UCLA Health

Department of Pathology and Laboratory Medicine
pathology.ucla.edu [redacted]

UCLA Medical Center Clinical and Pathology Laboratories
[redacted]

Patient Name: Abrams, Roxann
Age: [redacted]
Sex: **Female**
External Patient ID:

Patient MRN: [redacted]
Submitter:
Ex. Case #:

Case #: [redacted]
Ex. Acc. #:

Surgical Pathology Report (Final result) [redacted]

Authorizing Provider: [redacted]
Ordering Location:

Pathologist:

Ordering Provider:
Collected: [redacted]

Received: [redacted]

CLINICAL INFORMATION

history of breast cancer, breast prognostic panel and PAM50 added please
History of invasive carcinoma status post bilateral mastectomies, now involving skin. Invasive lobular carcinoma left breast, invasive ductal carcinoma and DCIS right breast

FINAL DIAGNOSIS

A. LEFT BREAST (PUNCH BIOPSY):
- Seborrheic keratosis
- Deeper sections examined

B. LEFT BREAST (PUNCH BIOPSY):
- Seborrheic keratosis

C. LEFT BREAST (PUNCH BIOPSY):
- Benign skin
- Deeper sections examined

D. LEFT BREAST AXILLA (PUNCH BIOPSY):
- Invasive lobular carcinoma involving deep dermis
- Breast biomarkers: See below
- HER2 FISH report to follow

E. BACK (SHAVE BIOPSY):
- Seborrheic keratosis, inflamed

MICROSCOPIC DESCRIPTION

A microscopic examination has been performed.

IHC REPORT

BLOCK: D1

ANTIBODY/PROBE:	RESULT/COMMENT
Pankeratin	Positive
E-cadherin	negative

INTERPRETATION: See final diagnosis

Note: IF NOT OTHERWISE DESIGNATED The immunoperoxidase stain reported above was developed and its performance characteristics determined by UCLA Medical Center Clinical Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration, although such approval is not required for analyte-specific reagents of this type. Appropriate controls are included for each case.

BREAST BIOMARKER REPORT

BLOCK: D1
FIXATIVE: Formalin

RESULT ER/PR:

	ESTROGEN RECEPTOR	PROGESTERONE RECEPTOR
Antibody	Clone SP1	Clone 636
%Tumor Staining	**60%**	**0%**
Intensity (1+ to 3+)	**2-3+**	**N/a**

Leica Bond III with Refine Polymer Detection System, using heat retrieval for 20 minutes with pH6 buffer. Clone SP1 diluted to 1/50 and PR636 to 1/200.

ESTROGEN/PROGESTERONE IMMUNOHISTOCHEMICAL REPORT
Using appropriate positive and negative controls, the test for the presence of these hormone receptor proteins is performed by the immunoperoxidase method, and reported according to the 2009 CAP-ASCO Guidelines for Hormone Receptor testing. Tissue is fixed from 6-72 hours in 10% neutral buffered formalin. A positive ER or PR tumor shows greater than or equal to 1 percent of cells staining, and results are semi-quantitated as indicated above.

RESULT HER-2/neu IHC assay (utilizing FDA-approved DAKO Hercep Test): Arch Pathol Lab Med 2018:1-20, ASCO/CAP HER2 Testing in Breast Cancer Update – Wolff et al

Test Score: 1+

HER2/neu: Negative

0	No staining is observed OR membrane staining that is incomplete and is faint/barely perceptible and in ≤ 10% of tumor cells	Negative
1+	Incomplete membrane staining that is faint/barely perceptible and in > 10% of tumor cells	Negative
2+	Weak to moderate complete membrane staining observed in > 10% of tumor cells	Equivocal
3+	Circumferential membrane staining that is complete, intense, and in > 10% of tumor cells	Positive

Note: FISH gene amplification testing is pending. Please see separate report.

RESULT Ki-67 (Clone MIB1): <5%

Note: The immunoperoxidase stains reported above for ER, PR, and Ki-67 were developed and their performance characteristics determined by Department of Pathology & Laboratory Medicine, University of California, Los Angeles. They have not been cleared or approved by the U.S. Food and Drug Administration, although such approval is not required for analyte-specific reagents of this type.

Decalcification may adversely affect patient results. The HER2/neu, ER and PR assays have not been validated on decalcified tissues. If the tissue is indicated to have been decalcified, results should be interpreted with caution given the possibility of false negative results on decalcified specimens.

GROSS DESCRIPTION

The specimen is received in five formalin-filled containers, each labeled with the patient's name (Abrams, Roxann), medical record number (7167982), and associated designations.

Part A, is designated as “Breast, Left”. It consists of a 0.1 cm in length x 0.2 cm in diameter skin punch biopsy. The epidermis is tan. The specimen is entirely submitted, in a mesh bag, in cassette A1.

Part B, is designated as “Breast, Left”. It consists of a 0.2 cm in length x 0.2 cm in diameter skin punch biopsy. The epidermis is tan. The specimen is entirely submitted, in a mesh bag, in cassette B1.

Part C, is designated as “Breast, Left”. It consists of a 0.2 cm in length x 0.2 cm in diameter skin punch biopsy. The epidermis is tan. The specimen is entirely submitted, in a mesh bag, in cassette C1.

Part D, is designated as “Breast Axilla, Left”. It consists of a 0.3 cm in length x 0.2 cm in diameter skin punch biopsy. The epidermis is tan. The specimen is entirely submitted, in a mesh bag, in cassette D1.

Part E, is designated as “Back”. It consists of a 1.9 x 1.5 x 0.1 cm skin shave biopsy. The epidermis is tan with a central elevated brown granular surfaced lesion measuring 1.8 x 1.2 cm. The specimen is serially sectioned and entirely submitted, in a mesh bag, in cassettes E1-E2.

Total Ischemic Time: less than 1 minute
Total Formalin fixation Time: 72 hours 58 minutes (A1-E1)

CC 12/23/2024

Signatures

I certify that I personally conducted a gross and/or microscopic examination(s) of the described specimen(s), and have reviewed the interpretation of this test and diagnosis(es). I agree with the documented findings or edited the findings as necessary.

[redacted]

Specimens

A	Breast, Left	**B**	Breast, Left
C	Breast, Left	**D**	Breast Axilla, Left
E	Back		

Resulting Labs

CHS BAP LAB [redacted]