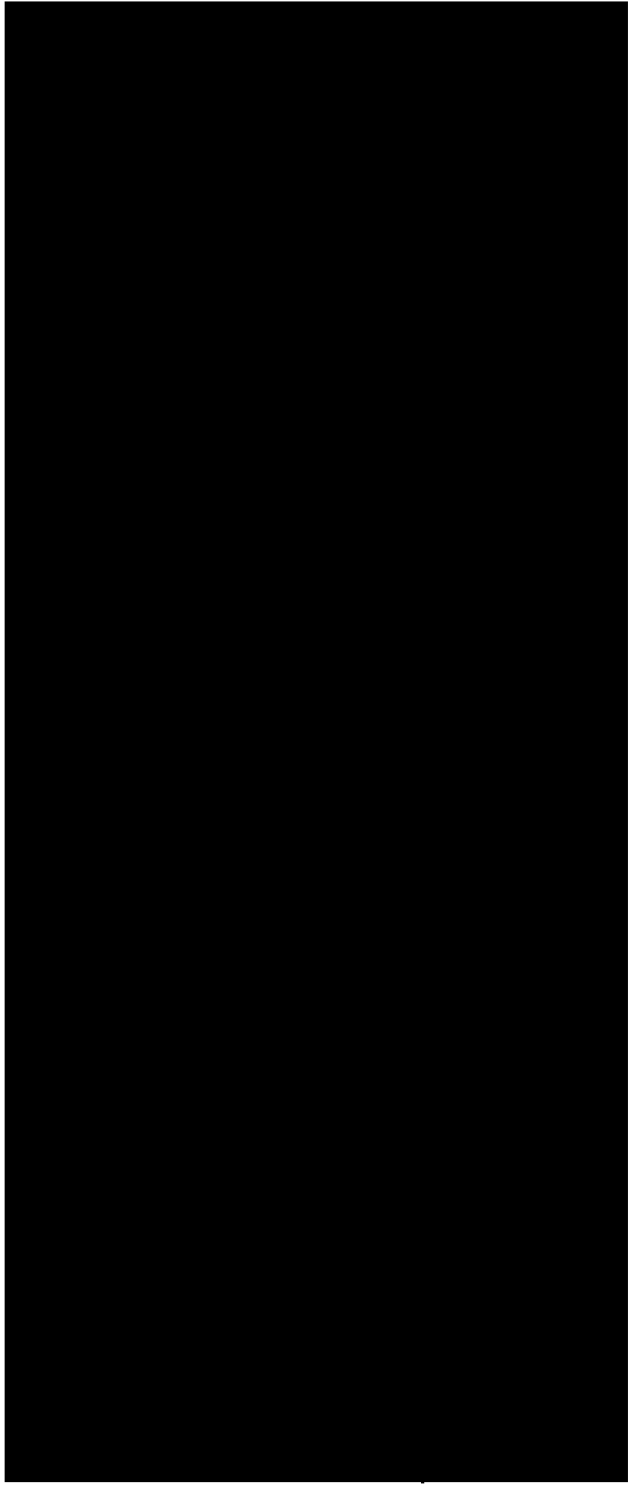
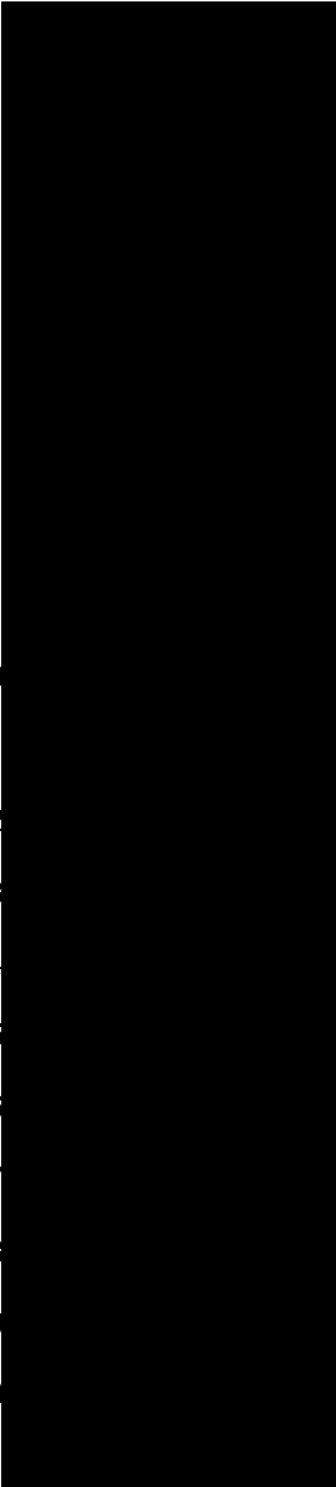


