**” An example is one of the inherited breast cancer gene abnormalities, called BRCA1 or BRCA2 (please see page 21 for more information on these abnormalities).

If the genetic recipe repeats the same instruction over and over again, the report will say “**gene amplification.**” Genetic amplification happens when a genetic recipe’s repeated instruction causes the gene to make too many copies of itself.

If the genetic recipe mistake (abnormality) or repeated instruction (amplification) calls for too much protein to be made, the report will say that there is **overexpression** of that protein.

**HER2 status.** Your pathology report usually includes the cancer’s HER2 status. The HER2 gene is responsible for making HER2 proteins. These proteins are receptors on breast cells. Under normal circumstances, HER2 receptors help control how a breast cell grows, divides, and repairs itself. But in about 25% of breast cancers, the HER2 gene can become abnormal and make too many copies of itself (amplification of the HER2 gene). Amplified HER2 genes command breast cells to make too many receptors (overexpression of the HER2 protein). When this happens, the overexpressed HER2 receptors shout at (rather than talk to) the breast cells to grow and divide in an uncontrolled way. This can lead to the development of breast cancer.

Breast cancers that have amplified HER2 genes or that overexpress the HER2 protein are described in the pathology report as being HER2-positive. HER2-positive breast cancers tend to grow faster and are more likely to spread and come back when compared with HER2-negative breast cancers. But HER2-positive breast cancers can respond to targeted treatments that are designed to work against HER2-positive cancer cells.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)

## READING YOUR PATHOLOGY REPORT *(continued)*

There are three tests for HER2:

### 1. **IHC test (ImmunoHistoChemistry)**

- The IHC test shows whether there is too much HER2-receptor protein in the cancer cells.
- The results of the IHC test can be 0 (negative), 1+ (also negative), 2+ (borderline), or 3+ (positive; the HER2 protein is overexpressed).

### 2. **FISH test (Fluorescence In Situ Hybridization)**

- The FISH test shows whether there are too many copies of the HER2 gene in the cancer cells.
- The results of the FISH test can be positive (extra HER2 gene copies — amplified) or negative (normal number of HER2 gene copies — not amplified).

### 3. **SPoT-Light HER2 CISH test (Subtraction Probe Technology Chromogenic In Situ Hybridization)**

- The SPoT-Light test shows whether there are too many copies of the HER2 gene in the cancer cells.
- The results of the SPoT-Light test can be positive (extra copies — amplified) or negative (normal number of copies — not amplified).

Find out which test for HER2 you had. This is important. Only cancers that test IHC 3+, FISH positive, or SPoT-Light HER2 CISH positive respond to therapy that works against HER2. An IHC 2+ test result is called borderline. If you have a 2+ result, you can and should ask to also have the tissue tested again with the FISH test.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)

### MY REPORT SAYS:

HER2 status is: *(circle one)*

**Positive**

**Negative**

**Borderline**

Test used: *(circle one)*

**IHC**

**FISH**

**SPoT-Light HER2 CISH**



## READING YOUR PATHOLOGY REPORT *(continued)*

### Are there breast cancer cells in your lymph nodes?

Your doctor will examine your lymph nodes to see if they contain cancer.

Having cancer cells in the lymph nodes under your arm is associated with an increased risk of the cancer spreading. Lymph nodes are filters along the lymph fluid channels. Lymph fluid leaves the breast and eventually goes back into the bloodstream. The lymph nodes try to catch and trap cancer cells before they reach other parts of the body.

When lymph nodes are free, or clear, of cancer, the test results are called negative. If lymph nodes have some cancer cells in them, they are called positive.

### How many lymph nodes are involved?

The more lymph nodes that contain cancer cells, the more serious the cancer might be. So doctors use the number of involved lymph nodes to help make treatment decisions.

Doctors also look at the amount of cancer in the lymph nodes.

