

PATIENT HISTORY:

The patient is a 55-year-old female. Date of last menstrual period: Not given.

PRE OP DIAGNOSIS: Ca left breast.

POST OP DIAGNOSIS: Same.

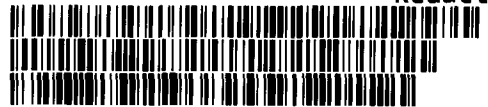
PROCEDURE: Sentinel node biopsy, total mastectomy.

ICD - 0 - 3
Carcinoma, infiltrating duct, NOS 8500/3
Site Code: Breast, upper, outer quadrant C50.4

CQCF: Breast, NOS C50.9

UUID: 2616F70D-3E15-458A-8907-65694595F726
TCGA-BH-A18U-01A-PR

Redacted



ADDENDA:

Addendum

ESTROGEN/PROGESTERONE AND HER-2/NEU REPORT

Using appropriate positive and negative controls, the test for the presence of these hormone receptor proteins is performed by the immunoperoxidase method, and reported according to the NIH consensus statement on adjuvant therapy for breast cancer, of
A positive ER or PR tumor shows any nuclear immunostaining, and is semiquantitated as indicated below.

Result	Semiquantitative Statement
ER positive	Percent cells staining as: (0 20%; 1+ 30%, 2+ 30%, 3+ 20%)
PR positive	Percent cells staining as: (0 70%, 1+ 10%, 2+ 10%, 3+ 10%)

HER-2/NEU DAKO HERCEPTEST: A STRONG COMPLETE MEMBRANE STAINING IS OBSERVED IN MORE THAN 10% OF THE TUMOR CELLS. HER-2/NEU IS INTERPRETED AS STRONGLY POSITIVE (SCORE 3+).

FINAL DIAGNOSIS:

PART 1: LEFT BREAST, TOTAL MASTECTOMY -

- INFILTRATING DUCT CARCINOMA, TWO LESIONS, 2.6 X 1.7 X 1.5 CM IN THE LOWER OUTER QUADRANT AND 3.0 X 2.8 X 2.5 CM IN THE UPPER OUTER QUADRANT. NOTTINGHAM SCORE 9 OUT OF 9 (TUBULES 3, NUCLEI 3, MITOSIS 3).
- LYMPHOVASCULAR INVASION IDENTIFIED.
- DUCTAL CARCINOMA IN-SITU, SOLID TYPE, NUCLEAR GRADE 3 WITH COMEDO-TYPE NECROSIS, COMPRISING LESS THAN 5% OF TUMOR.
- SURGICAL MARGINS NEGATIVE FOR INFILTRATING DUCT CARCINOMA AND DUCTAL CARCINOMA IN-SITU.
- INFILTRATING DUCT CARCINOMA FOCALLY APPROACHES VERY CLOSELY MARGIN OF EXCISION IN THE LOWER OUTER QUADRANT (WITHIN 0.2 CM).
- NIPPLE NEGATIVE FOR TUMOR.
- CHANGES CONSISTENT WITH PREVIOUS CORE BIOPSY SITE.
- TWO LYMPH NODES, POSITIVE FOR METASTATIC CARCINOMA (2 OUT OF 2).

PART 2: LEFT BREAST, NEW ANTERIOR-INFERIOR MARGIN, EXCISION -
SKIN AND SUBCUTANEOUS TISSUE, NEGATIVE FOR TUMOR.

PART 3: LEFT SENTINEL LYMPH NODE #1, BIOPSY -
ONE LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA (1 OUT OF 1).

PART 4: LEFT SENTINEL LYMPH NODE #2, BIOPSY -
ONE LYMPH NODE NEGATIVE FOR METASTATIC CARCINOMA (0 OUT OF 1).

PART 5: LEFT SENTINEL LYMPH NODE #3, BIOPSY -
ONE LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA (1 OUT OF 1).

PART 6: LEFT AXILLARY CONTENTS, EXCISION -
FIVE OF ELEVEN LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA, THREE WITH EXTRACAPSULAR EXTENSION.

- PART 7: RIGHT BREAST TISSUE, EXCISION (396 GRAMS) -**
- FOCAL ATYPICAL DUCTAL HYPERPLASIA ASSOCIATED WITH MICROCALCIFICATIONS.
 - CALCIFIED FIBROADENOMA.
 - FIBROCYSTIC CHANGES WITH MICROCALCIFICATIONS.
 - SCLEROSING ADENOSIS.
 - SCLEROSING INTRADUCTAL PAPILLOMA.
 - UNREMARKABLE SKIN.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):		
Reviewer Initials	THB	
Date Reviewed	10/12/11	

COMMENT:

Estrogen receptor, progesterone receptor and HER-2/neu immunostains will be ordered and subsequently reported in an addendum. Immunostaining for e-cadherin and myosin heavy chain confirm the interpretation of changes in the right breast tissue.

