

PATIENT HISTORY:

\* DATE of LMP: \*

DATE OF LAST DELIVERY: \*

PRE-OP DIAGNOSIS: LEFT BREAST CANCER

POST-OP DIAGNOSIS: SAME

OPERATIVE PROCEDURE: LEFT SEG MAST AND AXILLARY DISSECTION

CLINICAL HISTORY: \*

MATERIAL SUBMITTED: A) LEFT AXILLA, PROCUREMENT BY SURGICAL PROCEDURE

B) LEFT BREAST BIOPSY/MASS/SEGMENTAL MASTECTOMY, PROCUREMENT BY SURGICAL PROCEDURE

INTRAOPERATIVE CONSULTATION:

CONSULT: 2) left breast tissue with usual markings; 7.5 by 7.0 by 2.0 cm breast mass with specimen radiograph. Specimen is received inked and previously sectioned by Dr. There is a medial 1.8 by 1.5 by 1.1 cm firm to hard area which is 0.4 cm from the posterior margin and 0.3 cm from the anterior margin; lateral to this mass is an area of calcification on radiograph. Section thru this area shows ill defined fibrous tissue, approximately 1.2 by 1.0 by 0.8 cm with white punctate tissue, < 0.1 cm.

ADDENDA:

Addendum

MACROSCOPIC DESCRIPTION: BLOCKS B3 AND B8 SUBMITTED 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 BLOCKS B3 AND B8 . DISTINCT INTRANUCLEAR STAINING IS IDENTIFIED FOR ESTROGEN RECEPTOR (90%) AND FOR PROGESTERONE RECEPTOR (60%). THEREFORE, BOTH ARE INTERPRETED AS POSITIVE.

HER-2/NEU

c-erbB2 (HER-2/NEU) IMMUNOSTAINING IS CARRIED OUT ON BLOCKS B3 AND B8 (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 ONLY RARELY IN 5% OF TUMOR CELLS. THEREFORE, c-erbB2 (HER-2/NEU) IS INTERPRETED AS NEGATIVE (SCORE 1+).

**FINAL DIAGNOSIS:**

FINAL DIAGNOSIS:

PREVIOUS REPORTS:

A) LEFT AXILLARY CONTENTS:

- ELEVEN (11) LYMPH NODES, NEGATIVE FOR METASTATIC CARCINOMA

B) LEFT BREAST, SEGMENTAL MASTECTOMY:

- INFILTRATING MULTIFOCAL, POORLY DIFFERENTIATED DUCT CARCINOMA, 1.8 CM AND 1.2 CM (CR. S00-312, SEE NOTE)

- NOTTINGHAM SCORE FOR BOTH TUMORS = 8/9 (TUBULES = 3, NUCLEAR ATYPIA = 3, MITOTIC INDEX = 2)

- DUCTAL CARCINOMA IN SITU, COMEDO AND NON-COMEDO TYPE, COMPRISES <5% OF EACH TUMOR

- MARGINS OF RESECTION ARE FREE OF INFILTRATING TUMOR; HOWEVER, DUCTAL CARCINOMA IN SITU EXTENDS TO INVOLVE

- INKED ANTERIOR MARGIN AND INFILTRATING TUMOR EXTENDS TO WITHIN 0.3 CM OF THE ANTERIOR MARGIN

- LYMPHOVASCULAR PERMEATION IS IDENTIFIED

- TUMOR AND NON-TUMOR ASSOCIATED MICROCALCIFICATIONS

- CHANGES CONSISTENT WITH PREVIOUS BIOPSY

- FIBROCYSTIC CHANGES

NOTE: Both tumor nodules have similar architectural and cytologic features. NOTE: ER/PR immunoperoxidase assay and Her-2/NEU testing will be performed on both tumors (blocks B3 and B8).

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TCGA-BH-A18K-01A-PR

Redacted



Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Notes		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	JW	UJ
Date Reviewed:	11/11/11	