

# CBCS3 Medical Records Abstract-Path Report

ID# \_\_\_\_\_

## Pathology

Date of Proc: \_\_\_ / \_\_\_ / \_\_\_ Facility \_\_\_\_\_

Path Report #: \_\_\_\_\_ Procedure: \_\_\_\_\_

HISTOLOGY \_\_\_\_\_ Grade \_\_\_\_\_ Lat \_\_\_\_\_

#SLN exam \_\_\_\_\_ #SLN pos \_\_\_\_\_ #ALN exam \_\_\_\_\_ #ALN pos \_\_\_\_\_ Tumor size \_\_\_\_\_ Margins \_\_\_\_\_

### Expanded Pathology Screen

<p><b>Primary Site:</b></p> <input type="checkbox"/> C50.0 Nipple <input type="checkbox"/> C50.1 Central <input type="checkbox"/> C50.2 Upper Inner Quad <input type="checkbox"/> C50.3 Lower Inner Quad <input type="checkbox"/> C50.4 Upper Outer Quad <input type="checkbox"/> C50.5 Lower Outer Quad <input type="checkbox"/> C50.6 Axillary Tail <input type="checkbox"/> C50.8 Overlapping Lesion <input type="checkbox"/> C50.9 Breast, NOS	<p># invasive tumor foci: _____</p>	<p><b>Chest wall/skin inv:</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<p><b>ER Status included?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>IF Yes:</b></p>	<p><b>a.(ER) Status:</b> <input type="checkbox"/> Positive  <input type="checkbox"/> Negative  <input type="checkbox"/> Weak Positive/Borderline</p> <p><b>“Status Answers: 0 = negative, 1 to 10 = weak positive or borderline, &gt; 10 = positive”</b></p>	
		<p><b>a.Tissue used (for ER analysis):</b> <input type="checkbox"/> Paraffin-Embedded  <input type="checkbox"/> Frozen Tissue  <input type="checkbox"/> Unk/Miss</p>	
		<p><b>a.(ER) IHC % cells +:</b> _____</p>	<p><b>a.(ER) IHC Lab cut-point for positivity (%):</b> _____</p>
		<p><b>b. (ER) Average Nuclear Staining Intensity:</b></p> <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 1+ to 2+ <input type="checkbox"/> 2+ <input type="checkbox"/> 2+ to 3+ <input type="checkbox"/> 3+ <input type="checkbox"/> Weak <input type="checkbox"/> Intermediate/moderate <input type="checkbox"/> Strong	
		<p><b>c. (ER) Allred score:</b></p> <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<p><b>c. (ER) Allred Score Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p><b>(0 or 2 = Negative; 3 to 8 = Positive)</b></p>
		<p><b>d. (ER) Histscore:</b> _____ <b>(number: 0-300)</b></p>	
<p><b>e. (ER) Overall score:</b> <input type="checkbox"/> 0  <input type="checkbox"/> 1+  <input type="checkbox"/> 2+  <input type="checkbox"/> 3+</p>			

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<b>PR Status included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF Yes:</b>	<b>a. (PR) Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Weak Positive/Borderline  <b>“Status Answers: 0 = negative, 1 to 10 = weak positive or borderline, &gt; 10 = positive”</b>	
		<b>a. Tissue used (for PR analysis):</b> <input type="checkbox"/> Paraffin-Embedded <input type="checkbox"/> Frozen Tissue <input type="checkbox"/> Unk/Missing	
		<b>a. (PR) IHC % cells +:</b> _____	<b>a. (PR) IHC Lab cut-point for positivity (%):</b> _____
		<b>b. (PR) Average Nuclear Staining Intensity:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 1+ to 2+ <input type="checkbox"/> 2+ <input type="checkbox"/> 2+ to 3+ <input type="checkbox"/> 3+ <input type="checkbox"/> Weak <input type="checkbox"/> Intermediate/moderate <input type="checkbox"/> Strong	
		<b>c. (PR) Allred score:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<b>c. (PR) Allred Score Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative  <b>(0 or 2 = Negative; 3 to 8 = Positive)</b>
		<b>d. (PR) Histoscore:</b> _____ (number: 0-300)	
<b>e. (PR) Overall score:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+			
<b>HER2 Status (IHC) included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF Yes:</b>	<b>Tissue used (for Her2 analysis):</b> <input type="checkbox"/> Paraffin-Embedded <input type="checkbox"/> Frozen Tissue <input type="checkbox"/> Unknown	
		<b>(Her2) IHC score:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<b>(Her2) Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Borderline
<b>FISH Status included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF Yes:</b>	<b>(FISH) HER2/ CEN17ratio:</b> _____  <b>“Status Answers: &lt;1.8 – negative, 1.8 – 2.2 borderline, &gt;2.2 positive”</b>	<b>(FISH) Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Borderline <input type="checkbox"/> Unable to interpret
<b>S-Phase included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF Yes:</b>	<b>Proliferative Capacity/S-Phase Function (%):</b> _____	<b>Proliferative Capacity/S-Phase Function:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Unk/Missing

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<b>Ploidy included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF Yes:</b>	<b>(Ploidy) Status:</b> <input type="checkbox"/> Diploid <input type="checkbox"/> Aneuploid <input type="checkbox"/> Tetraploid <input type="checkbox"/> Multiple aneuploid <input type="checkbox"/> Hypodiploid <input type="checkbox"/> Nondiploid <input type="checkbox"/> Unevaluable <input type="checkbox"/> Unk/Missing	
<b>DNA index numeric value included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF Yes:</b>	<b>(DNA index numeric) Value:</b> _____	
<b>Proliferative Index Included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF Yes:</b>	<b>Ki-67 Percentage:</b> _____ <b>(0-100%)</b>	<b>PCNA Percentage:</b> _____ <b>(0-100%)</b>
<b>Lymphovascular Invasion:</b>	<input type="checkbox"/> 1-Present <input type="checkbox"/> 2-Absent <input type="checkbox"/> 3-Indeterminate/equivocal <input type="checkbox"/> 4-Not stated		
<b>Architectural Grade:</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Unk/Missing		
<b>Nuclear Grade:</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Unk/Missing		
<b>Mitotic Grade:</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Unk/Missing		
<b>Combined (Nottingham) Grade:</b>	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Unk/Missing		
<b>Oncotype Dx Assay included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes:</b>	<b>(OncoDX) ER Score</b> _____	<b>(OncoDX) ER Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative
		<b>(OncoDX) PR Score</b> _____	<b>(OncoDX) PR Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative
		<b>(OncoDX) HER2 Score</b> ____	<b>(OncoDX) HER2 Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal
		<b>Recurrence Score</b> _____	