Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

PATHOLOGY, SURGICAL

Collected on Jul 22, 2026 1:10 PM, Jul 22, 2026 1:05 PM

Results

Addendum 1

ADDENDUM REASON:
This addendum is issued to report ER, PR, HER2, and Ki67 testing. See Biomarker Summary template below.

Biomarkers Disclaimer

All controls show appropriate reactivity.

ER/PR and HER2 immunohistochemical analyses are performed in accordance with the ASCO/CAP guidelines [1,2]. Department of Pathology protocols dictate that breast cancer containing tissue will be fixed in 10% neutral buffered formalin for a minimum of 6 hours to a maximum of 72 hours at room temperature for ER/PR and HER2, unless otherwise noted in this report. All breast core biopsy specimens are rapidly immersed in formalin (Cold ischemia time is within required one hour). The detection system used is Roche Ultraview Universal DAB Detection Kit.

The Criteria used to determine a positive vs. negative result, and scoring system (eg, percent of stained cells, staining pattern) are those recommended by ASCO/CAP [1,2]. The interpretation is reported according to the CAP Reporting Template for Reporting Results of Biomarker Testing of Specimens from Patients with Carcinoma of the Breast. Cases with 2+ (equivocal) HER2 staining will be tested for gene amplification using validated fluorescent in-situ hybridization (FISH) technique.

These assays have not been validated on decalcified tissues. Results using decalcified tissues should be interpreted with caution, given the likelihood of false negativity in this testing environment. When the above stain result indicates 'Quantitative Evaluation', a manual morphometric scoring of the stain was performed.

REFERENCES:
1. Allison KH, Hammond EH, Dowsett M, 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; 144(5):545-63.
2. Wolff AC, Somerfield MR, Dowsett M, et al. Human Epidermal Growth Factor Receptor 2 Testing in Breast Cancer: American Society of Clinical Oncology/College of American Pathologist Guideline Update. Arch Pathol Lab Med. Published online June 7, 2023. doi:10.5858/arpa.2023-0905-SA

Final Diagnosis

A) Left breast, 1:00 7 cm FN, core biopsy:
- Invasive lobular carcinoma. See Synoptic Checklist.

B) Lymph node, right axilla, core biopsy:
- Metastatic carcinoma, See Comment.

COMMENT:
B) Neoplastic cells are morphologically similar to the findings in part A, compatible with metastasis from breast primary.

Synoptic Checklist

Value

INVASIVE CARCINOMA OF THE BREAST: Biopsy

INVASIVE CARCINOMA OF THE BREAST: BIOPSY - A

Protocol posted: 3/22/2023

SPECIMEN

Procedure: Needle biopsy

Specimen Laterality: Left

TUMOR

Tumor Site: Clock position

: 1 o'clock

Tumor Site: Distance from nipple (Centimeters): 7 cm

Histologic Type: Invasive carcinoma with features of: lobular

Histologic Grade (Nottingham Histologic Score):

Glandular (Acinar) / Tubular Differentiation: Score 3

Nuclear Pleomorphism: Score 2

Mitotic Rate: Score 1

Overall Grade: Grade 2 (scores of 6 or 7)

Largest Invasive Focus in this Limited Biopsy Sample: 7 mm

Ductal Carcinoma In Situ (DCIS): Not identified

Lymphatic and / or Vascular Invasion: Not identified

Microcalcifications: Not identified

Breast Biomarker Studies (pending): Biomarkers have been ordered and will be reported in an addendum.

