DIAGNOSTIC PATHOLOGY MEDICAL GROUP, INC.

3301 C Street, Ste 200E
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Fax: (916) 446-9330
www.dpmginc.com

ANATOMIC PATHOLOGY REPORT

Laboratory Medical Director: Ly Ma, M.D.

**********ADDENDUM REPORT **********

Patient: **TEST, TEST** Age: 68 (01/01/55) Pathology #: **DPS-23-99999**

Acct#: Sex: FEMALE Epic:

Doctor: dpmg test
3301 C Street #200E
SACRAMENTO, CA 95816

Date Obtained: 10/31/2023
Date Received: 11/01/2023

CLINICAL DATA: HX

SPECIMEN: A. RIGHT BREAST MRI BIOPSY - ANTERIOR
B. RIGHT BREAST MRI BIOPSY - POSTERIOR

DIAGNOSIS:

A. BREAST, RIGHT ANTERIOR, MRI-GUIDED NEEDLE BIOPSY: SMALL INTRADUCTAL PAPILLOMA (APPROXIMATELY 2 MM FOCUS).

B. BREAST, RIGHT POSTERIOR, MRI-GUIDED NEEDLE BIOPSY:
1. **ATYPICAL DUCTAL HYPERPLASIA (ADH).**
2. **CLUSTER OF APOCRINE METAPLASIA.**
3. **COLUMNAR CELL CHANGE, SCLEROSING ADENOSIS, AND BENIGN EPITHELIUM ASSOCIATED MICROCALCIFICATIONS.**

NOTE: Immunohistochemical stains for p63 and SMMH are performed, and show absence of myoepithelial cells in the invasive carcinoma.

ER, PR, Her2/neu studies will be performed, and the results will be reported separately. Dr. Sasan Setoodeh has reviewed H&E slides and concurs. The report is faxed to the office of Dr. Test on 11/01/2023.

GROSS DESCRIPTION: SBL:gcg

A. Placed in formalin at 9:50 a.m. in a container labeled with the patient's name and "RT breast A anterior" is a 2.3 x 2.0 x 0.45 cm aggregate of yellow to dark red-brown cores of fibrofatty tissue admixed with a dark red-brown apparent blood clot. The specimen is filtered and entirely submitted between sponges in cassettes A1 and A2.

B. Placed in formalin at 9:50 a.m. in a container labeled with the patient's name and "RT breast B posterior" is a 2.7 x 2.5 x 0.5 cm aggregate of light grey to yellow cores of fibrofatty tissue. The specimen is filtered and entirely submitted between sponges in cassettes B1 and B2.

This report may include a photomicrograph of the slide under examination. For a variety of reasons, including the limitations of some electronic interfaces, the photomicrograph may not appear on the version of this report that you view. The photomicrograph is not of diagnostic quality and should not be relied upon by any professional. Health care professionals should rely only upon the pathologist's written interpretation.

Final Diagnosis on 11/01/2023 by **Long Li, M.D.**
Electronically signed at Diagnostic Pathology Medical Group, Inc
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ADDENDUM:

Immunohistochemistry Evaluation

Specimen: RIGHT BREAST - ANTERIOR

Estrogen Receptor:	**POSITIVE** (<5% Tumor Staining, Intensity 0)
Progesterone Receptor:	**POSITIVE** (<5% Tumor Staining, Intensity 0)
HER-2/:	**EQUIVOCAL** (Score 2+)

Specimen: RIGHT BREAST - POSTERIOR

Estrogen Receptor:	**POSITIVE** (<5% Tumor Staining, Intensity 0)
Progesterone Receptor:	**POSITIVE** (<5% Tumor Staining, Intensity 0)
HER-2/:	**EQUIVOCAL** (Score 2+)

* Note: The specimen will be reflexed to Her-2/neu testing by fluorescence in situ hybridization (FISH). Results may be obtained from Neogenomics Laboratories, 31 Columbia, Aliso Viejo CA 92656. 1-866-776-5907. An addendum to add the FISH results to this report will follow.

INTERPRETIVE INFORMATION

All tests performed on formalin-fixed, paraffin-embedded tissue using ultraview DAB detection system and utilizing the following antibodies: SP1 (ER), 1E2 (PgR), 4B5 (HER2). Fixation conditions meet requirements specified in the ASCO / CAP Guidelines (cold ischemia times <1 hour, fixation times between 6-72 hours) unless otherwise specified. Internal and external controls are evaluated for each assay, and show appropriate results unless otherwise specified. The ER and PR immunoperoxidase tests were developed and their performance characteristics determined by DPMG. These tests 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. ultraView DAB Pathway is FDA approved for diagnostic evaluation of HER-2/neu overexpression as an aid in the assessment of patients for when Herceptin (Trastuzumab) treatment is being considered.

Scoring Criteria for ER/PR are as follow: POSITIVE: ≥1% immunoreactive tumor cells present. LOW POSITIVE: 1-10% of tumor cells immunoreactive (for ER in invasive carcinoma only). NEGATIVE: <1% tumor cells immunoreactive. Scoring Criteria for HER2 IHC are as follow: POSITIVE (Score 3+): Complete membrane staining that is intense and >10% of tumor cells. EQUIVOCAL (Score 2+): Weak to moderate complete membrane staining in >10% of tumor cells or Complete membrane staining that is intense but within ≤10% of tumor cells. NEGATIVE (Score 1+): Incomplete membrane staining that is faint/barely perceptible and within >10% of tumor cells. NEGATIVE (Score 0): No staining observed or Membrane stating that is incomplete and is faint/barely perceptible and within ≤10% of tumor cells.

References:

Wolff AC, Hammond MEH, Allison KH, et al. HER2 testing in breast cancer: American Society of Clinical Oncology/College of American Pathologists clinical practice guideline focused update. Arch Pathol Lab Med. 2018;142(11):1364-1382.

Allison KH, Hammond MEH, et al. Estrogen and Progesterone Receptor Testing in Breast Cancer: American Society of Clinical Oncology/College of American Pathologists Guideline Update. Arch Pathol Lab Med. 2020 May;144(5):545-563.

Addendum #1 on 11/01/2023 by **Grant Petty**
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ADDENDUM:

Addended Results:

HER2 FISH testing was performed and interpreted by NeoGenomics Laboratories.

HER2 FISH Results: Positive

Interpretation:
Average HER2 signals/nucleus: 4.2
Average CEN 17 signals/nucleus: 1.1
HER2/CEN 17 signal ratio: 3.8
Number of Observers: 1
Group: 1 No IHC needed

SS:snc

Addendum #2 on 11/03/2023 by **Sasan Setoodeh, M.D.**
Electronically signed at Sutter Roseville Hospital
One Medical Plaza Ctr ROSEVILLE, CA 95661

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