Physician Review Panel  
Charts to be Reviewed  
November 17, 2005

✓ 1.	[Redacted]	[Redacted]	[Redacted] (er)
✓ 2.	[Redacted]	[Redacted]	[Redacted]
✓ 3.	[Redacted]	[Redacted]	[Redacted]
④ 4.	[Redacted]	[Redacted]	[Redacted] - Deferred until NOV. 24/05 -
✓ 5.	[Redacted]	[Redacted]	[Redacted]
⑥ 6.	[Redacted]	[Redacted]	[Redacted] - Deceased - not discussed by panel
✓ 7.	[Redacted]	[Redacted]	[Redacted]
✓ 8.	[Redacted]	[Redacted]	[Redacted]
✓ 9.	[Redacted]	[Redacted]	[Redacted]
✓ 10.	[Redacted]	[Redacted]	[Redacted]
⑪ 11.	[Redacted]	[Redacted]	[Redacted] - Deferred until results received.
✓ 12.	[Redacted]	[Redacted]	[Redacted] - Deceased
✓ 13.	[Redacted]	[Redacted]	[Redacted]
✓ 14.	[Redacted]	[Redacted]	[Redacted]
✓ 15.	[Redacted]	[Redacted]	[Redacted]
✓ 16.	[Redacted]	[Redacted]	[Redacted]
✓ 17.	[Redacted]	[Redacted]	[Redacted]
✓ 18.	[Redacted]	[Redacted]	[Redacted]
✓ 19.	[Redacted]	[Redacted]	[Redacted]
✓ 20.	[Redacted]	[Redacted]	[Redacted]
✓ 21.	[Redacted]	[Redacted]	[Redacted]

Physician Review Panel  
Charts to be Reviewed  
November 17, 2005

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.



Physician Panel Review: ER/PR Results

Date Patient Reviewed: NOV. 17/05

Name: \_\_\_\_\_

MCP #: \_\_\_\_\_

OPIS #: \_\_\_\_\_

Date of Pathology: \_\_\_\_\_

Pathology Specimen #/Site: 01: SU14727 / RT. Breast

Original Report ER/PR: N / 80%

Mount Sinai ER/PR: 40 / 60

Recommendations: \_\_\_\_\_

Treated w. Tamoxifen  
Already - no  
follow up.

*Nov 24/07  
letter  
Done*

*Mounted*

Follow-up Physician: \_\_\_\_\_

Other Physicians: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

*- letter*

*2001 w/ 06  
letter  
Done  
for  
5-9-05  
AS*

+					
RUN DATE: 17/11/05		LABORATORY NPR - HCC **LIVE**		PAGE 1	
RUN TIME: 0852		Specimen Inquiry			
RUN USER: PREH		PCI User: PREH		Lab Database: LAB.GHC	
HEALTH CARE CORPORATION OF ST. JOHN'S ST. JOHN'S, NEWFOUNDLAND CANADA					
Name:		Age/Sex:		Attend Dr:	
Acct#:		Status: REG REF		Location:	
Reg: 07/11/01		Disch:		MCP #:	
Specimen: 01:SU14727		SOUT		Received: 07/11/01-1238	
				Spec Type: SURGICAL	
DIAGNOSIS:					
RETURNED TO FOR REPORTING NOV 26 01					
Signed -----				27/11/01	
** END OF REPORT **					

+ [REDACTED]  
RUN DATE: 17/11/05

LABORATORY NPR - HCC \*\*LIVE\*\*

PAGE 1

RUN TIME: 0854

Specimen Inquiry

RUN USER: PREH

PCI User: PREH Lab Database: LAB.GHC

HEALTH CARE CORPORATION OF ST. JOHN'S  
ST. JOHN'S, NEWFOUNDLAND  
CANADA

Name:

Age/Sex:

Attend Dr:

Acct#:

Unit#:

Status: REG REF

Location:

