

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

ICD - O - 3

Carcinoma, infiltrating duct, nos 8500/3

Site: Breast, nos C50.9

1/20/11 *lw*

PATIENT HISTORY:

* DATE OF LMP: *

DATE OF LAST DELIVERY: *

PRE-OP DIAGNOSIS: LEFT BREAST CA

POST-OP DIAGNOSIS: SAME

OPERATIVE PROCEDURE: LEFT MOD RAD MASTECTOMY

CLINICAL HISTORY: *

MATERIAL SUBMITTED: LEFT (MOD) RADICAL MASTECTOMY, PROCUREMENT BY SURGICAL PROCEDURE
FINAL DIAGNOSIS:

LEFT BREAST, MODIFIED RADICAL MASTECTOMY:

- INFILTRATING DUCT CARCINOMA, 2.5 BY 2.0 BY 1.5 CM, NUCLEAR AND ARCHITECTURAL GRADE 2
- LYMPHOVASCULAR SPACE INVOLVEMENT PRESENT
- DUCTAL CARCINOMA IN SITU, NON-COMEDO, PREDOMINANTLY SOLID TYPE, 30% OF TUMOR VOLUME
- MARGINS FREE OF LESION
- FIBROCYSTIC CHANGES AND REACTIVE CHANGES SUGGESTIVE OF PREVIOUS BIOPSY SITE

- EIGHT OUT OF THIRTEEN (8/13) LYMPH NODES WITH METASTATIC CARCINOMA AND EXTRACAPSULAR EXTENSION
NOTE: ER/PR immunoperoxidase assay will be performed on block A4 and an addendum will follow.

S U P P L E M E N T A L R E P O R T

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%) BUT NOT FOR PROGESTERONE RECEPTOR. THEREFORE, ESTROGEN RECEPTOR IS INTERPRETED AS POSITIVE AND PROGESTERONE RECEPTOR AS NEGATIVE.

| Criteria | Yes | No |
|--------------------------------|-------------------------------|--------------|
| Diagnosis Discrepancy | 2 | 0 |
| Primary Tumor Site Discrepancy | 2 | 0 |
| HIPAA Discrepancy | 2 | 0 |
| Prior Malignancy History | 2 | 0 |
| Dual/Synchronous Primary Noted | 2 | 0 |
| Case is (circle): <i>NO</i> | QUALIFIED | DISQUALIFIED |
| Reviewer Initials: <i>lw</i> | Date Reviewed: <i>1/20/11</i> | |