A Guide to Your Pathology Report

To help you understand how to find information on your Pathology Report page, below are descriptions and corresponding annotations of the different sections that may appear.

CELLNETIX
PATHOLOGY & LABORATORIES

tel: 866-236-8296
fax: 866-721-9696
www.CellNetix.com

Scan For Patient Resources

Breast Pathology Report

1 **Patient:** **Date of Birth:**
Provider: **Received:**

****** Addendum ******
Addendum #1: Immunohistochemistry results

2 **FINAL DIAGNOSIS:**

Left Breast, Central Breast, MRI-Guided Core Needle Biopsy:
Ductal carcinoma in situ with the following features:
Architectural pattern: Cribriform, solid.
Nuclear grade: Low to intermediate grade.
Necrosis: Central comedo-type necrosis present.
Associated calcification: Present.
Invasive carcinoma: Not identified.
Additional findings: Flat epithelial atypia (FEA), columnar cell change/hyperplasia, fibroadenomatoid chagne.
Immunohistochemical studies for estrogen and progesterone receptor expression will be performed and reported in an addendum report.

3 **CLINICAL INFORMATION:**
History of right breast cancer treated with lumpectomy in 2005, left breast newly diagnosed atypical ductal hyperplasia bordering on low-grade DCIS, abnormal left breast MRI - focal area of non-mass enhancement in the central breast, part of the left breast; cancer vs. fibrocystic change. The specimen was placed in formalin at 2:05 p.m. on 04/23/2015 giving a total formalin fixation time of 7 hours 55 minutes.

4 **GROSS DESCRIPTION:**
Received in formalin, labeled, "**left breast**", is a 3 x 2.5 x 0.3 cm aggregate of elongated fibrofatty tissue fragments. The specimen is entirely submitted in A1. (erl/cmc78)

5 INTRADEPARTMENTAL CONSULTATION:
Jennifer Kum, M.D.

6 **ADDENDUM: #1**

Left Breast, Central Breast, MRI-Guided Core Needle Biopsy:
Ductal carcinoma in situ with the following features:
ER & PR: POSITIVE.

IMMUNOHISTOCHEMISTRY STUDY:
Methodology: Immunohistochemistry studies for estrogen and progesterone (ER/PR) receptors (using rabbit monoclonal antibodies clone SP1 for ER and clone 1E2 for PR from Ventana) are carried out on formalin fixed and paraffin embedded tissue sections. Positive and negative controls show appropriate reactivity. Determination of ER/PR reactivity is based on manual estimation of the percentage of positive nuclei in tumor cells. Results are as follows:
Source: Block A1
Population: Cells of interest

Antibody R	esult	Comment
ERsq	90 % of tumor cells positive, moderate nuclear staining	
PRsq	90 % of tumor cells positive, moderate nuclear staining	

7 **Interpreted by:** Kathi H. Adamson MD
Comment:

Some immunohistochemistry studies have suggested that as few as 1% positive tumor cells for ER/PR may correlate with a significantly improved clinical response of patients to therapeutic and adjuvant hormonal therapy. Based on this information, *tumors showing 1% or greater of tumor cell nuclear staining for ER/PR may be considered positive.*

The immunohistochemical tests reported were developed and performance characteristics determined by CellNetix Labs, LLC. They have 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. These tests may be used for clinical purposes. They should not be regarded as investigational or for research use only. CellNetix Labs, LLC is certified under the Clinical Laboratory Improvement Amendments of 1988(CLIA) as qualified to perform high complexity clinical laboratory testing.

Addendum #1 performed by **Kathi H. Adamson, MD. (866) 236-8296**

PATHOLOGY REPORT

Page X of X

1 Find patient and provider information here, as well as the date we received the specimen for testing.

2 In the Final Diagnosis section you will find the Pathologists conclusion based on their interpretation of the specimens or slides.

Additional findings may also be included in this section as well as notes for further tests to be performed.

3 Clinical Information provides a brief medical history and background related to the patient.

4 The Gross Description describes the specimen, how the specimen was received and how it was processed.

5 As part of our internal CellNetix policies we may require a follow up consultation from another pathologist on staff to confirm the diagnosis. This extra step is taken to ensure accuracy and validate the results.

6 The Addendum section contains information regarding additional tests that the pathologist ordered as part of their review.

7 We always include the direct contact information of the pathologists who diagnosed the case, in case you have any questions or need further explanation on the diagnosis.

