

PATIENT HISTORY:

* DATE OF IMP: *
 DATE OF LAST DELIVERY: *
 PRE-OP DIAGNOSIS: STAGE IV RIGHT BREAST CANCER
 POST-OP DIAGNOSIS: SAME
 OPERATIVE PROCEDURE: MODIFIED RADICAL RIGHT MASTECTOMY
 CLINICAL HISTORY: *
 MATERIAL SUBMITTED: RIGHT (MOD) RADICAL MASTECTOMY, PROCUREMENT BY SURGICAL PROCEDURE

ADDENDA:**Addendum**

MATERIAL SUBMITTED: MWH Slide for ER/PR and Her-2/Neu.
 FINAL DIAGNOSIS:

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

ER/PR

IMMUNOPEROXIDASE IDENTIFICATION OF ESTROGEN AND PROGESTERONE RECEPTORS IS CARRIED OUT ON SLIDE "A4". DISTINCT INTRANUCLEAR STAINING IS IDENTIFIED FOR ESTROGEN RECEPTOR (50%) AND ALSO FOR PROGESTERONE RECEPTOR (40%). THEREFORE, BOTH ARE INTERPRETED AS POSITIVE.

HER-2/NEU

c-erbB2 (HER-2/NEU) IMMUNOSTAINING IS CARRIED OUT ON 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).

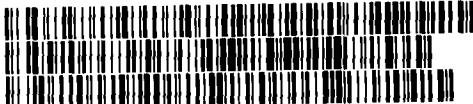
FINAL DIAGNOSIS:

RIGHT BREAST MODIFIED RADICAL MASTECTOMY:

- INFILTRATING POORLY DIFFERENTIATED DUCT CARCINOMA, 9.0 BY 8.5 BY 4.0 CM, INVOLVING ALL FOUR QUADRANTS (SEE NOTE)
- NOTTINGHAM SCORE 8/9 (TUBULES 3, NUCLEAR ATYPIA 3, MITOTIC INDEX 2)
- TUMOR EXTENDS TO INVOLVE NIPPLE AND EPIDERMIS OF OVERLYING ULCERATED SKIN
- INTRADUCTAL CARCINOMA, COMEDO-TYPE, INVOLVES <5% OF TOTAL TUMOR
- MARGINS OF RESECTION ARE NEGATIVE FOR TUMOR
- MULTIPLE MATTED LYMPH NODES WITH NEARLY COMPLETE ARCHITECTURAL EFFACEMENT BY METASTATIC CARCINOMA (SEE NOTE)

NOTE: ER/PR immunoperoxidase assay and Her-2/NEU testing will be performed on block "A4". A prior HER-2/NEU immunostain was performed on a paraffin block received from Shadyside Hospital and was interpreted as negative [REDACTED]. Due to possible differences in fixation among institutions, the HER-2/NEU study will be repeated on the present specimen. The axillary lymph nodes are extensively matted, indicative of extracapsular extension by tumor. For this reason, an accurate lymph node count cannot be made.

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TCGA-BH-A18J-01A-PR Redacted



Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIPAA Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior Malignancy/History	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dual/Synchronous Primary Tumor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle):	<input checked="" type="checkbox"/> UNLAWFUL / <input type="checkbox"/> DISQUALIFIED	
Reviewer Initials	<i>MB</i>	<i>10/16/11</i>
Date Reviewed:		