



Pathology Worksheet

Your report may or may not contain all of the information below. Some of the information will not be available to you until after surgery.

What type of biopsy did I have? _____

Who wrote my pathology report? _____

Address: _____

Phone: _____

Email: _____

Are they a breast cancer specialist? ☐ Yes ☐ No

If no, is second opinion recommended? ☐ Yes ☐ No

Do I have a copy of the report? ☐ Yes ☐ No

Where are my samples being kept? _____

Address: _____

Phone: _____

Email: _____

What is the tissue size? Greatest Dimensions _____ cm

Additional Dimensions _____ cm x _____ cm

How long are tissue samples being kept? _____

How can I obtain my samples? _____

What type of cancer do I have? _____

Cancer Stage: ☐ 0 ☐ I ☐ 2A ☐ 2B ☐ 3A ☐ 3B ☐ 3C ☐ 4

Are my margins clean? ☐ Negative/Clean ☐ Positive/Involved

Hormone receptor status:

☐ ER positive (+)/PR positive (+)

☐ ER negative (-)/PR positive (-)

☐ ER positive (+)/PR negative (-)

☐ ER negative (-)/PR (-)

HER-2/neu status:

☐ Positive

☐ By IHC: Tests for over-expression of the HER2 protein

☐ By FISH: Tests for too many copies of the actual gene

☐ Negative

☐ Triple Negative: ER negative/PR negative (-)/HER-2neu negative (-)



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What is the size of my tumor? _____

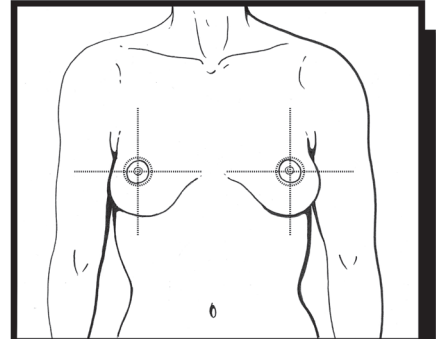
Cell differentiation grade: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Cell's architectural pattern: _____

Position: _____ O'clock ☐ Multifocal ☐ Multicentric

Tumor Site:

- ☐ Right Side ☐ Left Side ☐ Central (Nipple)
☐ Upper Inner Quadrant ☐ Lower Inner Quadrant
☐ Upper Outer Quadrant ☐ Lower Outer Quadrant



Was there necrosis? ☐ Not identified ☐ Present, focal ☐ Present, central

Were there blood vessel or lymphatic vessel invasion? ☐ Yes ☐ No

Tumor grade: ☐ 1 ☐ 2 ☐ 3

How were my lymph nodes examined _____

Were my lymph nodes involved? ☐ Yes ☐ No

Number of Nodes Removed: _____ Number of Nodes Negative: _____

Number of Nodes that are Involved (Tested Positive):

- ☐ N0: No lymph nodes involved ☐ N2: 4-9 lymph nodes involved
☐ N1: 1-3 lymph nodes involved ☐ N3: 10 or more lymph nodes involved

Am I at an increased risk for lymphedema? ☐ Yes ☐ No

Who should I see next? _____

What are my treatment options? _____

What is my prognosis? _____

Where can I get more information? _____

Additional comments/questions: _____

