

----- carcinoma, infiltrating duct, NOS 8500/3  
 Path - Site: Breast, upper outer quadrant C50.4  
 CQCF - Breast, NOS C50.9

Procedure Date:

Procedure Physician:

Attending Physician/Copies To:

1/20/11 J.W.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	<input checked="" type="checkbox"/> QUALIFIED	<input type="checkbox"/> DISQUALIFIED
Reviewer Initials:	J.W.	Date Reviewed: 1/20/11

J.W.

UUID:E2EE2397-0F8A-4A71-9B3C-0007F7D00500  
 TCGA-BH-A1F0-01A-PR

Redacted



### PATIENT HISTORY:

\* DATE OF LMP: \*

DATE OF LAST DELIVERY: \*

PRE-OP DIAGNOSIS: L BREAST CA

POST-OP DIAGNOSIS: SAME

OPERATIVE PROCEDURE: LEFT TOTAL MASTECTOMY, LEFT AXILLARY SAMPLING  
 CLINICAL HISTORY: \*

MATERIAL SUBMITTED: LEFT (MOD) RADICAL MASTECTOMY, PROCUREMENT BY SURGICAL PROCEDURE  
 INTRAOPERATIVE CONSULTATION:

Left breast with axillary sampling. Mass identified at 1:00 position, 2.0 by 2.0 by 2.0 cm. Second lesion, just lateral to first, 1.5 by 1.5 by 1.0 cm. Surgical margins grossly free for both tumors. Axillary tail containing fatty lymph node with blue coloration (treat as sentinel node).

### REVISED REPORT

#### DIAGNOSIS:

LEFT BREAST BIOPSY, TOTAL MASTECTOMY:

- \*\*TWO (2) SEPARATE FOCI OF INVASIVE DUCTAL CARCINOMA, POORLY DIFFERENTIATED, \*\*MULTIFOCAL\*\* IN UPPER  
 \*\*OUTER\*\* QUADRANT

- SIZE OF THE FOCI ARE 2.0 BY 2.0 BY 2.0 \*\*AND\*\* 1.5 BY 1.5 BY 1.0 CM

- \*\*BOTH\*\* TUMORS HAVE IDENTICAL MORPHOLOGY

- NOTTINGHAM SCORE=8 (TUBULES=3, NUCLEAR ATYPIA=3, MITOSIS=2)

- ALL SURGICAL MARGINS FREE OF TUMOR

- NIPPLE AND AREOLA WITH NO DIAGNOSTIC CHANGES

- NON-NEOPLASTIC BREAST WITH NO DIAGNOSTIC CHANGES

- ONE (1) LYMPH NODE (SENTINEL), POSITIVE FOR METASTATIC CARCINOMA (1/9)

NOTE: The micrometastasis measures 1.5 mm and was identified both on H&E and immunoperoxidase stain. AJCC stage T1C N1a Mx. \*\*The two tumor nodules are located in upper outer quadrant. The tumor adjacent to the nipple mentioned in the previous report, is part of one of the two tumor nodules.\*\* ER/PR immunoperoxidase assay and Her-2/NEU testing will be performed on block "A2".

#### REVISION (GROSS DESCRIPTION)

#### Addendum

MATERIAL SUBMITTED: BLOCK "A2" AND "A4" FOR ER/PR AND HER-2/NEU  
 FINAL DIAGNOSIS:

#### ER/PR RESULTS ("A2")

IMMUNOPEROXIDASE IDENTIFICATION OF ESTROGEN AND PROGESTERONE RECEPTORS IS CARRIED OUT ON SLIDE "A2".  
 DISTINCT INTRANUCLEAR STAINING IS IDENTIFIED FOCALLY FOR PROGESTERONE RECEPTOR (15%) BUT NOT FOR ESTROGEN RECEPTOR. THEREFORE, PROGESTERONE RECEPTOR IS INTERPRETED AS BORDERLINE AND ESTROGEN RECEPTOR AS NEGATIVE.  
 HER-2/NEU RESULTS ("A2")

AS PER THE REQUEST OF DR.

SURGICAL SPECIMEN FROM PATIENT (BREAST CANCER) USING A 1:300 DILUTION OF DAKO'S POLyclonal ANTIBODY A485 (DIRECTED AGAINST THE INTRACELLULAR DOMAIN OF c-erbB2) WITHOUT ANTIGEN RETRIEVAL. NO DISTINCT COMPLETE MEMBRANE STAINING IS IDENTIFIED. THEREFORE, c-erbB2 (HER-2/NEU) IS INTERPRETED AS NEGATIVE (SCORE 0).  
 ER/PR RESULTS ("A4")

IMMUNOPEROXIDASE IDENTIFICATION OF ESTROGEN AND PROGESTERONE RECEPTORS IS CARRIED OUT ON SLIDE "A4".  
 DISTINCT INTRANUCLEAR STAINING IS IDENTIFIED FOCALLY FOR PROGESTERONE RECEPTOR (15%) BUT NOT FOR ESTROGEN RECEPTOR. THEREFORE, PROGESTERONE RECEPTOR IS INTERPRETED AS BORDERLINE AND ESTROGEN RECEPTOR AS NEGATIVE.  
 HER-2/NEU RESULTS ("A4")

AS PER THE REQUEST OF DR.

c-erbB2 (HER-2/NEU) IMMUNOSTAINING IS CARRIED OUT ON PREVIOUS IMAGE  
 SURGICAL SPECIMEN FROM PATIENT (BREAST CANCER) USING A 1:300 DILUTION OF DAKO'S POLyclonal ANTIBODY A485 (DIRECTED AGAINST THE INTRACELLULAR DOMAIN OF c-erbB2) WITHOUT ANTIGEN RETRIEVAL. NO DISTINCT COMPLETE MEMBRANE STAINING IS IDENTIFIED. THEREFORE, c-erbB2 (HER-2/NEU) IS INTERPRETED AS NEGATIVE (SCORE 0).