

1CD-0-3

Carcinoma, infiltrating duct, NOS 8500/3

Site: Breast, NOS C50.9

1/21/11

lw

Procedure Date:

Procedure Physician:

Attending Physician/Copies To:

UUID:16DEA43F-4A61-44E3-854F-6B6575B45628
TCGA-BH-A1EV-01A-PR

Redacted

PATIENT HISTORY:

* nnDATE of LMP: *

DATE OF LAST DELIVERY: *

PRE-OP DIAGNOSIS: L BREAST CA

POST-OP DIAGNOSIS: SAME

OPERATIVE PROCEDURE: L MOD RAD MAST

CLINICAL HISTORY: *

MATERIAL SUBMITTED: RIGHT (MOD) RADICAL MASTECTOMY, PROCUREMENT BY SURGICAL PROCEDURE

INTRAOPERATIVE CONSULTATION:

CONSULT: Left breast tissue: Breast tissue with nipple/areola complex: Multilobed, diffuse breast mass with multifocal, individual firm secondary masses, malignant. Total dimension to be determined with gross.

ADDENDA:

Addendum

FINAL DIAGNOSIS:

ER/PR

IMMUNOPEROXIDASE IDENTIFICATION OF ESTROGEN AND PROGESTERONE RECEPTORS IS CARRIED OUT ON SLIDE "A2". DISTINCT INTRANUCLEAR STAINING IS IDENTIFIED FOR ESTROGEN RECEPTOR (90%) AND PROGESTERONE RECEPTOR (40%). THEREFORE, BOTH ARE INTERPRETED AS POSITIVE.

HER-2/NEU

c-erbB2 (HER-2/NEU) IMMUNOSTAINING IS CARRIED OUT ON SURGICAL BLOCK "A2" (BREAST CANCER) USING A 1:300 DILUTION OF DAKO'S POLYCLONAL ANTIBODY A485 (DIRECTED AGAINST THE INTRACELLULAR DOMAIN OF c-erbB2) WITHOUT ANTIGEN RETRIEVAL. DISTINCT COMPLETE MEMBRANE STAINING IS IDENTIFIED IN 30% OF TUMOR CELLS. THEREFORE, c-erbB2 (HER-2/NEU) IS INTERPRETED AS POSITIVE (SCORE 2+).

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

LEFT BREAST, MODIFIED RADICAL MASTECTOMY:

- INFILTRATING AND INTRADUCTAL CARCINOMA OF THE BREAST, POOR NUCLEAR GRADE, 9 CM
- INTRADUCTAL CARCINOMA IS COMEDO-TYPE AND COMPRISES APPROXIMATELY 35% OF TUMOR VOLUME
- IN-SITU COMPONENT EXTENDS TO INVOLVE LARGE NIPPLE DUCTS
- NIPPLE SHOWING PAGET'S DISEASE
- TUMOR VASCULAR SPACE INVOLVING IS NOT PROMINENT
- SURGICAL MARGINS FREE OF TUMOR IN PLANES OF SECTION
- TUMOR INVOLVES ALL FOUR QUADRANTS, HOWEVER, RANDOM SECTIONS OF QUADRANTS ARE NEGATIVE FOR TUMOR
- METASTATIC CARCINOMA INVOLVING THREE OF TEN (3/10) AXILLARY LYMPH NODES

NOTE: ER/PR immunoperoxidase assay and Her-2/NEU testing will be performed on block "A2".

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Path Malignancy History		
Dx1/Synchronous Primary Hist		
Case is (write):		
Reviewer Initials		

QUALIFIED / DISQUALIFIED
Date Reviewed: 1/21/11