

Patient: [REDACTED]

UUID: B3CFF02-89AA-43AE-B19B-BEE6817AA997

TCGA-B6-A3ZX-01A-PR

Redacted



AP Surgical Pathology: Additional Info.

Surg Path

CLINICAL HISTORY:

Rule out malignancy of left breast. Palpable left breast mass within large axillary node. If invasive carcinoma, please obtain ER, PR, EGFR, HER2/Neu by immunohistochemistry; for all 2+ IHC results please do FISH analysis.

GROSS EXAMINATION:

A. "USNCB left breast, number of cores 4, 11:00 site 1", received in formalin is a 1 x 0.6 x 0.2 cm aggregate of yellow-tan fibrofatty tissue which is submitted entirely in a mesh bag in block A1.

B. "USNCB left breast, number of cores 4, axilla site 2", received in formalin is a 0.9 x 0.6 x 0.2 cm aggregate of yellow-tan fibrofatty tissue which is submitted entirely in a mesh bag in block B1.

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

ICD-O-3

adenocarcinoma, infiltrating
ductal and lobular 8522/3

Site: breast, NOS C50.9 7-2-12, 20

DIAGNOSIS:

A. "LEFT BREAST, 11:00, SITE ONE" (ULTRASOUND GUIDED NEEDLE CORE BIOPSY):

INVASIVE ADENOCARCINOMA OF THE BREAST.

HISTOLOGIC TYPE: DUCTAL, WITH LOBULAR FEATURES.

NOTTINGHAM COMBINED HISTOLOGIC GRADE: 3 OF 3.

TUBULE FORMATION SCORE: 3.

NUCLEAR PLEOMORPHISM SCORE: 3.

MITOTIC RATE SCORE: 2.

IN-SITU CARCINOMA: PRESENT.

TYPE OF IN-SITU CARCINOMA: SOLID.

NUCLEAR GRADE OF IN-SITU CARCINOMA: 3 OF 3.

ESTROGEN/PROGESTERONE RECEPTOR, HER2/NEU, AND EGFR ANALYSIS: PENDING.

PARAFFIN BLOCK NUMBER: A1.

RESULTS WILL BE ISSUED IN A SEPARATE REPORT FROM THE IMAGE CYTOMETRY LAB.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
IPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (Circle):	QUALIFIED	DISQUALIFIED
Reviewed by:	[Signature]	[Signature]
Date Reviewed:	6/22/12	

B. "LEFT BREAST, AXILLA, SITE TWO" (ULTRASOUND GUIDED NEEDLE CORE BIOPSY):

LYMPH NODE WITH METASTATIC DUCTAL ADENOCARCINOMA.

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

Electronically signed: [Signature]

ADDENDUM 1:

Please see

for results of supplementary

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