AURORA DIAGNOSTICS
Mark & Kambour Pathology

4665 PONCE DE LEON BLVD.
CORAL GABLES, FLORIDA 33146
P: (866) 669-3471 / F: (305) 668-2026

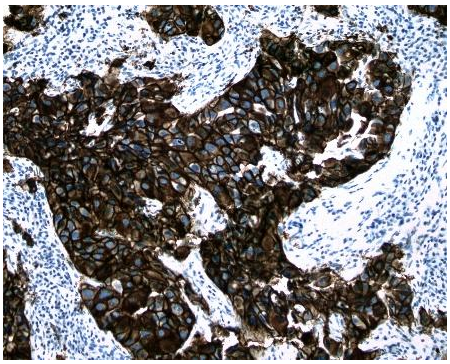
PATHOLOGY REPORT

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

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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-quantitaive 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. Viciana, M.D.
Electronically Signed: 9/13/2012