Reg: 29/10/05

Disch:

MCP #:

Specimen: 05:RE11

SOUT

Received: 29/10/05-0833

Spec Type: SURGICAL

**\*PATHOLOGICAL INTERPRETATION\***

THIS SPECIMEN HAS BEEN RETESTED AT MOUNT SINAI HOSPITAL FOR IMMUNOHISTOCHEMICAL STUDIES  
SURGICAL NUMBER S-3539-01, BLOCK 2) SHOWS:

ESTROGEN RECEPTOR PROTEIN IS POSITIVE IN 30% OF CELLS USING THE ANTIBODY 6F11 AND THE LSAB  
PROCEDURE.

PROGESTERONE RECEPTOR PROTEIN IS POSITIVE IN 20% OF CELLS USING THE ANTIBODY PGR1294 AND

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Nov. 17/05

Name: [Redacted]

MCP #: [Redacted]

OPIS #: [Redacted]

Date of Pathology: [Redacted]

Pathology Specimen #/Site: 01-3118252 1 RT

Original Report ER/PR: N 1 4590

Mount Sinai ER/PR: 90 1 40

Recommendations: \_\_\_\_\_

*Pt. informed* pt. on Arimidex  
by Dr [Redacted] and  
panel agreed with  
this.

*Nov. 24/05  
letter  
done*

*intended*

Follow-up Physician: Dr. [Redacted]

Other Physicians: [Redacted]

Family Doctor: Dr. [Redacted]

*Jan. 17/06  
Patient Dr. [Redacted]*

↕

LNs: - pNx  
TUMOR SIZE: - 2.3 x 0.8 x 0.7 cm.  
PERCENTAGE OF IN SITU CARCINOMA: - 1-25%  
TYPE OF IN SITU CARCINOMA: - LOBULAR  
PERINEURAL INVASION: - NEGATIVE  
LYMPHATIC/VASCULAR INVASION: - NEGATIVE  
LOBULAR CANCERIZATION: - NEGATIVE  
MARGINS: - FREE

Estrogen and progesterone receptor status:

Estrogen receptors: All tumor cells are negative.

Progesterone receptors: Less than 5% of tumor cells are progesterone receptor positive.

Addendum Signed Signature on file

01/10/01

**DIAGNOSIS:**

BIOPSY RIGHT BREAST - LOBULAR CARCINOMA IN-SITU WITH INFILTRATING LOBULAR CARCINOMA (2.3 X .8 X .7 CM). THE MARGINS ARE FREE OF MALIGNANCY.

Physician Panel Review: ER/PR Results

Date Patient Reviewed: NOV. 17/05

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: [REDACTED]

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 02: Su 343 1 Left

Original Report ER/PR: N 1 30 070

Mount Sinai ER/PR: ? 60 1 50

*Letter  
Nov. 21/05*

Recommendations: \_\_\_\_\_

*Winkler*

*already started on Tomorlin  
Treated appropriately.*

Follow-up Physician: Dr. [REDACTED]

Other Physicians: \_\_\_\_\_

Family Doctor: Dr. [REDACTED] - Letter

*Go on 12/06  
Resident  
Pratt*



+ [REDACTED]  
RUN DATE: 17/11/05

LABORATORY NPR - HCC \*\*LIVE\*\*

PAGE 1

RUN TIME: 0907

Specimen Inquiry

RUN USER: PREH

PCI User: PREH Lab Database: LAB.GHC

HEALTH CARE CORPORATION OF ST. JOHN'S  
ST. JOHN'S, NEWFOUNDLAND  
CANADA

Name: \_\_\_\_\_

Age/Sex:

Attend Dr:

Acct#: \_\_\_\_\_

Unit#: \_\_\_\_\_

Status: REG REF

Location:

Reg: 09/01/02

Disch: \_\_\_\_\_

MCP #:

Specimen: 02:SU343

SOUT

Received: 09/01/02-1204

Spec Type: SURGICAL

[REDACTED] DIAGNOSIS: [REDACTED]

Returned to \_\_\_\_\_ for reporting

Signed \_\_\_\_\_

11/01/02

\*\* END OF REPORT \*\*

↓ [REDACTED]  
RUN DATE: 17/11/05

LABORATORY NPR - HCC \*\*LIVE\*\*

PAGE 1

RUN TIME: 0907

Specimen Inquiry

RUN USER: PREH

PCI User: PREH Lab Database: LAB.GHC

HEALTH CARE CORPORATION OF ST. JOHN'S  
ST. JOHN'S, NEWFOUNDLAND  
CANADA

Name:

