ICD-O-3
Carcinoma, infiltrating duct, NOS 8500/3
Path: Site Code: breast, upper outer quadrant C50.4 1/17/11 lw
CQCF: breast, NOS C50.9

Collection Date
Date of Birth:
Order Doctor:

Not for patient's chart

CLINICAL HISTORY
ORIGINAL TEXT:
Cancer left breast
ORIGINAL VER ID

GROSS EXAMINATION
ORIGINAL TEXT:
A. "Left breast", received fresh and placed in formalin. A 600 gram, 30.3 x 9.9 x 5 cm specimen consisting of a 16.5 x 9.9 x 5 cm breast with a 11 x 7 x 2.4 cm axilla, two at 24 x 8 cm ellipse of skin and 1.2 cm nipple with 4 cm areola is received. The specimen is marked with blue ink and sectioned to exhibit a 2.8 x 2.5 x 1.6 cm firm white mass towards the axilla. The tumor comes to within 1.8 cm of the superior margin, 1.6 cm of the inferior margin, 2 cm of the posterior margin and 3 cm from the skin. Areas of hemorrhage are present around the site of the mass, consistent with the previous biopsy.

A1- tumor closest to superior border
A2- tumor closest to inferior border
A3- tumor closest to posterior border
A4- tumor closest to anterior skin border
A5-6- upper outer quadrant
A7-8- lower outer quadrant
A9-10- upper inner quadrant
A11-12- lower inner quadrant
A13- nipple
A14- nine proximal lymph node candidates
A15-16- nine mid lymph node candidates
A17- four distal lymph node candidates
A18- one distal lymph node candidate, bisected

ORIGINAL VER ID

UUID:9B3F0B22-8442-4720-A21B-7EF12CBCD2CE
TCGA-B6-A0IO-01A-PR
Redacted

DIAGNOSTIC CPT CODES
ORIGINAL TEXT:
Container A:
ORIGINAL VER ID

DIAGNOSIS
ORIGINAL TEXT:
A. "LEFT BREAST" (EXCISIONAL BIOPSY):
INVASIVE CARCINOMA OF THE BREAST.
- MULTIFOCAL INVASIVE CARCINOMA: PRESENT.
- SIZE (UPPER-OUTER QUADRANT): 2.8 X 2.5 X 1.6 CM.
SIZE (LOWER-INNER QUADRANT): 1 CM.
- N.S.A.B.P. HISTOLOGIC GRADE: 3 OF 3
- N.S.A.B.P. NUCLEAR GRADE: 3 OF 3.
- LYMPHATIC/VASCULAR INVASION: NOT IDENTIFIED.
IN-SITU CARCINOMA: PRESENT.
- TYPE OF IN-SITU CARCINOMA: DUCTAL, SOLID (MINIMAL CRIBRIFORM).
- N.S.A.B.P. NUCLEAR GRADE: 2 OF 3.
- NECROSIS: PRESENT.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED / DISQUALIFIED	
Reviewer Initials	Date Reviewed: 1/31/11	

- LOCATION: IDENTIFIED IN RANDOM SECTIONS OF THE UPPER-OUTER QUADRANT, UPPER-INNER QUADRANT, AND LOWER-INNER QUADRANT.
- SIZE: UNABLE TO DETERMINE.

SURGICAL MARGIN STATUS: FREE OF TUMOR.

NIPPLE: FREE OF TUMOR.

SKIN: FREE OF TUMOR.

MUSCLE: NOT IDENTIFIED.

LYMPH NODE STATUS:

- NO EVIDENCE OF MALIGNANCY IS IDENTIFIED IN SEVENTEEN LYMPH NODES (0/17).

ESTROGEN/PROGESTERONE RECEPTOR, CELL CYCLE, AND HER2/NEU ANALYSIS:

- PENDING, THE RESULTS OF WHICH WILL BE REPORTED IN AN ADDENDUM.
- METHODOLOGY: IMMUNOHISTOCHEMISTRY, PARAFFIN BLOCK NUMBER A3.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

ORIGINAL VER ID

CI ADDENDUM 1

ORIGINAL TEXT:

NUCLEAR ESTROGEN AND PROGESTERONE RECEPTOR ANALYSIS

A tissue block was sent to the for assay of nuclear estrogen and progesterone receptors (block A3). The ESTROGEN RECEPTOR activity is judged to be POSITIVE with an estimated fmol/mg cytosolic protein value of 275. Approximately 95% of the infiltrating carcinoma cells exhibit nuclear estrogen receptor expression. Benign ductal epithelium stains positively and serves as the internal control. Results were obtained using a manual method with Signet antibodies and a detection kit.

The PROGESTERONE RECEPTOR activity is judged to be BORDERLINE with an estimated fmol/mg cytosolic protein value of 6. Approximately 1% of the tumor cells exhibit nuclear progesterone receptor expression. Benign ductal epithelium stains positively and serves as the internal control. Results were obtained using a manual method with Signet antibodies and a detection kit. Please refer to for a complete report.

HER2/neu IMMUNOHISTOCHEMICAL ANALYSIS

Immunostaining for HER2/neu (c-erbB-2) oncoprotein is performed on recut sections of block A3. The tumor cells exhibit no staining of their cell membrane (score = 0), indicating that they do not overexpress HER2/neu oncoprotein.

METHOD: The immunostaining is done using DAKO rabbit anti-human c-erbB-2 oncoprotein which is an affinity-isolated antibody (. The immunostaining is performed after antigen retrieval by heating the unstained sections at 95 degrees centigrade for 20 minutes in 10 mM citrate buffer, pH 6.0. The primary antibody is used at a dilution of 1:3000 (manual staining), with an incubation for one hour at 37 degrees centigrade. The Histostain Plus kit (is used as the detection system. This test was developed and its performance characteristics determined by the Immunopathology Laboratory. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research only. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to

perform high complexity clinical testing.

PROLIFERATION INDEX IMAGE ANALYSIS

A tissue block was sent to the for assay of proliferation index (block A3). The PROLIFERATION INDEX is judged to be HIGH with an estimated positive nuclear area percentage of 29%. Please refer to for a complete report.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

ORIGINAL VER ID

*** End of Report ***