

HARTMAN ZACHARY	KROGMEIER, SHIRLEY FRANCES	87	10/05/2020	<p>Revision (10/16/2020) ADDEDDED AMENDMENT:</p> <p>There is an error in the final diagnosis for specimen A. The specimen laterality is left. The final diagnosis is otherwise unchanged.</p> <hr/> <p>Carrie Pizzi, MD</p> <p>Revision (10/09/2020) ADDEDDED ADDENDUM:</p> <p>HER-2/NEU AS EVALUATED BY THE VENTANA INFORM HER-2 DUAL ISH DNA PROBE COCKTAIL ASSAY :</p> <p>SPECIMEN: BLOCK A8</p> <p>CONCURRENT IHC RESULT: 1+</p> <p>DISH RESULTS:</p> <p>THE HER-2:CHR17 RATIO IS 1.0. THE AVERAGE HER-2 SIGNALS PER NUCLEUS IS 2.3. THE AVERAGE CHR17 SIGNALS PER NUCLEUS IS 2.2.</p> <p>INTERPRETATION:</p> <p>THE INVASIVE TUMOR NUCLEI HAVE NO EVIDENCE OF HER-2 GENE AMPLIFICATION (PER ASCO/CAP GUIDELINES) IN THIS SPECIMEN. (GROUP 5).</p> <p>(Wolff AC et al: Human Epidermal Growth Factor Receptor 2 Testing in Breast Cancer: ASCO/CAP Clinical Practice Guideline Focused Update. Arch Pathol Lab Med doi:10.5858/arpa.2018-0902-SA).</p> <p>Summary of HER2 ISH Diagnostic Criteria</p> <p>Group 1: Ratio greater than or equal to 2.0 and greater than or equal to 4.0 signals/cell Group 2: Ratio greater than or equal to 2.0 and less than 4.0 signals/cell Group 3: Ratio < 2.0 and greater than or equal to 6.0 signals/cell Group 4: Ratio < 2.0 and greater than or equal to 4.0 and less than or equal to 6.0 signals/cell Group 5: Ratio < 2.0 and < 4.0 signals/cell.</p> <p>HER2 POSITIVE</p> <ol style="list-style-type: none"> Group 1 Group 2 AND concurrent IHC 3+ Group 3 AND concurrent IHC 2+ or 3+ Group 4 AND concurrent IHC 3+ <p>HER2 NEGATIVE</p> <ol style="list-style-type: none"> Group 2 AND concurrent IHC 0-1+ or 2+ Group 3 AND concurrent IHC 0-1+ Group 4 AND concurrent IHC 0-1+ or 2+ Group 5 <p>This tissue was fixed in 10% NB formalin for 6-72 hours without decalcification.</p> <p>DISCLAIMER: SINCE ONLY A PORTION OF THE TUMOR WAS TESTED, IT IS POSSIBLE THAT THIS RESULT MAY NOT REPRESENT THE ENTIRE TUMOR POPULATION. PER ASCO/CAP GUIDELINES, HER-2/ISH TEST RESULTS ARE VALID FOR NON-DECALCIFIED PARAFFIN-EMBEDDED SPECIMENS FIXED IN 10% NEUTRAL-BUFFERED FORMALIN BETWEEN 6 AND 72 HOURS. RESULTS FROM SPECIMENS FIXED OUTSIDE OF THESE PARAMETERS SHOULD BE INTERPRETED ACCORDINGLY. THIS TEST HAS BEEN CLEARED BY THE U.S. FOOD AND DRUG ADMINISTRATION. THIS TEST WAS DEVELOPED AND ITS PERFORMANCE CHARACTERISTICS WERE DETERMINED BY SUMMIT PATHOLOGY LABORATORIES. THIS LABORATORY IS CERTIFIED UNDER THE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 (CLIA-88) AS QUALIFIED TO PERFORM HIGH-COMPLEXITY CLINICAL TESTING.</p> <hr/> <p>Arlene Libby, MD</p> <p>Revision (10/07/2020) ADDEDDED ADDENDUM:</p> <p>'VIAS' PROGNOSTIC MARKER PANEL RESULTS RECEIVED INVASIVE CARCINOMA BREAST PROGNOSTIC MARKER PANEL</p> <p>BLOCK: A8</p> <p>ESTROGEN RECEPTOR (SP1): NEGATIVE, LESS THAN 1% OF CELLS STAINING PROGESTERONE RECEPTOR (1E2): NEGATIVE, LESS THAN 1% OF CELLS STAINING HER-2/NEU (4b5/IHC): NEGATIVE FOR OVER-EXPRESSION, 1+ KI-67 (30-9): 67%, HIGH</p> <p>COMMENT: For ER and PR: There is an internal positive control.</p> <p>Tissue fixation is in 10% formalin and the duration of fixation is 6-72 hours. Tissue is paraffin embedded.</p> <p>The testing is performed on Bench Mark ULTRA Stainer, Ventana Medical Systems, Inc., with ultra VIEW Universal DAB detection. Positive and negative controls react satisfactorily. The immunohistochemical stains are used for clinical purposes. Interpretation is performed by Summit Pathology using the</p>
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HARTMAN ZACHARY	BRUNNER, PAUL	60	10/05/2020	SKIN, BACK, EXCISIONAL BIOPSY: -BASAL CELL CARCINOMA, SUPERFICIAL GROWTH PATTERN. -MARGINS OF EXCISION ARE NARROWLY NEGATIVE: -SUPERFICIAL CARCINOMA MEASURES LESS THAN 1 MM FROM A PERIPHERAL MARGIN.