Age/Sex:

Attend Dr:

Acct#:

Unit#:

Status: REG REF

Location:

Reg: 29/10/05

Disch:

MCP #:

Specimen: 05:RE8

SOUT

Received: 29/10/05-0823

Spec Type: SURGICAL

**\*PATHOLOGICAL INTERPRETATION\***

THIS SPECIMEN HAS BEEN RETESTED AT MOUNT SINAI HOSPITAL FOR IMMUNOHISTOCHEMICAL STUDIES  
SURGICAL NUMBER S-39-02, BLOCK FSB, A16) SHOWS:

ESTROGEN RECEPTOR PROTEIN IS POSITIVE IN 50% OF CELLS USING THE ANTIBODY 6F11 AND THE LSAB  
PROCEDURE.

PROGESTERONE RECEPTOR PROTEIN IS POSITIVE IN 40% OF CELLS USING THE ANTIBODY PGR1294 AND

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Nov. 17/05

Name: [Redacted]

MCP #: [Redacted]

OPIS #: [Redacted]

Date of Pathology: [Redacted]

Pathology Specimen #/Site: 02: 88 7385 1 left

Original Report ER/PR: 190 1 1-290

Mount Sinai ER/PR: 80 1 20

Recommendations: \_\_\_\_\_

*Nov 18  
pathology  
ER/PR*

Already on Tamifen  
No follow up

Follow-up Physician: CC [Redacted] Lester- [Redacted]

*amended*

Other Physicians: [Redacted]

Family Doctor: CC [Redacted]

*Completed  
pathology  
for 12/26*

Physician Panel Review: ER/PR Results

Delete  
Deceased  
take off  
list

Date Patient Reviewed: NOV. 17/05

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: [REDACTED]

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 01: SU 7762 / Left

Original Report ER/PR: N 1 5-10 070

Mount Sinai ER/PR: 50 1 1-2 070

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up Physician: [REDACTED] f.p.

Other Physicians: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Physician Panel Review: ER/PR Results

Date Patient Reviewed: NOV. 17/05

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: [REDACTED]

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 01:C434049 | male breast

Original Report ER/PR: N | 20-3090

Mount Sinai ER/PR: 70 | 10

Recommendations: femara

we understood that this case

was born intended to be treated appropriately, therefore there

are not Dr. [REDACTED] placed on femara

because as it had blood clot

lower panel. informed and treated appropriately

for metastatic disease

Follow-up Physician: [REDACTED] Dr. [REDACTED] - letter

Other Physicians: [REDACTED]

Family Doctor: Dr. [REDACTED] - FID

*Needle Aspiration*

*marked  
Nov 18/05  
Hester  
Dove*

*Jan 11/06  
copy sent to  
Dr 18/05*

ST. JOHN'S, NEWFOUNDLAND  
CANADA

Name: Age/Sex: Attend Dr:  
Acct#: Unit#: Status: DIS IN Location:  
Reg: 20/08/01 Disch: 07/09/01 MCP #:

Specimen: 01:CY34049 SOUT Received: 24/08/01-1506 Spec Type: FNAB LAB

ADDENDUM

Addendum #1 Entered: 10/09/01-1746

THE RESULTS OF HER/2 NEU STUDIES ARE AS FOLLOWS:

A COMPLETE MEMBRANE STAINING IS OBSERVED IN MORE THAN 50% OF THE TUMOR CELLS IN CASE (SG-4055-99) AND IN 70% OF TUMOR CELLS IN CASE (CY-34049-01).

Addendum Signed Signature on file

RASTY, GOLNAR DR. 10/09/01

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Nov. 17/05

Name: [Redacted]

MCP #: [Redacted]

OPIS #: [Redacted]

Date of Pathology: [Redacted]

Pathology Specimen #/Site: 03: SLL12385 | Rt.

