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Name: PATHOLOGY, MISS TESTY**Surgical No.:** S14-9728

Patient No.: PA 999999

Birthdate: 3/10/1990 Age: 22 Sex F

Pt. Phone: (559) 326-2800

Doctor: San Joaquin Valley, M.D.

Copies To: Pathology University - Fresno

Facility: Office

Other MRN: 99999

Encounter No.:

Date of Surgery: 11/28/2012

Date Received: 11/28/2012

SURGICAL PATHOLOGY CONSULTATION

SPECIMEN:

1. Left breast mass-stitch long lateral short superior
2. Left breast new superior margin
3. Left breast new inferior margin

CLINICAL DATA: Left breast mass.**PRE-OP DX:** Same.**POST-OP DX:** Same (611.72).

FINAL DIAGNOSIS (Microscopic):

1. Breast mass, left stitch lobe lateral short superior, lumpectomy:
 - a. Invasive well-differentiated mucinous adenocarcinoma (Colloid carcinoma), 1.2 cm.
 - b. Nottingham grade 1 of 3 (tubal formation 3, nuclear pleomorphism 1, mitotic activity 1).
 - c. Tumor present at lateral, medial, anterior, superior and deep margins. (Also present at new superior margin in specimen #2).
 - d. No lymphovascular or perineural invasion identified.
 - e. No significant DCIS or LCIS identified.
 - f. No microcalcification identified.
 - g. See synaptic report below.
 - h. pTNM staging: pT1c, pNX, pMX.
 - i. Receptor results:
 ER score: 64% on computer image assisted quantification (strongly positive).
 PR score: 1% on computer image assisted quantification (strongly positive).
 The HER-2/neu IHC computer image assisted score result is 1+. There is NO immunohistochemical evidence of HER-2/neu overexpression.
2. Breast mass, left new superior margin, resection:
 - j. Mucinous adenocarcinoma (Colloid carcinoma) present focally.
 - k. No lymphovascular or perineural invasion identified.
 - l. No microcalcification identified.
 - m. No DCIS or LCIS identified.
3. Breast mass, left new inferior margin, resection:
 - n. Background of nonproliferative fibrocystic changes with stromal fibrosis and focal microcysts formation.

PATHOLOGY ASSOCIATES

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Facility: **Office**

- o. No lymphovascular or perineural invasion identified.**
- p. No microcalcification identified.**
- q. No DCIS or LCIS identified.**
- r. No malignancy identified.**

SPECIMENS INVOLVED

1:Left breast mass-stitch long lateral short superior

2:Left breast new superior margin

3:Left breast new inferior margin

BREAST: Invasive

SPECIMEN IDENTIFICATION

Procedure: **Lumpectomy, excisional biopsy**
Lymph Node Sampling: **No lymph node sampling**
Specimen Laterality: **Left**

MICROSCOPIC:

Type of Invasive Carcinoma: **Invasive mucinous carcinoma**
Invasive Carcinoma Size: **Greatest dimension: 1.2cm x 0.8cm x 0.7cm**
Histologic Grade: Nottingham: **1**
Tubule Score: **1 (Good)**
Nuclear Score: **1 (Low)**
Mitosis Score: **1 (Low)**
In Situ Component: **No Ductal Carcinoma In Situ (DCIS) is present**
Lobular Carcinoma In Situ (LCIS) not identified
Margins: **Margin(s) positive for invasive carcinoma**
Superior: **Focal involvement**
Medial: **Focal involvement**
Lateral: **Focal involvement**
Anterior: **Focal involvement**
Posterior: **Focal involvement**
Lymph Nodes: **Not obtained**
Lymph-Vascular Invasion: **Not identified**
Dermal Lymph-Vascular Invasion: **No skin present**
Microcalcifications: **Not identified**

PATHOLOGIC STAGING (pTNM) AJCC 7th Edition

Primary Tumor (pT): **pT1c**
Regional Nodes [pN]: **pNX**
Distant Metastasis: **Not applicable**