### How much cancer is in each lymph node?

You may see these words describing how much cancer is in each lymph node:

**Microscopic:** Only a few cancer cells are in the node. A microscope is needed to find them.

**Gross:** There is a lot of cancer in the node. You can see or feel the cancer without a microscope.

**Extracapsular extension:** Cancer has spread outside the wall of the node.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)

### MY REPORT SAYS:

The lymph nodes are: *(circle one)*

**Positive**

**Negative**

If positive:

The number of involved nodes is \_\_\_\_\_ .

## READING YOUR PATHOLOGY REPORT *(continued)*

### What stage is the breast cancer?

Cancer stage is based on the size of the cancer, whether the cancer is invasive or non-invasive, whether lymph nodes are involved, and whether the cancer has spread to other places beyond the breast. Many of the cancer traits you reviewed in this booklet are not included in staging.

The purpose of the staging system is to help organize the different factors and some of the personality features of the cancer into categories in order to:

- best understand your prognosis (the most likely outcome of the disease)
- guide treatment decisions (together with other parts of your pathology report)
- provide a common way to describe the breast cancer so that results of your treatment can be compared and understood

### Stage 0

**Stage 0** is used to describe non-invasive breast cancers, such as ductal carcinoma in situ (DCIS). In stage 0, there is no evidence of cancer cells or non-cancerous abnormal cells breaking out of the part of the breast in which they started, or getting through to or invading neighboring normal tissue.

### Stage I

**Stage I** describes invasive breast cancer (cancer cells are breaking through to or invading normal surrounding breast tissue) in which:

- the tumor measures up to 2 centimeters  
AND
- no lymph nodes are involved

Microscopic invasion is also possible in stage I breast cancer. In microscopic invasion, the cancer cells have only just begun to invade the tissue outside the lining of the duct or lobule. To qualify as microscopic invasion, the cells that have begun to invade the tissue cannot measure more than 1 millimeter.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)



## READING YOUR PATHOLOGY REPORT *(continued)*

### Stage II

Stage II is divided into subcategories known as IIA and IIB.

**Stage IIA** describes invasive breast cancer in which:

- no tumor can be found in the breast, but cancer cells are found in the axillary lymph nodes (the lymph nodes under the arm) OR
- the tumor measures 2 centimeters or smaller and has spread to the axillary lymph nodes OR
- the tumor is larger than 2 centimeters but not larger than 5 centimeters and has not spread to the axillary lymph nodes

**Stage IIB** describes invasive breast cancer in which:

- the tumor is larger than 2 centimeters but no larger than 5 centimeters and has spread to the axillary lymph nodes OR
- the tumor is larger than 5 centimeters but has not spread to the axillary lymph nodes

### Stage III

Stage III is divided into subcategories known as IIIA, IIIB, and IIIC.

**Stage IIIA** describes invasive breast cancer in which either:

- no tumor is found, but cancer is found in axillary lymph nodes, which are clumped together or sticking to other structures, or cancer may have spread to lymph nodes near the breastbone OR
- the cancer is any size and has spread to axillary lymph nodes, which are clumped together or sticking to other structures

**Stage IIIB** describes invasive breast cancer in which:

- the cancer may be any size and has spread to the chest wall and/or skin of the breast AND
- may have spread to axillary lymph nodes, which are clumped together or sticking to other structures, or cancer may have spread to lymph nodes near the breastbone

Inflammatory breast cancer is considered at least stage IIIB. Typical features of inflammatory breast cancer include the following:

- a substantial portion of the breast skin is reddened
- the breast feels warm and may be swollen
- cancer cells have spread to the lymph nodes and may be found in the skin



## READING YOUR PATHOLOGY REPORT *(continued)*

### Stage III *(continued)*

**Stage IIIC** describes invasive breast cancer in which:

- there may be no sign of cancer in the breast or, if there is a tumor, it may be any size and may have spread to the chest wall and/or the skin of the breast AND
- the cancer has spread to lymph nodes above or below the collarbone AND
- the cancer may have spread to axillary lymph nodes or to lymph nodes near the breastbone

### Stage IV

**Stage IV** describes invasive breast cancer in which:

- the cancer has spread beyond the breast and nearby lymph nodes to other organs of the body, such as the lungs, distant lymph nodes or skin, bones, liver, or brain.

