

Procedure Date:
Procedure Physician:
Attending Physician/Copies To:

ICD-O-3
Carcinoma, infiltrating duct, NOS 8500/3
S.c. Breast, NOS C50.9

1/21/11

fw

PATIENT HISTORY:

* DATE OF LMP: *
DATE OF LAST DELIVERY: *
PRE-OP DIAGNOSIS: LEFT BREAST CA
POST-OP DIAGNOSIS: SAME
OPERATIVE PROCEDURE: LEFT RADICAL MODIFIED MASTECTOMY
CLINICAL HISTORY: *

MATERIAL SUBMITTED: LEFT (MOD) RADICAL MASTECTOMY, PROCUREMENT BY SURGICAL PROCEDURE
and axillary contents

LEFT RADICAL MASTECTOMY:

- INFILTRATING DUCT AND INTRADUCTAL CARCINOMA, POOR NUCLEAR GRADE, WITH FOCAL MUCINOUS FEATURES AND TUMOR ASSOCIATED MICROCALCIFICATIONS (2.0 CM) (C.R. [REDACTED])
 - INTRADUCTAL CARCINOMA IS NON-COMEDO TYPE AND COMPRIMES APPROXIMATELY 5% OF TUMOR VOLUME
 - SURGICAL MARGINS ARE FREE OF TUMOR IN PLANES OF SECTION
 - FIBROCYSTIC CHANGES WITH FOCAL ATYPICAL DUCTAL EPITHELIAL HYPERPLASIA, MICROSCOPIC RADIAL SCAR AND MICROCALCIFICATIONS
 - RANDOM SECTIONS OF QUADRANTS, NIPPLE AND NINETEEN (19) AXILLARY LYMPH NODES, NEGATIVE FOR TUMOR
- NOTE: HER-2/NEU and ER/PR immunoperoxidase assay will be performed on block A4.

S U P P L E M E N T A L R E P O R T
(ER/PR'S)

My signature below is attestation that I have reviewed all slides and agree with the findings as noted below.

IMMUNOPEROXIDASE IDENTIFICATION OF ESTROGEN AND PROGESTERONE RECEPTORS IS CARRIED OUT ON SLIDE "A4".
DISTINCT INTRANUCLEAR STAINING IS IDENTIFIED FOR ESTROGEN RECEPTOR (70%) AND ALSO FOR PROGESTERONE RECEPTOR (90%). THEREFORE, BOTH ARE INTERPRETED AS POSITIVE.

[REDACTED]
Pathologist
[REDACTED]

S U P P L E M E N T A L R E P O R T
(HER-2/NEU)

My signature below is attestation that I have reviewed all slides and agree with the findings as noted below.

AS PER THE REQUEST OF [REDACTED] OF MAGEE-WOMENS HOSPITAL, c-erbB2 (HER-2/NEU). IMMUNOSTAINING IS CARRIED OUT ON PREVIOUS MAGEE SURGICAL [REDACTED], BLOCK "A4" (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.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/synchronous: Primary, noted		
Case is Circle:	702	DISQUALIFIED
Reviewer Initials	[Signature]	Date Reviewed: 1/21/11