

Procedure Date:
Procedure Physician:
Attending Physician/Copies To:

Criteria	Yes	No
Diagnostic Discrepancy		
Primary Tumor Site Discrepancy		
HPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	2/11/11	1/11/11

1CD-0-3
Carcinoma, infiltrating
ductal, NOS 8500/3
Site: Breast, NOS C50.9.
1/20/11 Jw

PATIENT HISTORY:

SPECIMENS TAKEN BY PATH DATE OF LMP: (NOT LISTED ON REQUISITION)

DATE OF LAST DELIVERY:

PRE-OF DIAGNOSIS: RIGHT BREAST CANCER

POST-OF DIAGNOSIS: SAME

OPERATIVE PROCEDURE: R SENTINEL LYMPH NODE, R SEGMENTAL MASTECTOMY

CLINICAL HISTORY: SPECIMENS TAKEN BY PATH

MATERIAL SUBMITTED: A) RIGHT SENTINEL LYMPH NODE, PROCUREMENT BY SURGICAL PROCEDURE

B) RIGHT BREAST BIOPSY/TISSUE, PROCUREMENT BY SURGICAL PROCEDURE

long-lat, med-med, sht-superior

INTRAOPERATIVE CONSULTATION: R SENTINEL LYMPH NODE #1: One lymph node, 0.8 by 0.6 by 0.5 cm. Touch Prep
Diagnosis: Negative.

UUID:FA86A743-EA67-4554-ABA2-B88C1DBDB0B1
TCGA-BH-A1EX-01A-PR

Redacted

ADDENDA:

Addendum

FISH analysis using DNA probe for Her-2/neu gene showed that, the ratio of Her-2/neu signals to chromosome 17 centromere signals is 0.94 (≥ 2.0 ratio is considered amplified). Therefore, Her-2/neu gene is not amplified.

Pathologist:
** Report Electronically **
By Pathologist

My signature is attestation that I have personally reviewed the submitted material(s) and the above diagnosis reflects that evaluation.

Addendum

MATERIAL SUBMITTED: BLOCK "B3" FOR ER/PR AND HER-2/NEU (BREAST CANCER)

FINAL DIAGNOSIS:

ESTROGEN/PROGESTERONE RECEPTORS AND HER-2/NEU PERFORMED ON RIGHT BREAST TISSUE

ESTROGEN RECEPTOR (0- 40%; 1+ 40%; 2+ 10%; 3+ 10%) HSCORE OF 90. ESTROGEN RECEPTOR IS INTERPRETED AS

POSITIVE

PROGESTERONE RECEPTOR (0- 70%; 1+ 10%; 2+ 10%; 3+ 10%) HSCORE OF 60. PROGESTERONE RECEPTOR IS INTERPRETED AS

POSITIVE

HER-2/NEU-DAKO HERCEPT. A WEAK TO MODERATE COMPLETE MEMBRANE STAINING IS OBSERVED IN MORE THAN 10% OF THE TUMOR CELLS. HER-2/NEU IS INTERPRETED AS POSITIVE (SCORE 2+)

HSCORE: ≤ 15 NEGATIVE

$>15 \leq 30$ BORDERLINE

FINAL DIAGNOSIS:

FINAL DIAGNOSIS:

A) RIGHT SENTINEL LYMPH NODE #1:

- MICROMETASTATIC DUCTAL CARCINOMA OF THE BREAST (SEE NOTE)

B) RIGHT SEGMENTAL MASTECTOMY:

- INFILTRATING MODERATELY DIFFERENTIATED DUCTAL CARCINOMA NOTTINGHAM SCORE 6/9 (TUBULES=3, NUCLEI=2, MITOSIS=1), SIZE 2.5 BY 2.0 BY 1.5 CM

- DUCTAL CARCINOMA IN SITU, NON-COMEDO TYPE, SOLID AND CRIBRIFORM NUCLEAR GRADE 1, CONSTITUTES 5% OF ENTIRE TUMOR MASS

- SEVERAL MICROSCOPIC FOCI OF INFILTRATING ADENOCARCINOMA, UP TO 0.5 CM, IN THE REMAINING BREAST TISSUE (#6, #9, #12)

- LATERAL AND INFERIOR SURGICAL MARGINS POSITIVE FOR INVASIVE TUMOR

- INTRADUCTAL PAPILLOMA AND PROLIFERATIVE FIBROCYSTIC CHANGES IN THE REMAINING BREAST TISSUE

- FOCAL NECROSIS AND GRANULATION TISSUE, STATUS-POST CORE BIOPSY OF BREAST (CROSS REFER

NOTE: Minute clusters of metastatic ductal carcinoma was found in serial section "A1", but it is best visualized with the immunoperoxidase stain AE1/AE3 in serial section A2. The immunostain was repeated and the presence of metastatic neoplastic cells in the lymph node section "A1" H&E was confirmed by immunostaining ("A2&A3"). The later serial sections of the lymph nodes are negative. The touch prep of the sentinel node was re- reviewed and no malignant cells are identified. ER/PR immunoperoxidase assay and Her-2/NEU testing will be performed on block "B3".

The special stains and/or immunoperoxidase tests used in this case have been developed and their performance characteristics determined by the Department of Pathology at

They have not been cleared or approved by the U.S. Food and Drug Administration.