The words used to describe stage IV breast cancer are “advanced” and “metastatic.” Cancer may be stage IV at first diagnosis, or it can be a recurrence of a previous breast cancer that has spread to other parts of the body.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)

### MY REPORT SAYS:

The cancer is stage: *(circle one)*

**Stage 0**

**Stage I**

**Stage IIA**

**Stage IIB**

**Stage IIIA**

**Stage IIIB**

**Stage IIIC**

**Stage IV**

## WORD LIST

**Abnormal cells:** Cells that do not look or act like the healthy cells of the body.

**Aggressive cancer cells:** Cells that are fast-growing and have a tendency to spread beyond the area where they started.

**Axillary lymph nodes:** Lymph nodes under your arms.

**Benign:** Not cancerous.

**Biopsy:** An operation to take out tissue to check whether it's cancer or not.

**Clean margins:** The outer edge of the removed breast tissue around the tumor is free of cancer cells.

**Close margins:** Cancer cells come near the outer edge of the removed breast tissue.

**Colloid:** A type of invasive cancer that grows into the normal tissue around it; it usually grows slowly.

**Comedo:** A type of non-invasive cancer that tends to grow fast.

**Cribiform:** A type of non-invasive cancer that usually grows slowly.

**Ductal Carcinoma In Situ (DCIS):** An uncontrolled growth of breast cells within the milk duct without invasion into the normal surrounding breast tissue.

**ER-negative:** A cancer that does not have estrogen receptors.

**ER-positive:** A cancer that has estrogen receptors.

**FISH (Fluorescence In Situ Hybridization) test:** A test for multiple genes, including the HER2 gene.

**Genes:** Tiny structures inside your cells that are responsible for cell growth and repair.

**Grade:** Tells you how different the cancer cells look from normal cells and cell growth rate.

**HER2:** A gene that helps control the growth and repair of cells.

**Hormone receptors:** Tiny places on and in cells that respond to signals from hormones.

**IHC (ImmunoHistoChemistry) test:** A test used to measure proteins, including the HER2 protein.

**In situ:** A cancer within the part of the breast where it started, such as in the ducts, without signs of spread.

**Invasive:** A cancer that has spread beyond the place where it started.

**Invasive Ductal Carcinoma (IDC):** A cancer that started in the milk duct but has grown into the normal breast tissue around it.

**Invasive Lobular Carcinoma (ILC):** A cancer that started in the milk lobules and has grown into the normal breast tissue around it.

**Irregular cells:** Cells that do not look like the normal cells of the body.

**Ki-67 test:** A test that shows how fast cancer is growing.

## WORD LIST *(continued)*

**Lobular Carcinoma In Situ (LCIS):** Cells that are not normal but stay inside the milk-making part of the breast. LCIS isn't a true cancer, but a warning sign of an increased risk for developing an invasive cancer in the future in either breast.

**Lymphatic invasion:** Cancer cells are found in the lymph channels.

**Lymph nodes:** Filters along the lymph fluid channels; they can catch and trap cancer cells before they reach other parts of the body.

**Margin:** The layer of healthy breast tissue around the cancer that was removed during surgery.

**Medullary:** An invasive cancer that usually presents with a lump and is usually hormone-receptor-negative.

**Milk ducts:** Tiny tubes in the breast that carry milk from the lobules to the nipple.

**Milk lobules:** Milk-making glands in the breast.

**Mucinous:** An invasive cancer that contains small pools of mucous material.

**Negative margins:** There are no cancer cells in the outer edge of the breast tissue that was removed during surgery.

**Non-invasive:** A cancer that stays inside the part of the breast where it started.

**Papillary:** A type of non-invasive cancer that does not spread and tends to grow slowly.

**Pathologist:** A doctor who looks at tissue under a microscope to see if it's normal or affected by disease.

**Positive margins:** Cancer cells come up to the outer edge of the breast tissue that was removed during surgery.

**Pre-cancerous:** An overgrowth of abnormal cells that show no signs of invasion. Pre-cancerous cells are a warning sign of possibly developing cancer in the future.

