WESTERN MEMORIAL REGIONAL HOSPITAL
CORNER BROOK NEWFOUNDLAND
Department Of Pathology
PATHOLOGY REPORT

Name	MCP	D.O.B.	Sex	Pathology #
[redacted]	[redacted]	[redacted]	F	S-730-98

Attending Doctor	Date Obtained	Date Received	Dt. Report
[redacted]	01/30/98	01/30/98	02/04/98

Address Hospital & Ward	Chart
	[redacted]

Exact Source Of Specimen	Cross Ref
Right breast	S- S-

DIAGNOSIS

RIGHT MODIFIED RADICAL MASTECTOMY WITH:
- INVASIVE DUCTAL CARCINOMA
  - NOS TYPE
  - HISTOLOGIC GRADE - 3/3
  - NUCLEAR GRADE - 3/3
  - TUMOR SIZE, - INVASIVE COMPONENT LESS THAN 1 CM
  - CARCINOMA IN SITU, EXTENSIVE, MULTIFOCAL, COMEDO TYPE
  - SURGICAL MARGINS - FREE FROM TUMOR
  - 1 OUT OF 12 LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA
    9

GROSS DESCRIPTION:

Specimen is right mastectomy. Specimen weighs 1280 grams and measures 30 x 19 x 7 cm. The portion of skin measures 26 x 7 cm with a centrally located nipple. There is a recent surgical scar above the areola measuring 5 cm. Additional surgical scar is present close to axillary tail and measures 5 cm. The resection margins are inked. On cross sectioning there is a small defect below the surgical scar that is located above the areola measuring 2 x 1.5 x 1.5 cm. Superior to the defect, there are dense areas of fibrosis with whitish nodules measuring up to 0.5 cm. These are situated above the defect about 3.5 cm and are close to superior resection margin, about 0.4 cm from it. Further cross sectioning revealed fatty tissue separated by fibrous septae. There is a small defect close to axillary tail measuring 3 x 1.5 x 2.5 cm. Block I, nipple. Blocks II, III, and IV, areas around the defect above the areola. Blocks V and VI, suspicious areas close to superior margin. Blocks VII and VIII, representative sections of the fibrous septae lateral to the nipple. Blocks IX to XII, lymph nodes from the axillary

[redacted] M.D
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[redacted] M.D.

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tail, many of which are enlarged.

AK/mg

MICROSCOPIC REPORT AND REMARKS:

The sections of the nipple are negative for carcinoma. The sections below the surgical scar and around the previous biopsy site show multiple areas of ductal carcinoma in situ predominantly of comedo type with focal areas of invasion. The ductal carcinoma in situ shows high grade with central areas of necrosis. The ducts are surrounded by marked chronic inflammatory cell infiltrate. In many areas there is microinvasion into the surrounding tissue. The sections of the grossly described areas of fibrosis and nodules close to the superior resection margins show extensive ductal carcinoma in situ predominantly of comedo type with few areas of invasion into the stroma. There is a small nodule of invasive carcinoma measuring approximately 0.5 cm and composed of sheets of malignant cells with minimal tubal formation and marked nuclear pleomorphism and moderate mitotic figures. Although the neoplastic areas are close to the resection margin, the tumor appears to be completely excised. There are 12 lymph nodes harvested from the axillary tail and only 1 of them shows metastatic adenocarcinoma which is seen focally in the subcapsular sinuses.

AK/mg

EPRA:
18/02/98

Estrogen receptors, negative (0% of neoplastic cells).
Progesterone receptors, negative (0% of the neoplastic cells).

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OCTOBER 25/05

ER/PR RECALL HSC
BLOCKS VI, 1 H&E SLIDES.

****
APRIL 05, 2006
BLOCK XII SENT DIRECTLY TO MOUNT SIANI FOR ER/PR RECALL.
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REPORT RECEIVED APRIL 11, 2006

[redacted] M.D
[redacted], M.D.
[redacted], M.D.

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This case was sent directly to Mount Siani Hospital, Toronto, Ontario as part of ER/PR retesting and report is as follows:

APRIL 11, 2006

MICROSCOPIC DESCRIPTION

Estrogen receptor protein:		
% positive cells:	0	
Antibody used:		6F11,LSAB procedure
Progesterone receptor protein:		
% positive cells:	0	
Antibody used:		PGR1294,LSAB procedure
HER2/neu protein:		
% positive cells:	0	
Staining intensity:		Absent
Antibody used:		A0485,LSAB procedure
% positive cells:	0	
Staining intensity:		Absent
Antibody used:		TAB250/CB11 cocktail,LSA procedure

Threshold for positive ER/PR result: staining of any intensity in >1% invasive tumour cells.
Threshold for positive HER2 result: moderate to strong complete membrane staining in >10% invasive tumour cells.
Positive and negative laboratory external controls stained appropriately.
Normal breast tissue controls were not available for the estrogen and progesterone stains.

Reference:
Harvey,JM,Clark GM, Osborne CK, et.al. Estrogen receptor status by immunohistochemistry is superior to the ligand-binding assay for predicting response to adjuvant endocrine therapy in breast cancer. J.Clin Oncol.1999;17:1474-81.

DIAGNOSIS:

LYMPH NODE (SITE UNSPECIFIED):
- METASTATIC CARCINOMA CONSISTENT WITH A BREAST PRIMARY.
- NEGATIVE FOR ESTROGEN RECEPTOR PROTEIN.
- NEGATIVE FOR PROGESTERONE RECEPTOR PROTEIN.
- NEGATIVE FOR HER2/NEU PROTEIN OVER EXPRESSION.

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Dr. Paul Neil
for Dr. Brendan Mullen
Mount Siani Hospital, Toronto, Ontario

APRIL 24, 2006:

BLOCK RETURNED (BLOCK XII)

MAY 12, 20006

SLIDES SENT TO ST. CLARE'S MERCRY HOSPITAL ON REQUEST OF DR. COOK AND DR. DENIC
TOTAL SLIDES SENT - 12 SLIDES

[redacted] M.D
[redacted] M.D.
[redacted] M.D.