

Sex: Female
D.O.B.:

Ref Physician:

SPECIMEN INFO

Collected:

Received:

Reported:

SURGICAL PATHOLOGY REPORT
*** ADDENDUM REPORT ***

BREAST PROGNOSTIC PANEL: Block(A4)

TEST	RESULT	REFERENCE RANGES
Estrogen Receptor:	POSITIVE (93%) Staining Intensity: Strong	≥ 1% is Positive < 1% is Negative
Progesterone Receptor:	POSITIVE (60%) Staining Intensity: Strong	≥ 1% is Positive < 1% is Negative
Ki-67 (MIB1) Proliferation Marker:	HIGH (32%)	> 20% is High 10-20% is Borderline <10% is Low
Her2 by IHC:	EQUIVOCAL (2+ staining)	0-1+ Negative 2+ Equivocal 3+ Positive

Weak, circumferential membrane staining in > 10% of cancer cells or <30% with strong complete membrane staining

A reflex to HER-2/neu by FISH (fluorescent in situ hybridization) will be performed and an additional report will follow.

These results were interpreted at [redacted] and were evaluated and deemed adequate for ER/PR/Ki-67 analysis. Standard assay conditions were met, including cold ischemia time and fixation parameters. All controls show appropriate reactivity.

Slides from this sample

UUID: 58978086-7443-4721-854B-877CE0FC10C0
TCGA-AC-A6IV-01A-PR

Redacted

[Specific testing information and references have been added to the microscopic description]



The original diagnosis remains unchanged.

Addendum Report issued by:

[Redacted signature]

DIAGNOSIS

DIAGNOSIS:

A. Right breast mastectomy:
Invasive mammary carcinoma.
Favor pleomorphic lobular carcinoma.
Size: 2.2 cm.
Architectural score: 3 of 3.
Nuclear score: 2 of 3.
Mitotic score: 2 of 3.
Total score: 7 of 9.
Grade 2.
Prognostic panel will follow as an addendum.
No evidence of in situ carcinoma.
No evidence of angiolymphatic invasion.
All surgical margins of excision are free of carcinoma.
Closest margin is deep and is 1.5 cm.

B. Right axillary sentinel lymph node: One lymph node, Metastatic carcinoma.
Size of involvement within the node: 0.3 cm.

CECF ICD O-3
Carcinoma, lobular infiltrating NOS
path
Carcinoma, lobular infiltrating mixed
w/other types (pleomorphic) 8524/3
Site: (R) Breast NOS C50.9
J2 6/17/13

TMN: T2pN1

CLINICAL INFORMATION

Symptoms/Radiologic Findings:

B. Right axilla sentinel node

SEE ALSO

B. The second container B is received in formalin labeled right axilla sentinel node.' The specimen consists of a portion of fibroadipose tissue that measures 3.5 x 2.0 x 1.5 cm. Sectioning reveals a single lymph node that measures 1.8 x 0.7 x 0.9 cm. The lymph node is sectioned and is entirely submitted in two cassettes labeled

THERAPEUTIC MARKER ASSAY CONDITIONS	
ER/PgR, HER2/neu Scoring system	Breast Cancer Analysis using Immuno-histochemistry, and Pathologist review. is an automated digital slide creation, management, viewing and computer-assisted analysis system which aids the pathologist in the detection, classification, and counting of cells of interest thereby standardizing slide scoring through quantitative assessment of marker intensity, size and shape. This laboratory uses a modified version of a FDA approved test. An antibody other than the FDA approved antibody for the algorithm is used. The performance characteristics of these assays have been determined by performance characteristics refer to the analytical performance of the test.
Cold Ischemic Time, Fixative, Processing	Specimen should be placed in neutral buffered formalin within 1 hour of removal from the patient and fixed for a minimum of 6 but not in excess of 48 hours. Specimen are processed by routine tissue processing methods.
Staining Method Used	
Staining platform, antibodies and associated reagent below are all manufactured by and are FDA approved.	
Primary Antibodies	<p>ER - Anti-Estrogen receptor (clone SP1) primary antibody is a rabbit monoclonal antibody (IgG) that is used for the qualitative detection of estrogen receptor antigens.</p> <p>PgR - Anti-Progesterone Receptor (clone 1E2) primary antibody is a rabbit monoclonal antibody (IgG) that is used for the quantitative detection of the A, B and C isoforms of human progesterone receptor antigens.</p> <p>Ki-67 - Anti-Ki-67 primary antibody is directed against the C-terminal portion of the Ki-67 antigen, which is expressed in the nuclei of proliferating cells (normal and neoplastic). The antibody identifies proliferating activity in sections of formalin-fixed, paraffin-embedded tissue on an automated slide</p>

	<p>stainer platform.</p> <p>HER-2/neu – PATHWAY Anti-HER-2/neu (4B5) primary antibody is a rabbit monoclonal antibody (IgG) that is used for semi-quantitative detection of HER2 antigens.</p> <p>ER, PR, HER-2/neu are prepared from sections of formalin-fixed, paraffin-embedded tissue on an automated slide stainer platform.</p>
Controls	All Controls show appropriate reactivity (high protein expression, low protein expression, negative protein expression, internal elements from normal breast tissue included with sample.
Antigen Retrieval Type	A tris based buffer with a slightly basic pH, which, at elevated temperatures is capable of hydrolyzing the covalent bonds formed by formalin in tissue.
Detection System Type	Indirect biotin streptavidin detection system

Criteria	Yes	No
Language Proficiency		
Financial Fitness and Solvency		✓
Full AS Disciplinary		✓
Prove Background History		✓
Qualify with Previous Primary Agent		✓
Age is Under 65		✓
Is a Lower Initials		

✓ *hw* 4/13/13
 QUALIFIED / *DEQUALIFIED*
LMC *overruled* / 4/13/13