ICD-O-3

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

Carcinoma, infiltrating ductal, NOS 8500/3
Site: Breast, NOS C50.9 - 1/20/11 JW

UUID:58B02C83-2AF7-4978-A3F7-A8B9E0D914A1
TCGA-BH-A1FU-01A-PR

Redacted

PATIENT HISTORY:

* DATE OF LMP: *
DATE OF LAST DELIVERY: *
PRE-OP DIAGNOSIS: R BREAST CANCER
POST-OP DIAGNOSIS: SAME
OPERATIVE PROCEDURE: RIGHT MODIFIED RADICAL MASTECTOMY
CLINICAL HISTORY: *
MATERIAL SUBMITTED: RIGHT (MOD) RADICAL MASTECTOMY, PROCUREMENT BY SURGICAL PROCEDURE
INTRAOPERATIVE CONSULTATION:
FROZEN SECTION: Right breast measuring 18.0 by 17.0 by 5.2 cm with 16.0 by 6.3 cm skin and nipple and partial axillary contents. A tan-white irregular mass measuring 1.8 by 1.0 by 1.2 cm is identified 1.3 cm from the deep resection margin. Mass lies in the center of the mass. FS Diagnosis: Infiltrating duct carcinoma. ER/PRs taken. ([redacted]
below.
FINAL DIAGNOSIS:
[redacted]
RIGHT BREAST MASS AND AXILLARY CONTENTS:
- MULTIFOCAL INVASIVE DUCTAL CARCINOMA, 1.8 BY 1.2 BY 1.0 CM., POOR NUCLEAR GRADE
- EXTENSIVE DUCTAL CARCINOMA IN-SITU, COMEDO TYPE
- VASCULAR PERMEATION SEEN
- SKIN, NIPPLE AND DEEP MARGINS FREE OF TUMOR
- FIVE (5) LYMPH NODES FREE OF TUMOR
- HEMORRHAGE AND HEMOSIDERIN LADEN MACROPHAGES CONSISTENT WITH BIOPSY SITES
- FIBROCYSTIC CHANGES
NOTE: Within the invasive tumor, the ductal carcinoma in-situ component is about 30%.

S U P P L E M E N T R E P O R T
(HER2/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 THE [redacted], 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. DISTINCT COMPLETE MEMBRANE STAINING IS IDENTIFIED IN 90% OF TUMOR CELLS. THEREFORE, c-erbB2 (HER-2/NEU) IS INTERPRETED AS POSITIVE (SCORE 3+).
SIGNED COPY ON FILE

[redacted]
PATHOLOGIST
[redacted]

S U P P L E M E N T R E P O R T
(ER/PR)
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 [redacted] "A4". DISTINCT INTRANUCLEAR STAINING IS IDENTIFIED FOCALLY FOR PROGESTERONE RECEPTOR (20%) BUT NOT FOR ESTROGEN RECEPTOR. THEREFORE, PROGESTERONE RECEPTOR IS INTERPRETED AS BOR DERLINE AND ESTROGEN RECEPTOR AS NEGATIVE.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X

Case is (circle): QUALIFIED / DISQUALIFIED
Reviewer Initials: [redacted] Date Reviewed: 1/20/11