**PR-negative:** A cancer that does not have progesterone receptors.

**PR-positive:** A cancer that has progesterone receptors.

**Recurrence:** When a cancer comes back.

**Solid:** A type of non-invasive cancer; it tends to grow slowly.

**S-phase fraction test:** A test that shows how fast a cancer is growing.

**Tubular:** A type of invasive cancer that is made up of tube-shaped cells.

**Vascular invasion:** Cancer cells are found in the blood vessels.

For more information, go to:  
[www.breastcancer.org](http://www.breastcancer.org)

# KEY QUESTIONS

# PATHOLOGY REPORT CHECKLIST

With your doctor's help, it's important that you understand the answers to the questions below:

1. Is this breast cancer invasive, non-invasive, or both invasive and non-invasive?
2. Is this a slow-growing or a fast-growing breast cancer?
3. Are the margins negative, close, or positive?
4. Are there any cancer cells present in lymph channels or blood vessels?
5. What do the hormone receptor tests show? Can you take a medicine that lowers or blocks the effects of estrogen?
6. Which of these HER2 tests was performed on the tissue?
  - IHC (ImmunoHistoChemistry) test
  - FISH (Fluorescence In Situ Hybridization) test
  - SPoT-Light HER2 CISH (Subtraction Probe Technology Chromogenic In Situ Hybridization) test
7. Is the HER2 test positive, negative, or borderline?
8. Are any lymph nodes involved with this cancer? If so, how many?
9. What other lab tests were done on the cancer tissue? What did they show?
10. Is any further surgery recommended based on these results?
11. Which treatments are most likely to work for this specific cancer?

**This checklist can help you keep the important results from all your pathology reports together in one place. With your doctor's help, fill in the answers below. Then take this booklet with you when you visit your other doctors, so they have the information they need.**

My pathology reports show the following cancer features:

1. **Invasive or non-invasive:**
  - invasive       non-invasive
  - both invasive and non-invasive
2. **Size:** \_\_\_\_\_ centimeters (cm)
3. **Grade:**
  - grade 1       grade 2       grade 3
4. **Lymphatic or vascular involvement:**
  - present       absent
5. **Margins of resection:**
  - negative       close       positive
6. **Hormone receptors:**
  - estrogen receptors:**
    - positive \_\_\_\_\_% (0%-100%)  
*or circle: 0 1+ 2+ 3+*
    - negative
  - progesterone receptors:**
    - positive \_\_\_\_\_% (0%-100%)  
*or circle: 0 1+ 2+ 3+*
    - negative
7. **HER2 status based on one or all of these tests:**
  - IHC (ImmunoHistoChemistry) test:**
    - positive       negative       borderline
  - FISH (Fluorescence In Situ Hybridization) test:**
    - positive (amplified)       negative (not amplified)
  - SPoT-Light HER2 CISH (Subtraction Probe Technology Chromogenic In Situ Hybridization) test:**
    - positive (amplified)       negative (not amplified)
8. **Lymph node status:**
  - positive (cancer found in lymph node[s])  
number of lymph nodes involved: \_\_\_\_\_
  - negative (no cancer in lymph nodes)
9. **Oncotype DX or MammaPrint test results:**
  - Recurrence score: \_\_\_\_\_
  - 10-year recurrence risk: \_\_\_\_\_







BREASTCANCER.ORG

# KNOWLEDGE. CLARITY. CONFIDENCE.

Breastcancer.org is the number one online resource for breast cancer information and support, providing over 6,000 pages of expert-reviewed information on all aspects of breast cancer — from diagnosis through treatment and beyond. Breastcancer.org also hosts a vibrant peer support community with more than 65,000 registered members.

Breastcancer.org reaches millions of people around the world. Our mission is to help people affected by breast cancer make sense of complex medical and personal information so they can make the best decisions for their lives. Our goal is to empower everyone to face breast cancer with knowledge, clarity, and confidence.

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