Breast Biomarker Reporting Template

(Added in Addendum) BREAST BIOMARKER REPORTING TEMPLATE - All Specimens

Protocol posted: 6/18/2025

Testing Performed on Specimen / Block Number(s): A1

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 (3+)

Test(s) Performed:

Progesterone Receptor (PgR) Status: Positive

Percentage of Cells with Nuclear Positivity: 91-100%

Average Intensity of Staining: Strong (3+)

Test(s) Performed:

HER2 by Immunohistochemistry (IHC) Status: Negative (Score 1+)

: Incomplete membrane staining that is faint / barely perceptible and in greater than 10% of tumor cells

Test(s) Performed:

Ki-67 Proliferative Index: 21-30%

METHODS

Cold Ischemia and Fixation Times: Meet requirements specified in latest version of the ASCO / CAP Guidelines

Cold Ischemia Time (Minutes): Less than 60 minutes

Fixation Time (Hours): 28 hours

Fixative: Formalin

ER Testing Methodology:

ER Test Type: Food and Drug Administration (FDA) cleared (test / vendor): Roche

ER Primary Antibody: SP1

PgR Testing Methodology:

PgR Test Type: Food and Drug Administration (FDA) cleared (test / vendor): Roche

PgR Primary Antibody: 1E2

HER2 IHC Testing Methodology:

HER2 IHC Test Type: Food and Drug Administration (FDA) cleared (test / vendor): Roche

HER2 IHC Primary Antibody: 4B5

Ki-67 Primary Antibody: 30-9

Ancillary Studies (IHC, FISH and Special Stains report)

Population: Neoplastic cells

Slides	Test	Result
A1-4	E-Cadherin (EP700Y)	NEGATIVE: Supports lobular phenotype.

All controls show appropriate reactivity.

Gross Description

A. Breast Left, biopsy needle core.
Received in formalin labeled, "Franklin, Yvonne; Left Breast mass 1:00 7cmfn" are 4 tan-yellow to hemorrhagic cores of fibrofatty tissue, 1.8 x 0.7 x 0.2 cm in aggregate. Inked blue, wrapped, and entirely submitted in A1. Total fixation time: Approximately 28 hours.

B. Lymph node, biopsy.
Received in formalin labeled "Franklin, Yvonne; Right Axilla LN" are 2 yellow-white to hemorrhagic, fibrofatty soft tissue cores. Stained, wrapped, and entirely submitted in B1-B2. Total fixation time: Approximately 28 hours. (LS)

Case Report

Value

Surgical Pathology Report Case: SU26-28300
Authorizing Provider: Paras, Leilani D, MD Collected: 07/22/2026 01:05 PM
Ordering Location: Breast Imaging Clinic at Received: 07/22/2026 11:14 PM
UWMC Northwest
Pathologist: Dintzis, Suzanne Martha,
MD
Specimens: A) - Breast Left, biopsy needle core, Left Breast mass 1:00 7cmfn
B) - Lymph node, biopsy, Right Axilla LN

IHC, ISH and IF Disclaimer

Note: Some tests cited above may have been developed and their performance characteristics determined by the UW Medicine Pathology Laboratories. They have not been cleared or approved by the U.S. Food and Drug Administration (FDA). However, 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. The performing laboratories at UWMC, HMC or FHCC are certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) as qualified to perform high complexity laboratory testing.

Case Testing Locations Disclaimer

The technical and/or professional components of this case may have been performed at any of the following laboratories. These records are maintained internally and more information is available upon request.

- **UW Medical Center:** 1959 NE Pacific St., Seattle, WA 98195-0001
- **Harborview Medical Center:** 325 9th Ave, Seattle, WA, 98104-2420
- **UW Medical Center Northwest:** 1550 N 115th St, Seattle, WA 98133-8401

LAB AP EMBEDDED IMAGES

Value
No value

Scan 1

Ordering provider: Leilani D Paras
Collection date: Jul 22, 2026 1:10 PM, Jul 22, 2026 1:05 PM
Specimens: Tissue (Lymph node, biopsy), Tissue (Breast Left, biopsy needle core)
Result date: Jul 28, 2026 10:54 AM
Result status: Final (Edited)
Resulting lab:
UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY
1959 NE Pacific St.
Room BB220
Seattle WA 98195
206-598-6400
Paul Swanson, MD (Lab director)
50D0661462 (CLIA #)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026