HARTMAN ZACHARY	FLESHMAN, CAROL	71	10/05/2020	A) STOMACH, ANTRUM, BIOPSY: 1. BENIGN GASTRIC MUCOSA WITH HISTOLOGIC FEATURES CONSISTENT WITH A MILD REACTIVE GASTROPATHY. 2. NO HELICOBACTER PYLORI, INTESTINAL METAPLASIA, DYSPLASIA, OR MALIGNANCY SEEN. B) DUODENUM, BIOPSY: 1. BENIGN SMALL BOWEL MUCOSA WITH BENIGN BRUNNER S GLAND HYPERPLASIA. 2. NO ACTIVE DUODENITIS, GRANULOMAS, PARASITES, OR FEATURES OF CELIAC SPRUE SEEN. C) COLON, RANDOM, BIOPSY: 1. BENIGN COLONIC MUCOSA. 2. NO ACTIVE COLITIS, GRANULOMAS, OR FEATURES OF LYMPHOCYTIC/COLLAGENOUS COLITIS SEEN. D) COLON, RANDOM RECTUM, BIOPSY: 1. BENIGN MILDLY HYPERPLASTIC RECTAL MUCOSA WITH CONGESTION. 2. NO ACTIVE COLITIS, GRANULOMAS, DYSPLASIA, OR FEATURES OF LYMPHOCYTIC/COLLAGENOUS COLITIS SEEN.
HARTMAN ZACHARY	GASKILL, MARION	68	10/05/2020	A) COLON, SIGMOID POLYP AT 20, BIOPSY: SESSILE SERRATED ADENOMAS. B) COLON, SIGMOID POLYP AT 19, BIOPSY: SESSILE SERRATED ADENOMAS. C) COLON, RECTOSIGMOID POLYP AT 15, BIOPSY: SESSILE SERRATED ADENOMAS. D) COLON, RECTOSIGMOID POLYP AT 12, BIOPSY: SESSILE SERRATED ADENOMAS. E) SKIN, SCALP LESION, EXCISIONAL BIOPSY: 1. INVASIVE, MODERATELY-DIFFERENTIATED SQUAMOUS CELL CARCINOMA. 2. CARCINOMA EXTENDS MULTI-FOCALLY TO THE PERIPHERAL MARGINS, INCLUDING BOTH TIPS. 3. THE DEEP MARGIN IS NEGATIVE.
HARTMAN ZACHARY	ROHR, JEROME M	65	10/15/2020	COLON, TRANSVERSE POLYP AT 80 CM, BIOPSY: 1. TUBULAR ADENOMA. 2. NEGATIVE FOR MALIGNANCY.
HARTMAN ZACHARY	BORNHOFT, KATHY J	57	10/15/2020	RECTUM, POLYP, BIOPSY: 1. POLYPOID FIBROVASCULAR TISSUE LINED BY SQUAMOUS MUCOSA WITH REACTIVE FEATURES, SUGGESTIVE OF ANAL SKIN TAG OR POSSIBLE HEMORRHOID. 2. NO DYSPLASIA OR MALIGNANCY IS IDENTIFIED.
HARTMAN ZACHARY	PHEASANT, CALEB MICHAEL	13	10/15/2020	GALLBLADDER, CHOLECYSTECTOMY: 1. MILD CHRONIC CHOLECYSTITIS. 2. NO MALIGNANCY IDENTIFIED.