Original Report ER/PR: N | N

Mount Sinai ER/PR: 40 | 20

Recommendations: \_\_\_\_\_

\_\_\_\_\_ pt. informed

\_\_\_\_\_ started on femara in Oct. 05

\_\_\_\_\_ panel agrees with this

\_\_\_\_\_ treatment

Follow-up Physician: cc [Redacted]

Other Physicians: letted to [Redacted]

Family Doctor: Dr. [Redacted]

*Am. meted*

*Same as [Redacted]*

*Nov 15/05  
letted  
Dove*

*Nov. 12/06  
Postcard  
P  
All 14/05*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Nov. 17/05

Name: [Redacted]

MCP #: [Redacted]

OPIS #: [Redacted]

Date of Pathology: [Redacted]

Pathology Specimen #/Site: Q2: SS2504 | Left

*Mount Sinai*

Original Report ER/PR: N | N

Mount Sinai ER/PR: 70 AA | 41

Recommendations: \_\_\_\_\_

*Nov. 14/05  
Heather  
Done*

*already informed*

*Started on Premature Inhibition  
femara because she was  
reluctant to take Tamoxifen  
Panel agrees*

Follow-up Physician: [Redacted] - Koffel

Other Physicians: [Redacted]

Family Doctor: [Redacted]

*Jan. 13/06  
Referred to  
Dec. 18/05  
D*



↑↑

Acct#: Unit#: Status: DIS IN Location:  
Reg: 28/03/02 Disch: 30/03/02 MCP #:

Specimen: 02:SS2504 SOUT Received: 01/04/02-0824 Spec Type: SURGICAL

**ADDENDUM**

Addendum #3 Entered: 25/08/05-1534

CONSULTATION TO MOUNT SINAI HOSPITAL FOR IMMUNOHISTOCHEMICAL STUDIES (BL, G) SHOWS:

ESTROGEN RECEPTOR PROTEIN IS POSITIVE IN 70% OF CELLS USING THE ANTIBODY 6F11 AND THE LSAB PROCEDURE.

PROGESTERONE RECEPTOR PROTEIN IS POSITIVE IN LESS THAN 1% OF CELLS USING THE ANTIBODY PgR1294 AND THE LSAB PROCEDURE.

PLEASE SEE THE CONSULTATIVE REPORT.

FAX COPY TO DR.

Addendum Signed Signature on file

CARTER, BEVERLEY DR. 26/08/05

↑↑

Addendum #2

Entered: 19/08/05-1204

IMMUNOHISTOCHEMICAL STAINING FOR HER-2-NEU HAS BEEN CARRIED OUT AND SHOWS FAINT PARTIAL MEMBRANE STAINING IN ABOUT 10% OF CELLS (0). THIS RESULT IS INTERPRETED AS NEGATIVE.

PLEASE NOTE - HER-2-NEU GUIDELINES REVISED DEC. 10, 2004

STAINING INTENSITY SCORE	STAINING PATTERN	HER2 OVEREXPRESSION ASSESSMENT
0	No staining is present or partial membrane staining is present in less than 10% of malignant cells.	Negative
1+	Weak/barely perceptible membrane staining is present in greater than 10% of malignant cells, but the cells are only stained in part of their membrane.	Negative

↑↑

Addendum #1

Entered: 12/04/02-1030

## ER &amp; PR BY IMMUNOPEROXIDASE METHOD:

- ESTROGEN RECEPTORS: - NEGATIVE
  - PROGESTERONE RECEPTORS: - NEGATIVE
- (POSITIVE CONTROLS)

Addendum Signed Signature on file

VAZE, PRATIBHA DR. 12/04/02

**\*PATHOLOGICAL INTERPRETATION\***

## LEFT BREAST WITH AXILLARY NODES (LEFT MASTECTOMY):

- WELL TO MODERATELY DIFFERENTIATED DUCTAL CARCINOMA (SEE MICROSCOPIC DESCRIPTION),
- TWO TUMOURS, MEDIAL AND LATERAL; MEDIAL MEASURES 2.5 X 1.5 X 3 CMS,  
LATERAL MEASURES 1.5 X 2 X 1 CM.
- RESECTION MARGINS FREE OF TUMOUR,
- CARCINOMA IN-SITU PRESENT (CRIBRIFORM PATTERN),
- PERINEURAL INVASION - NEGATIVE,
- LYMPHATIC / VASCULAR INVASION - POSITIVE,
- LOBULAR CANCERIZATION - NEGATIVE,
- METASTASES TO LYMPH NODES (9 OUT OF 11 LYMPH NODES SHOW METASTATIC DISEASE).

