

ICD-0-3

Carcinoma, infiltrating duct, NOS 8500/3
Site: Breast, NOS C50.9

1/21/11

lw

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

UUID:16DEA43F-4A61-44E3-854F-686575B45628
TCGA-BH-A1EV-01A-PR

Redacted

**PATIENT HISTORY:**

DATE OF LMP: *
 DATE OF LAST DELIVERY: *
 PRE-OP DIAGNOSIS: L BREAST CA
 POST-OP DIAGNOSIS: SAME
 OPERATIVE PROCEDURE: L MOD RAD MAST

CLINICAL HISTORY: *

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

INTRAOPERATIVE CONSULTATION:

CONSULT: Left breast tissue: Breast tissue with nipple/areola complex: Multilobed, diffuse breast mass with multifocal, individual firm secondary masses, malignant. Total dimension to be determined with gross.

ADDENDA:**Addendum****FINAL DIAGNOSIS:**

ER/PR

IMMUNOPEROXIDASE IDENTIFICATION OF ESTROGEN AND PROGESTERONE RECEPTORS IS CARRIED OUT ON SLIDE "A2". DISTINCT INTRANUCLEAR STAINING IS IDENTIFIED FOR ESTROGEN RECEPTOR (90%) AND PROGESTERONE RECEPTOR (40%). THEREFORE, BOTH ARE INTERPRETED AS POSITIVE.

HER-2/NEU

c-erbB2 (HER-2/NEU) IMMUNOSTAINING IS CARRIED OUT ON SURGICAL [REDACTED] BLOCK "A2" (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 30% OF TUMOR CELLS.

THEREFORE, c-erbB2 (HER-2/NEU) IS INTERPRETED AS POSITIVE (SCORE 2+).

My signature is attestation that I have personally reviewed the submitted material(s) and the final diagnosis reflects that evaluation.

LEFT BREAST, MODIFIED RADICAL MASTECTOMY:

- INFILTRATING AND INTRADUCTAL CARCINOMA OF THE BREAST, POOR NUCLEAR GRADE, 9 CM [REDACTED]
- INTRADUCTAL CARCINOMA IS COMEDO-TYPE AND COMPRISES APPROXIMATELY 35% OF TUMOR VOLUME
- IN-SITU COMPONENT EXTENDS TO INVOLVE LARGE NIPPLE DUCTS
- NIPPLE SHOWING PAGET'S DISEASE
- TUMOR VASCULAR SPACE INVOLVING IS NOT PROMINENT
- SURGICAL MARGINS FREE OF TUMOR IN PLANES OF SECTION
- TUMOR INVOLVES ALL FOUR QUADRANTS, HOWEVER, RANDOM SECTIONS OF QUADRANTS ARE NEGATIVE FOR TUMOR
- METASTATIC CARCINOMA INVOLVING THREE OF TEN (3/10) AXILLARY LYMPH NODES

NOTE: ER/PR immunoperoxidase assay and Her-2/NEU testing will be performed on block "A2".

Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIPAA Discrepancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prior Malignancy History	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Duct/Synchronous Primary Tumor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is Unreliable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Review by Internist	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Qualifies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DISQUALIFIED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date Reviewed:	1/21/11	