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

Name	MCP	D.O.B.	Sex	Pathology #
[redacted]	[redacted]	[redacted]	F	S-498-98

Attending Doctor	Date Obtained	Date Received	Dt. Report
[redacted]	01/23/98	01/23/98	01/26/98

Address Hospital & Ward	Chart
OPD	[redacted]

Exact Source Of Specimen	Cross Ref
Biopsy right axilla	S-
Biopsy right breast	S-

DIAGNOSIS

BIOPSY OF RIGHT BREAST:
- INTRADUCTAL CARCINOMA WITH CENTRAL NECROSIS
- FOCAL LYMPHATIC INVASION
- SEE MICROSCOPIC DESCRIPTION

LYMPH NODE, RIGHT AXILLA:
- METASTATIC DUCTAL ADENOCARCINOMA
- SEE MICROSCOPIC DESCRIPTION 9

GROSS DESCRIPTION:

Specimen A labelled lump from right axilla consists of an ovoid previously bisected cystic lymph node measuring 3 x 2.2 x 2.0 cm. Adherent fat is seen on the external aspect. Cut surfaces show a cystic area measuring 1.7 cm in maximum diameter. The wall shows granular yellowish tan appearance which ranges from 0.4 to 1 cm in maximum thickness. Entire tissue is submitted. Slides I through IV.

Specimen B labelled biopsy of right breast lump consists of an ovoid portion of fibrofatty breast tissue measuring 2.7 cm in maximum diameter. Entire tissue is submitted. Slides V and VI.

PRN/mg

MICROSCOPIC REPORT AND REMARKS:

Sections of the right breast biopsy show multifocal areas of intraductal carcinoma. In areas these dilated ducts contain areas of central necrosis. The malignant cells lining the ducts are highly pleomorphic with vesicular nuclei, prominent nucleoli, and

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

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varying amounts of eosinophilic cytoplasm. Mitotic figures are not infrequent. The malignant cells are confined to the ducts with no evidence of stromal invasion. The surrounding stroma, however is densely fibrotic in areas containing chronic inflammatory cells and hemosiderin laden macrophages. There is a single focus of lymphatic invasion noted on one of the biopsy fragments.

Sections of the right axillary lymph node show metastatic carcinoma in keeping with a breast primary. These malignant cells are arranged in sheets in areas separated by confluent areas of necrosis. The cells have a similar histologic appearance to those described in the ductal component of the breast. There is no normal lymph node tissue identified.

PRN/mg

APRIL 05, 2006

BLOCK III SENT DIRECTLY TO MOUNT SIANI, TORONTO FOR ER/PR RETESTING.

APRIL 11, 2006

REPORT RECEIVED FROM MOUNT SIANI HOSPITAL.

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

MICROSCOPIC DESCRIPTION:

Estrogen receptor protein:		
% positive cells:	0	
Antibody used:		6F11,LSAB proced
Progesterone receptor protein:		
% positive cells:	0	
Antibody used:		PGR1294,LSAB pro
HER2/neu protein:		
% positive cells:	0	
Staining intensity:		Absent
Antibody used:		A0485,LSAB proce
% positive cells:	0	
Staining intensity:		Absent
Antibody used:		TAB250/CB11 cock

procedure

Threshold for positive ER/PR result: staining of any intensity in

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>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

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

APRIL 24, 2006:

BLOCK RETURNED FROM MOUNT SINAI

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