



DEPARTMENT OF  
PATHOLOGY AND LABORATORY MEDICINE  
دائرة الباثولوجيا والطب المخبري



Female, 27/07/1980, 44 yrs

**SURGICAL PATHOLOGY (Final result)**

Authorizing Provider:	Breast Imaging Unit	Ordering Provider:	1 05/08/2024
Ordering Location:	Breast Imaging Unit	Collected:	10:49 05/08/2024
Pathologist:	Ghazi Saadeddine Zaatari, MD	Received:	12:43

**Diagnosis**

**RIGHT BREAST, ULTRASOUND-GUIDED CORE NEEDLE BIOPSY:**  
**- INVASIVE DUCTAL CARCINOMA, GRADE 1/3 (MODIFIED SCARFF-BLOOM-RICHARDSON).**  
**- INTRADUCTAL CARCINOMA, LOW-GRADE.**

Electronically signed by Ghazi Saadeddine Zaatari, MD on 06/08/2024 at 17:01

**Clinical Summary**

New suspicious mass right breast, ? malignancy

**Microscopic Description**

- Tubule formation: 1/3.
- Nuclear pleomorphism: 1/3.
- Mitosis: 1/3

**Synoptic Checklist**

[Breast Biomarker Reporting Template \(BREAST BIOMARKER REPORTING TEMPLATE - All Specimens\) Protocol posted: 13/12/2023](#)

Test(s) Performed	
Estrogen Receptor (ER) Status	Positive (greater than 10% of cells demonstrate nuclear positivity)
Percentage of Cells with Nuclear Positivity	91-100%
Average Intensity of Staining	Strong
Test Type	Food and Drug Administration (FDA) cleared (test / vendor): Leica
Primary Antibody	6F11
Test(s) Performed	
Progesterone Receptor (PgR) Status	Positive
Percentage of Cells with Nuclear Positivity	91-100%
Average Intensity of Staining	Strong
Test Type	Food and Drug Administration (FDA) cleared (test / vendor): Leica
Primary Antibody	16
Test(s) Performed	
HER2 by Immunohistochemistry	Negative (Score 0)
Test Type	Food and Drug Administration (FDA) cleared (test / vendor): Ventana
Primary Antibody	4B5



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Test(s) Performed	Ki-67
Ki-67 Percentage of Positive Nuclei	10 %
Primary Antibody	MIB1
Cold Ischemia and Fixation Times	Meet requirements specified in latest version of the ASCO / CAP Guidelines

#### METHODS

Fixative	Formalin
Image Analysis	Not performed

#### Disclaimer

The interpretation of this case included the use of immunohistochemistry or special stains. 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. These tests are used for clinical purposes and should not be regarded as investigational or for research.

*ER, PR and HER-2/neu, scoring is based on the following algorithm from the 2018 ASCO/CAP guidelines:*

*ER and PR are considered positive when positive tumor cell nuclei of any intensity are present in >1% of tumor cells.*

*Her-2/neu IHC scoring is based on the following algorithm from the 2018 ASCO/CAP guidelines: 3+ for circumferential membrane staining that is complete and intense in >10% of invasive tumor cells, 2+ for weak to moderate complete membrane staining observed in >10% of tumor cells or unusual patterns of staining (moderate to intense basolateral staining or intense circumferential staining but heterogeneously within ≤10% of tumor cells), 1+ for incomplete membrane staining that is faint/barely perceptible and within >10% of the invasive tumor cells, and 0 in the absence of staining or for membrane staining that is incomplete and is faint/barely perceptible and within ≤10% of invasive tumor cells.*

#### Gross Description

1. Breast, Right. Formalin.

Received are 10 cylindrical fragments of tan-white soft tissue, measuring 0.1 cm in diameter and ranging from 0.1 to 0.9 cm in length. Totally submitted: 1A.

#### Resulting Labs

AUB PLM CAP: 7178201

AUBMC PATHOLOGY AND LABORATORY MEDICINE, Cairo Street, Beirut  
Director: Ghazi Zaatari

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