TUMOUR SUMMARY:

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Nov. 17/05

Name: [Redacted]

MCP #: [Redacted]

OPIS #: [Redacted]

Date of Pathology: [Redacted]

Pathology Specimen #/Site: 01; 835654 | Left

Original Report ER/PR: N | N

Mount Sinai ER/PR: 20 | 1-2 %

Recommendations: \_\_\_\_\_

shd be offered  
Offered Tamoxifen - high risk of  
discontinuation - I.E. she can't  
tolerate -

*Mounted*

*Nov 17/05  
Heather  
Done  
HP*

Follow-up Physician: CC [Redacted] - letter [Redacted]

Other Physicians: [Redacted]

Family Doctor: CC [Redacted]

*Gen. M/C  
Podiatry  
P  
Res. 1/25  
D*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: NOV. 17/05

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: [REDACTED]

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 02: 8626 / Left

Original Report ER/PR: N 1 ~~N~~

Mount Sinai ER/PR: 70 1 5

Recommendations: \_\_\_\_\_

*Mount Sinai*

*PI extremely informed*

*Started on Transfer on*

*Aug 2005 + panel*

*agrees with this*

*letter done  
Nov 21/05*

Follow-up Physician: [REDACTED]

*letter*

Other Physicians: [REDACTED] - CC [REDACTED]

Family Doctor: [REDACTED]

*Don't know  
Kubacki  
see notes*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Nov. 17/05

Name: [Redacted]

MCP #: [Redacted]

OPIS #: [Redacted]

Date of Pathology: [Redacted]

Pathology Specimen #/Site: 99: 884355 1 Left

Original Report ER/PR: (M) N 1 25-3090

Mount Sinai ER/PR: 50 1 20

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*pt. informed*

*pt put on femara*

*pt now has metastasis disease*

*and placed on femara.*

*Panel agrees with this.*

*Monitored  
letter  
done  
Nov. 21/05  
[Signature]*

Follow-up Physician: [Redacted] - letter

Other Physicians: [Redacted] cc

Family Doctor: [Redacted]

*Monitored  
letter  
done  
Dec. 14/05*

## TUMOUR SUMMARY:

BREAST: - LEFT  
SPECIMEN: - SEGMENTAL MASTECTOMY + AXILLARY L.N. DISSECTION  
TUMOR: - INFILTRATING DUCTAL CARCINOMA  
LOCATION: - NOT SPECIFIED  
SCORE: - 7  
GRADE: - MODERATELY DIFFERENTIATED (G2)  
EXTENT: - TUMOUR OF ANY SIZE WITH EXTENSION TO CHEST WALL (pT4)  
TOTAL NUMBER OF LYMPH NODES: - 13  
LYMPH NODES: - NO REGIONAL LYMPH NODE METASTASIS (pN0)  
TUMOR SIZE: - 4.2 X 3.3 X 2.2 CM  
PERCENTAGE OF IN-SITU CARCINOMA: - 1 - 25%  
TYPE OF IN-SITU CARCINOMA: - SOLID  
PERINEURAL INVASION: - POSITIVE  
LYMPHATIC/VASCULAR INVASION: - POSITIVE  
LOBULAR CANCERIZATION: - NEGATIVE  
MARGINS: - FREE  
NIPPLE: - N/A  
pTNM: - pT4 N0M0

IMMUNOHISTOCHEMICAL STAIN FOR ESTROGEN AND PROGESTERONE RECEPTORS SHOW TUMOUR CELLS:

- NEGATIVE FOR ESTROGEN RECEPTORS
- POSITIVE FOR PROGESTERONE RECEPTORS IN 25 - 30% OF TUMOUR CELLS

Physician Panel Review: ER/PR Results

Date Patient Reviewed: NOV. 17/05

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: [REDACTED]

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 02: SS 3706 1 left *metastatic*

Original Report ER/PR:  N 1 N

Mount Sinai ER/PR:  60 1 41

Recommendations: \_\_\_\_\_

*letter done Nov. 21/05*

pt has metastatic disease

It recommends that she  
now be offered hormonal  
treatment for <sup>her</sup> metastatic  
metastatic

Follow-up Physician: [REDACTED] letter

Other Physicians: [REDACTED] - CC

Family Doctor: Dr. [REDACTED]

*copy of  
history of  
2011/12/15*



↑↑

ESTROGEN RECEPTOR PROTEIN IS POSITIVE IN 60% OF CELLS USING THE ANTIBODY 6F11 AND THE LSAB PROCEDURE.