HARTMAN ZACHARY	HAAKE, BRADLEY	63	10/15/2020	A) STOMACH, BIOPSY: 1. BENIGN GASTRIC MUCOSA WITH FEATURES OF MILD REACTIVE GASTROPATHY. 2. NO HELICOBACTER-LIKE ORGANISMS IDENTIFIED. 3. NEGATIVE FOR ACTIVE GASTRITIS, DYSPLASIA AND MALIGNANCY. B) ESOPHAGUS, DISTAL AT 35 CM, BIOPSY: 1. SQUAMOUS HYPERPLASIA WITH MILD CHRONIC AND FOCALLY ACTIVE INFLAMMATION, CONSISTENT WITH REFLUX ESOPHAGITIS. 2. NEGATIVE FOR BARRETT S ESOPHAGUS (GLANDULAR MUCOSA NOT IDENTIFIED), EOSINOPHILIC ESOPHAGITIS, VIRAL CYTOPATHIC EFFECT, DYSPLASIA AND MALIGNANCY. C) ESOPHAGUS, DISTAL AT 30 CM, BIOPSY: 1. MILD SQUAMOUS HYPERPLASIA AND CHRONIC INFLAMMATION CONSISTENT WITH REFLUX ESOPHAGITIS. 2. NEGATIVE FOR BARRETT S ESOPHAGUS (GLANDULAR MUCOSA NOT IDENTIFIED), EOSINOPHILIC ESOPHAGITIS, VIRAL CYTOPATHIC EFFECT, DYSPLASIA AND MALIGNANCY. D) ESOPHAGUS, MID, BIOPSY: 1. SQUAMOUS MUCOSA WITH NO SPECIFIC HISTOPATHOLOGIC ABNORMALITY. 2. NEGATIVE FOR SQUAMOUS HYPERPLASIA AND INFLAMMATION. 3. NEGATIVE FOR BARRETT S ESOPHAGUS (GLANDULAR MUCOSA NOT IDENTIFIED), EOSINOPHILIC ESOPHAGITIS, DYSPLASIA AND MALIGNANCY.
HARTMAN ZACHARY	CRITES, LARRY R	74	10/27/2020	A) STOMACH, PREPYLORIC ANTRUM, BIOPSY: 1. BENIGN GASTRIC MUCOSA WITH FOCAL MILD CHRONIC ACTIVE GASTRITIS. 2. WARTHIN-STARRY STAIN FOCALLY POSITIVE FOR HELICOBACTER PYLORI. 3. NO INTESTINAL METAPLASIA, DYSPLASIA, OR MALIGNANCY IDENTIFIED. B) ESOPHAGUS, Z-LINE AT 35 CM, BIOPSY: 1. HYPERPLASTIC SQUAMOUS AND GASTRIC CARDIAC-TYPE MUCOSA WITH FOCAL MILD CHRONIC ACTIVE ESOPHAGITIS CONSISTENT WITH GASTROESOPHAGEAL REFLUX DISEASE. 2. NO BARRETT'S ESOPHAGUS, EOSINOPHILIC ESOPHAGITIS, DYSPLASIA, OR MALIGNANCY SEEN. C) COLON, SIGMOID POLYP AT 45 CM, POLYPECTOMY: TUBULAR ADENOMA.

HARTMAN ZACHARY	GASKILL, MARION	68	10/27/2020	<p>A) SKIN, SCALP POSTERIOR, EXCISION: -HYPERTROPHIC ACTINIC KERATOSIS, TRANSECTED AT THE PERIPHERAL MARGINS</p> <p>B) SKIN, SCALP ADDITIONAL MARGIN, EXCISION: -INVASIVE, WELL-DIFFERENTIATED SQUAMOUS CELL CARCINOMA -ONE PERIPHERAL MARGIN IS POSITIVE FOR CARCINOMA -THE DEEP MARGIN IS NEGATIVE</p> <p>C) SKIN, SCALP ANTERIOR, EXCISION: -ACTINIC KERATOSIS, COMPLETELY EXCISED</p>
HARTMAN ZACHARY	EURICH, CAROL A	80	10/27/2020	COLON, SIGMOID POLYP AT 20 CM, POLYPECTOMY: HYPERPLASTIC POLYP.
HARTMAN ZACHARY	VERNON, MASON	16	10/27/2020	<p>A) DUODENUM, BIOPSY: 1. BENIGN SMALL BOWEL MUCOSA. 2. NO ACTIVE DUODENITIS, GRANULOMAS, PARASITES, OR FEATURES OF CELIAC SPRUE SEEN.</p> <p>B) STOMACH, ANTRUM, BIOPSY: 1. BENIGN GASTRIC MUCOSA WITH HISTOLOGIC FEATURES CONSISTENT WITH A MILD REACTIVE GASTROPATHY. 2. NO HELICOBACTER PYLORI, INTESTINAL METAPLASIA, DYSPLASIA, OR MALIGNANCY SEEN.</p> <p>C) COLON, RANDOM SIGMOID, BIOPSY: 1. BENIGN COLONIC MUCOSA. 2. NO ACTIVE COLITIS, GRANULOMAS, OR FEATURES OF LYMPHOCYTIC/COLLAGENOUS COLITIS SEEN.</p> <p>D) COLON, RANDOM RECTUM, BIOPSY: 1. BENIGN COLONIC MUCOSA. 2. NO ACTIVE COLITIS, GRANULOMAS, OR FEATURES OF LYMPHOCYTIC/COLLAGENOUS COLITIS SEEN.</p>