UUID:6A97C809-91BB-4E35-9E12-F5F2A58C9D35
TCGA-A2-A04R-01A-PR Redacted

PATHOLOGY REPORT

Patient:
FMP/SSN:
DOB/Age/Sex: **Age:** **F** Race: **BLACK**
Location:
Physician(s):

Specimen #:
Taken:
Received:
Reported:

****AMENDED****

ICD-O-3
Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 1/24/11 kc

SPECIMEN:
A: LEFT SENTINEL LYMPH NODE B: LEFT BREAST TISSUE

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FINAL DIAGNOSIS:

A. LYMPH NODE, LEFT SENTINEL, EXCISION:
- NEGATIVE FOR MALIGNANCY BY IMMUNOHISTOCHEMISTRY.

B. BREAST, LEFT, LUMPECTOMY:
- INFILTRATING DUCTAL CARCINOMA, MODERATELY DIFFERENTIATED BY COMBINED HISTOLOGIC CRITERIA.
- MAXIMUM TUMOR DIMENSION = 2.0 CM.
- ASSOCIATED DUCTAL CARCINOMA IN SITU, NUCLEAR GRADE 2 WITH NECROSIS.
- SURGICAL MARGINS ARE NEGATIVE FOR TUMOR.
- MICROCALCIFICATIONS IDENTIFIED IN THE DUCTAL CARCINOMA IN SITU AND THE INFILTRATING CARCINOMA COMPONENTS.

ESTROGEN RECEPTOR: POSITIVE (80% nuclear staining)
PROGESTERONE RECEPTOR: POSITIVE (90% nuclear staining)
(SEE COMMENT).

AMMENDMENT 2: FOLLOWING INTRADEPARTMENTAL REVIEW, RESULTS OF HER2 STUDIES ARE REVISED.

HER2 BY IMMUNOHISTOCHEMISTRY: WEAKLY POSITIVE (2+)

HER2 BY FISH: NOT AMPLIFIED (1.1)

COMMENT:
Estrogen and progesterone receptors were evaluated by immunohistochemical methods. A positive test is defined as easily discernable nuclear staining in more than 5% of the tumor cells.

The specimen was evaluated for HER-2/Neu (c-erbB2) overexpression by immunohistochemical methods (DAKO Hercep Test). Staining is interpreted on a scale of 0 to 3+ with positivity defined as 2+ or greater. Specimens with a weakly positive (2+) Hercep Test are further evaluated by

SURGICAL PATHOLOGY REPORT

Patient: Specimen #:

FINAL DIAGNOSIS (continued):

fluorescence in situ hybridization (PathVysion FISH assay) to detect presence or absence of Her-2/neu gene amplification.

** Report Electronically Signed Out **

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CLINICAL DIAGNOSIS AND HISTORY:
-year-old female with T1N0M0 infiltrating ductal carcinoma of left breast on physical exam and core biopsy.

GROSS DESCRIPTION:
A. LEFT SENTINEL LYMPH NODE received fresh, labeled with the patient's name, designated "LEFT SENTINEL LYMPH NODE" consists of a 2.0 cm x 0.7 cm x 0.4 cm soft, tan tissue fragment. Bisected. 1CF

B. LEFT BREAST TISSUE received fresh, labeled with the patient's name, designated "LEFT BREAST TISSUE" consists of a piece of fibrofatty tissue, measuring 9.7 cm anterior to posterior, 6.8 cm medial to lateral, and 5.0 cm superior to inferior. The overlying ellipse of brown skin, with a 0.4 cm linear incision, measures 2.6 cm x 0.8 cm. Ink code: Red=lateral, yellow=medial, black=posterior, blue=superior, and green=inferior. The specimen is sectioned anterior to posterior revealing a 2.0 cm tumor, with well-defined margins and white, gritty cut surface, 0.4 cm from the nearest margin superior. The remaining tissue is mostly fatty with a few patches of white fibrous tissue. One section of skin, one section of grossly normal fibrous tissue, and two sections of tumor are submitted for the CBCP protocol (matching paraffin section=B1, B2, and B3-B4, respectively).

Slide key: B1: Representative skin. B2: Grossly normal fibrous tissue. B3-B4: Tumor. B5-B6: Anterior margin. B7: Representative fibrous tissue. B8-B9: Tumor. B10-B12: Section of B3. B13-B14: Representative sections. B15-B16: Section of B4. B17: Representative sections. B18-B22: Posterior margin. 22CF

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

End of Report