PROGESTERONE RECEPTOR PROTEIN IS POSITIVE IN LESS THAN 1 % OF CELLS USING THE ANTIBODY PgR1294 AND THE LSAB PROCEDURE.

PLEASE SEE THE CONSULTATIVE REPORT.

FAX COPY TO DR.

Addendum Signed Signature on file

CARTER, BEVERLEY DR. 25/08/05

Addendum #3

Entered: 13/05/05-1517

REPEAT ESTROGEN AND PROGESTERONE RECEPTORS:

ESTROGEN RECEPTORS: - POSITIVE (GREATER THAN 90% OF INVASIVE NEOPLASTIC CELLS SHOW MODERATE TO STRONG NUCLEAR STAINING).

PROGESTERONE RECEPTORS: - POSITIVE (GREATER THAN 90% OF INVASIVE NEOPLASTIC CELLS SHOW WEAK TO MODERATE NUCLEAR STAINING).

Addendum Signed Signature on file

COOK, DONALD M. DR. 13/05/05

↑↓

Addendum #2

Entered: 21/08/02-1529

- IMMUNOHISTOCHEMICAL STAINING FOR HER-2-NEU IS NEGATIVE, (STAINING DONE AS PER FOLLOWING GUIDELINES)

The HCCSJ uses the interpretation guidelines as recommended by the DAKO Herceptest, which is the FDA and CSA approved testing method for Her2/neu overexpression. The guidelines are as follows:

STAINING INTENSITY SCORE	STAINING PATTERN	HER2 OVEREXPRESSION ASSESSMENT
0	No staining is present or partial membrane staining is present in less than 10% of malignant cells.	Negative
1+	Weak/barely perceptible membrane staining is present in greater than 10% of malignant cells, but the cells are only stained in part of their membrane.	Negative

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Nov. 17/05

Name: [Redacted]

MCP #: [Redacted]

OPIS #: [Redacted]

Date of Pathology: [Redacted]

*M. ...*

Pathology Specimen #/Site: 01: 367761 | Rt.

Original Report ER/PR: N | N

Mount Sinai ER/PR: 40 | C1

Recommendations: \_\_\_\_\_

*Latest Bone Nov. 21/05*

*P1 informed*

*previously Pt. on femora for*

*Metastatic disease. Panel*

*agrees*

Follow-up Physician: [Redacted] Dr. [Redacted]


Other Physicians: [Redacted]

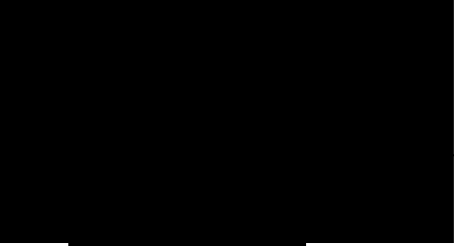
Family Doctor: Dr. [Redacted] CC

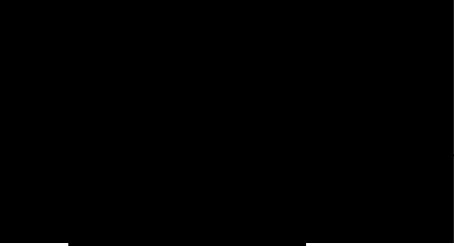
*[Redacted]*

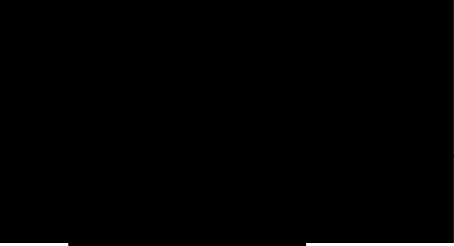
*Can't refer to ...*


Physician Panel Review: ER/PR Results

Date Patient Reviewed: NOV. 17/05 

Name: 

MCP #: 

OPIS #: 

Date of Pathology:  98/1900

Pathology Specimen #/Site: 98: S69137 1 ?

