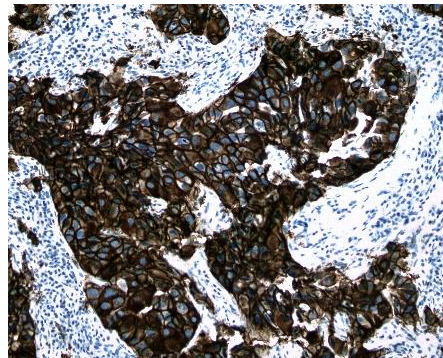


PATIENT INFORMATION	SPECIMEN INFORMATION		ORDERED BY
Doe, Jane M. Sex:Female Age: 62, DOB: 01/01/1950 ACCESSION #:S12-31111	COLLECTED:	06/03/2012	Alfredo Gomez, M.D. 5000 University Drive Miami, FL 33146 P:(305) 669-3471
	RECEIVED:	06/03/2012	
	REPORTED:	09/13/2012	
	CHART/MRN #:	77654	

FINAL DIAGNOSIS
PHOTOGRAPH

LEFT BREAST, 5 O'CLOCK CORE BIOPSY:



INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 3.

DIAGNOSIS
LEFT BREAST, 5 O'CLOCK CORE BIOPSY:

- **INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 3.**
- **DUCTAL CARCINOMA IN SITU, HIGH GRADE.**

COMMENTS: The tumor is of high nuclear grade, high mitotic rate and poorly differentiated architecturally. Dr. Kambour concurs and the case is discussed with Dr. Gomez on 06/04/2012.

BREAST REPORTING PROTOCOL:

TYPE OF PROCEDURE:	Incisional core biopsy
HISTOLOGIC TYPE OF CARCINOMA:	Invasive ductal
TUMOR SIZE:	Not available
SIZE OF INVASIVE COMPONENT:	12mm (largest core)
NOTTINGHAM GRADE:	3
NUCLEAR GRADE:	3
HISTOLOGIC GRADE:	3
MITOTIC RATE:	3
MICROCALCIFICATIONS:	None identified
MARGINS:	Not applicable
IN-SITU COMPONENT:	Present, High-grade
LYMPHOVASCULAR INVASION:	None identified
LYMPH NODES:	Not applicable
TNM CLASSIFICATION:	Not applicable

PATHOLOGY PERFORMED MARK AND KAMBOUR PATHOLOGY ASSOCIATES CLIA# 10D0952918

When required, some of the immunohistochemical tests performed by Mark & Kambour Pathology Associates had their performance characteristics determined by M&K. Although not cleared or approved by the U.S. FDA, the FDA has determined that such clearance or approval is not necessary. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

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If you received it in error, please call us immediately at 1-866-669-3471.

Mark & Kambour Pathology

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IMMUNOHISTOCHEMICAL AND CISH STUDIES

ANTIBODY/TARGET	RESULTS
	INTERPRETATION /INTENSITY

ESTROGEN RECEPTOR:	0, negative/ Not applicable
PROGESTERONE RECEPTOR:	0, negative/ Not applicable
HER2NEU IHC	3+, Positive (see image)
Ki67 (MIB-1) Proliferative Index	>10% (high index).

Formalin-fixed, deparaffinized sections were stained with antibodies to Estrogen (mouse monoclonal antibody Dako SP1) and Progesterone (mouse monoclonal antibody Dako PgR 636) and developed using a polymer based detection system (LSAB, DakoCytomation). Scoring for estrogen and progesterone receptors was performed using a manual, four-tiered semiquantitative method, and reported as 0/3 (<1% of cells positive), 1/3 (1-20% of cells positive), 2/3 (21-80% positive), and 3/3 (>80% of cells positive). Staining intensity is assessed and graded as weak, moderate or strong. Ki67 was scored using a two-tiered semi-quantitative method and reported as low proliferative index (<10% of cells stained positively; low) and high proliferative index (>10% of cells stained positively).

HER2 testing by IHC is performed in collaboration with Neogenomics (CLIA # 10D0998082). The scoring is 0, 1+, Negative and 2 and 3+ is positive.

HER2 testing by CISH assay will be reflex performed on all 2+ cases. If performed it is done so in collaboration with Greenboro Pathology (CLIA # 34D0996909) for the performance of the technical component.

CLINICAL AND SPECIMEN INFORMATION

CLINICAL HISTORY: Breast mass

GROSS DESCRIPTION:

Several tan cylindrical cores measuring in aggregate 1.8x 0.2 x 0.2cm.



Ana L. Viciano, M.D.

Electronically Signed: 9/13/2012

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