ANCILLARY STUDIES

Prognostic markers performed on current case

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Estrogen Receptor (ER): Computer assisted value: **64%**
Progesterone Receptor (PgR): Computer assisted value: **1%**
HER2 by IHC computer assisted value: Result: **Negative**
Score: **1**
Cells with uniform intense complete membrane staining: **0%**

Sign-out pathologist: Calvin Chen, D.O.; direct phone number (559) 326-2834

(Sierra Pathology Lab, Inc., 305 Park Creek Drive, Clovis, CA 93611-4426; William C. Pitts, M.D., Medical Director)

GROSS: Three specimen containers are received. The first container is labeled with the patient's name PATHOLOGY and left breast mass-stitch long lateral, short superior. It contains a less than 1 g, yellow-tan fibroadipose tissue with a large amount of cautery artifact. The specimen is oriented with a short stitch designating superior, and a long stitch designating lateral. The specimen measures 1.2 cm from medial to lateral, 1.2 cm from superior to inferior, and 0.7 cm from anterior to posterior. No skin is identified. The anterior aspect is concave and the posterior aspect is convex. The specimen is inked as follows: Blue, superior; Green, inferior; Orange, lateral; Red, medial; Yellow, anterior; Black, posterior. The specimen is serially sectioned from medial to lateral, and submitted entirely and sequentially from medial to lateral as follows: 1A, medial margin, parallel sections; 1B, body; 1C, lateral margin, parallel sections.

The second container is labeled with the patient's name PATHOLOGY and left breast, new superior margin. It contains a less than 1 g, 0.9 x 0.6 x 0.4 cm white fibrous tissue. No orientation is provided. The external surface is entirely inked black, and the specimen is submitted entirely in 2A.

The third container is labeled with the patient's name PATHOLOGY and left breast new inferior margin. It contains a less than 1 g, white-yellow fibroadipose tissue which measures 1.3 x 1.1 x 0.7 cm. No orientation is provided. One aspect of the specimen is concave, and the opposing aspect is convex. The concave surface is inked red, and the convex surface is inked black. The specimen is serially sectioned, and submitted entirely in 3A. DAC/fm/sw (2/27/2014 4:48 PM)

(Specimen grossing/histology performed at Sierra Pathology Lab, Inc., 305 Park Creek Dr., Clovis, CA 93611, William C. Pitts, MD, FCAP, Lab Medical Director)

IMMUNOHISTOCHEMICAL/ISH STAIN(S) PERFORMED:

Label: Block 1B

Population: Cells of interest

Label	Description	Result %	Score	Comment
ER-computer	ER- Estrogen receptor-Computer scored	64	% Positive	
PR-COMPUTER	PR - Progesterone receptor-Computer scored	1	% Positive	
HER2-computer	Her2/Neu Computer Scored		0+ (negative)	

Appropriate positive and negative controls were used for each immunohistochemical stain (IHC test) or in-situ hybridization (ISH). This test was developed and its performance characteristics determined by Sierra Pathology Laboratory, Inc. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") as qualified to perform high complexity clinical laboratory testing.

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Immunohistochemistry (IHC) test(s) used by this laboratory to provide independent predictive/prognostic information include estrogen receptor (ER, clone SP1, Ventana), progesterone receptor (PR, clone 1E2, Ventana) and Her2/neu (clone 4B5, Ventana) in breast cancers. IHC is performed on 10 % neutral buffered formalin fixed, paraffin embedded tissue sections. The fixation time range is 6 – 72 hours. Automatic IHC stainer (Ventana Benchmark XT) is used. A computer assistant imaging system (VIAS) is used for analyzing ER, PR, and Her2/neu slides.

ER and PR immunostaining is scored as percent tumor cells with nuclear staining (ER and PR, negative if 0%, weakly positive if > 1 % and =< 10 %, strongly positive if >10 %). Her2/neu immunostaining is scored as 0+ (negative), 1+ (weak and incomplete cytoplasmic membrane staining), 2+ (strong and complete circumferential cytoplasmic membrane staining < 30% invasive tumor cells), and 3+ (strong and complete circumferential cytoplasmic membrane staining in >30% invasive tumor cells).

Final Diagnosis performed by Calvin K Chen D.O. Electronically signed 3/3/2014 12:22 PM