

PATIENT HISTORY:

* DATE of LMP: *

DATE OF LAST DELIVERY: *

PRE-OP DIAGNOSIS: RIGHT BREAST CA

POST-OP DIAGNOSIS: SAME

OPERATIVE PROCEDURE: RIGHT MODIFIED RADICAL MASTECTOMY

CLINICAL HISTORY: *

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

1C.D-0-3

Carcinoma, infiltrating duct, NOS 8500/3

Site code: breast, NOS C50.9

12/12/11
W

FINAL DIAGNOSIS:

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RIGHT MODIFIED RADICAL MASTECTOMY:

INfiltrATING DUCTAL CARCINOMA; NOTTINGHAM SCORE 9/9 (TUBULES 3, NUCLEI 3, MITOSIS 3), 8.0 BY 3.0 BY 1.5 CM
(CROSS REFER [REDACTED])

- DUCTAL CARCINOMA IN-SITU, NON-COMEDO AND SOLID TYPE, POOR NUCLEAR GRADE, REPRESENTING 5% OF THE TUMOR VOLUME

- LYMPHOVASCULAR PERMEATION IS SEEN

- MARGINS FREE OF TUMOR

- NIPPLE NEGATIVE FOR PAGET'S DISEASE

- TEN OF FIFTEEN (10/15) LYMPH NODES, POSITIVE FOR METASTATIC CARCINOMA WITH EXTRACAPSULAR EXTENSION (3)

NOTE: ER/PR immunoperoxidase assay and Her-2/NEU testing will be performed on block "A4".

ESTROGEN/PROGESTERONE RECEPTORS AND HER-2/NEU PERFORMED ON RIGHT BREAST TISSUE

ESTROGEN RECEPTOR (0-85%; 1-10%; 2-5%; 3-0%) HSCORE OF 20. ESTROGEN RECEPTOR IS INTERPRETED AS BORDERLINE

PROGESTERONE RECEPTOR (0-100%) HSCORE OF 0. PROGESTERONE RECEPTOR IS INTERPRETED AS NEGATIVE

HSCORE: <= 15 NEGATIVE

> 15 <= 30 BORDERLINE

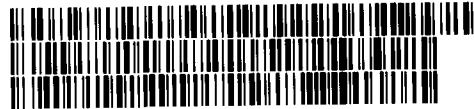
> 30 POSITIVE

HER-2/NEU - DAKO HERCEPT: A STRONG COMPLETE MEMBRANE STAINING IS OBSERVED IN MORE THAN 10% OF THE TUMOR CELLS. HER-2/NEU IS INTERPRETED AS POSITIVE (SCORE 3+).

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TCGA-BH-A18R-01A-PR

Redacted



Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Out-of-Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	WMS	WMS
Date Reviewed	12/12/11	