PROVEDENTAL PROPERTY. Sex: Female D.O.B.: Ref Physician SPEGINENINE Collected: Received: Reported: SURGICAL PATHOLOGY REPORT ADDENDUM REPORT

BREAST PROGNOSTIC PANEL: Block(A4)

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

Slides from this sample were evaluated and deemed adequate for ER/PR/Ki-67/..... analysis. Statituding conditions were met, including cold ischemia time and fixation parameters. All controls show appropriate reactivity.

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

The original diagnosis remains unchanged.

Addendum Report Issued by:

UUID:58978086-7443-4721-8548-877CE0FC10C0 TCGA-AC-A6IV-01A-PR Re Redacted

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.

DIAGNOSIS Carcinoma, lobular infilhating NOS
path
Carcinoma, lobular intetrating mixed
Watter Types (plumayohic) 852413
Site: P. Breast NOS C50.9

20 6/17/13 No evidence of extracapsular extension, Confirmed by staining for pancytokeratin.

TMN: T2pN1

Electronic Signature:

CLINICALINFORMATION

CLINICAL HISTORY:

Preoperative Diagnosis: Right modified radical mastectomy with sentinel node mapping with frozen section. Invasive mammary carcinoma. ER positive. PR positive. Her-2 negative.

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

A. Right breast

B. Right axilla sentinel node

GROSS DESCRIPTION:

A. The first container A is received labeled with the patient's name

ight breast.' The specimen consists of portion of fibroadipose breast tissue and overlying skin measuring 20.0 x 16.5 x 6.0 cm and weighs 643 grams. The skin surface measures 20.0 x 9.2 cm, is light tan, wrinkled. There are no lesions seen grossly. The nipple is eccentrically placed and appears grossly unremarkable. There is no orientation given to the specimen. The margins have been inked yellow with the exception of the deep margin, which has been inked black. Sectioning reveals a firm gray-tan ill-defined mass that measures 2.2 x 2.0 x 1.8 cm that is 1.5 cm from the deep margin and is 2.7 from the closest lateral margin. The surrounding breast tissue reveals yellow-tan falty fibroadipose tissue. There are no other lesions identified. At the periphery of the breast, there are no lymph nodes identified. Received with the specimen are three cassettes, one yellow, one green and one blue labeled

Representative sections are submitted in cassettes labeled

follows: nipple block 1; deep margin overlying the mass in block 2; sections from the mass in blocks 3 through 7; random sections taxen from all four quadrants in blocks 8 through 11.

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

MICROSCOPIC EXAMINATION:

	THERAPEUTIC MARKER ASSAY CONDITIONS
ER/PgR, HER2/neu Scori 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	Specimen should be placed in neutral buffered formalin within 1 hour of removal from the patient
Time, Fixative, Processing	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 are FDA approve	n, antibodies and associated reagent below are all manufactured by and ed.
Primary Antibodies	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. 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. 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

1		
	stainer platform.	
	HFR-2/nou - DATI BARAY	
1	(IgG) that is used for semi quantities (485) primary antibody is a raphit manual.	
	HER-2/neu – PATHWAY Anti-HER-2/neu (485) primary antibody is a rabbit monoclonal antibody (IgG) that is used for semi-quantitative detection of HER2 antigens. ER, PR, HER-2/neu are prepared from sections of formalin-fixed, paraffin-embedded tissue on an All Controls show approximately and the section of	
	automated slide stoines at the country sections of formalin-fixed paraffer	
Controls	All Controls show appropriate	
	All Controls show appropriate reactivity (high protein expression, low protein expression, internal elements from normal breast tissue included with sample.	
Antigen	A tris based huffer with a little trom normal breast tissue included with earlier to the control of the control	
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	some by formalin in tissue.	
System Type	Indirect biotin streptavidin detection system	

