

1/25/11 *hw*

Surgical Pathology

Surg Path

CLINICAL HISTORY:

Left breast mass. Locally advanced left breast Ca.

GROSS EXAMINATION:

A. "Breast biopsy" received and fixed. The specimen consists of a 3.1 x 2.4 x 1.3 cm unoriented fragment of yellow-tan soft fibroadipose tissue which is inked blue and sectioned to reveal a 1.5 x 1.0 x 1.0 cm firm white-tan ill-defined lesion that extends to the inked surgical margin. The remainder of the tissue consists of adipose tissue. The specimen is entirely submitted as Block A1-A10.

for Dr. slides to Dr.

DIAGNOSIS:

A. "LEFT BREAST" (INCISIONAL BIOPSY):

INVASIVE PLEOMORPHIC LOBULAR CARCINOMA.

N.S.A.B.P. NUCLEAR GRADE 2 OF 3.

N.S.A.B.P. HISTOLOGIC GRADE 3 OF 3.

LYMPHATIC/VASCULAR INVASION: ABSENT.

IN-SITU CARCINOMA: ABSENT.

STATUS OF NON-NEOPLASTIC BREAST TISSUE: NOT APPLICABLE (INCISIONAL BIOPSY).

SIZE OF BIOPSY: 3.1 X 2.4 X 1.3 CM. (DIFFUSELY INVOLVED BY INVASIVE CARCINOMA)

MICROCALCIFICATIONS: ABSENT.

SURGICAL MARGIN STATUS: NOT APPLICABLE (INCISIONAL BIOPSY)

ESTROGEN/PROGESTERONE RECEPTOR AND CELL CYCLE ANALYSIS: PENDING
METHODOLOGY: IMMUNOHISTOCHEMISTRY, PARAFFIN BLOCK (A5).

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

M.D.

Electronically signed:

ADDENDUM 1:

Tissue was sent to the _____ for assay of the estrogen and progesterone receptors. The estrogen receptor activity was judged to be negative with an estimated FMOL value of 0. The progesterone receptor activity was judged as negative with an estimated FMOL value of 0. 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).

, M.D. Page #

Electronically signed:

ADDENDUM 2:

Immunostaining for HER2/neu (c-erbB-2) oncoprotein is performed on recut sections of block A5. The immunostaining is done using DAKO rabbit anti-human

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TCGA-B6-A0WX-01A-PR

c-erbB-2 oncoprotein which is an affinity-isolated antibody product number). 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. Rare tumor cells exhibit barely perceptible, complete membrane staining, but their number is too few to indicate overexpression of HER2/neu oncoprotein. The majority of tumor tumor cells have barely perceptible, focal membrane staining (score = 1+), indicating that the tumor does NOT overexpress HER2/neu oncoprotein.

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

, M.D., Ph.D. Pager :

Electronically signed: