

100-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Site Breast, NOS C50.9

1/20/11 JW

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	JW	1/20/11

Procedure Date:

Procedure Physician:

Attending Physician/Copies To:

UUID: 2ED18396-96FF-4705-93AE-82FB9A80EC28
TCGA-BH-A1EY-01A-PR

Redacted



PATIENT HISTORY:

* DATE of LMP: *

DATE OF LAST DELIVERY: *

PRE-OP DIAGNOSIS: LEFT BREAST CANCER

POST-OP DIAGNOSIS: SAME

OPERATIVE PROCEDURE: LEFT MOD RAD MAST

CLINICAL HISTORY: *

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

INTRAOPERATIVE CONSULTATION:

Left Breast - measures 30.0 x 13.5 x 4.5 cm with attached skin ellipse, 19.0 x 9.2 x 0.3 cm. Specimen inked and sectioned with a 4.5 x 4.0 x 4.0 cm tumor, 0.5 cm from posterior margin.

FINAL DIAGNOSIS:

FINAL DIAGNOSIS:

LEFT BREAST, MASTECTOMY:

- INVASIVE DUCTAL CARCINOMA, 4.5 BY 4.0 BY 4.0 CM, GRADE 2
- NOTTINGHAM SCORE 6/9 (TUBULES 2/3, NUCLEAR ATYPIA 2/3, MITOSIS 2/3)
- TUMOR IS LESS THAN 1 CM FROM THE DEEP MARGIN
- ALL OTHER MARGINS ARE FREE OF TUMOR
- SKIN AND NIPPLE, FREE OF TUMOR
- FOCAL ATYPICAL DUCTAL EPITHELIAL HYPERPLASIA AND FIBROADENOMATOID NODULES
- TWELVE (12) LYMPH NODES, NEGATIVE FOR TUMOR
- MICROCALCIFICATION ASSOCIATED WITH TUMOR
- NO LYMPHOVASCULAR INFILTRATION SEEN

ER/PR AND HER-2/NEU RESULTS

IMMUNOPEROXIDASE IDENTIFICATION OF ESTROGEN AND PROGESTERONE RECEPTORS IS CARRIED OUT ON SLIDE A3. DISTINCT INTRANUCLEAR STAINING IS IDENTIFIED FOR BOTH ESTROGEN RECEPTOR (70%) AND PROGESTERONE RECEPTOR (90%). THEREFORE, BOTH ARE INTERPRETED AS POSITIVE.

c-erbB2 (HER-2/NEU) IMMUNOSTAINING IS CARRIED OUT ON BLOCK A3 (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 LESS THAN 10% OF TUMOR CELLS. THEREFORE, c-erbB2 (HER-2/NEU) IS INTERPRETED AS NEGATIVE (SCORE 0).

NOTE: The special stains and/or immunoperoxidase tests used in this case have been developed and their performance characteristics determined by the Department of Pathology at

They have not been cleared or approved by the U.S. Food and Drug Administration.