Original Report ER/PR: N 1 N

Mount Sinai ER/PR: 65 1 4/



Recommendations: \_\_\_\_\_

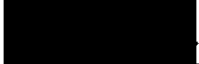
*Mount Sinai*


*Let her know  
Nov. 21/05  
Dr*

*Panel*

*If you wish us to review  
Mrs Lady's clinician  
situation - please send  
us full information you*

*ca call Dr.  of *

Follow-up Physician: ?  *Find out family doctor and write*

Other Physicians: Dr. 

Family Doctor: \_\_\_\_\_

*Dr *

*Complete  
family  
to  
Dec 1/05*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: NOV. 17/05

Name: \_\_\_\_\_ [Redacted]

MCP #: \_\_\_\_\_ [Redacted]

OPIS #: \_\_\_\_\_ [Redacted]

Date of Pathology: \_\_\_\_\_ [Redacted]

Pathology Specimen #/Site: 00:8021190 1 ~~W~~ Left

Original Report ER/PR: 10-15 9701 10-15 970

Mount Sinai ER/PR: 70 B0 1 W030

Recommendations: \_\_\_\_\_

*The Panel notes sheet*

*From review didn't follow up in the past but she may be considered for an appointment J.N.B. 10/11*

[Redacted]

*minutes -*

*acc. 2/05  
Lester/Pan  
DJ*

Follow-up Physician: *W* [Redacted] *Walter* [Redacted]

Other Physicians: *Pr.* [Redacted]

Family Doctor: *✓* [Redacted]

*cc: [Redacted]  
Jan 17/06  
Lester/P  
see 15*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: NOV. 17/05

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: [REDACTED]

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 01: SS 3677 | Left

Original Report ER/PR: 20% | NO

Mount Sinai ER/PR: 80 | 5

*Mount Sinai*

Recommendations: \_\_\_\_\_

prev. treated Tamoxifen.

No change in treated.

*Nov. 21/05  
Letter  
Panc  
OP*

Follow-up Physician: [REDACTED] - letter

Other Physicians: [REDACTED]

Family Doctor: [REDACTED]

*Final  
Report  
Dec. 16/05*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: NOV. 17/05

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: [REDACTED]

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 02: 858749 1 Rt.

Original Report ER/PR: N 1 N

Mount Sinai ER/PR: ✓ 60 1 10<sup>010</sup>

*Mount Sinai*

Recommendations: \_\_\_\_\_

*Nov 21/05  
OP*

*Panel recom pt  
to be pt on Tamoxifen.*

Follow-up Physician: [REDACTED] - Letter

Other Physicians: [REDACTED] - cc

Family Doctor: [REDACTED] - cc

*Nov 17/05  
forwarded  
per. 18*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Nov. 17/05

Name: [Redacted]

MCP #: [Redacted]

OPIS #: [Redacted]

Date of Pathology: [Redacted]

*M. m. 2005*

Pathology Specimen #/Site: 03: SS 1592 12 Left.

Original Report ER/PR: N 1 N

Mount Sinai ER/PR: ~~0~~ 50 1 ~~0~~ 0

Recommendations: \_\_\_\_\_

*High risk of recurrence.  
Offer Tamoxifen.*

Follow-up Physician: [Redacted] Letter

Other Physicians: [Redacted] CC

Family Doctor: [Redacted] CC

*Don't  
Call  
11/18/05*



↑↑

HEALTH CARE CORPORATION OF ST. JOHN'S  
ST. JOHN'S, NEWFOUNDLAND  
CANADA

Name:		Age/Sex:	Attend Dr:	OR
Acct#:	Unit#:	Status: DIS IN	Location:	
Reg: 27/02/03	Disch: 28/02/03		HCP #:	

Specimen: 03:SS1592      SOUT      Received: 28/02/03-0753      Spec Type: SURGICAL

## ADDENDUM

Addendum #3      Entered: 10/11/05-1235

CONSULTATION TO MOUNT SINAI HOSPITAL FOR IMMUNOHISTOCHEMICAL STUDIES (BL. 2D - LEFT BREAST)  
SHOWS:

ESTROGEN RECEPTOR PROTEIN IS POSITIVE IN 50% OF CELLS USING THE ANTIBODY 6F11 AND THE LSAB  
PROCEDURE.

PROGESTERONE RECEPTOR PROTEIN IS POSITIVE IN 0% OF CELLS USING THE ANTIBODY PgR1294 AND THE  
LSAB PROCEDURE.

↑↑

Addendum #2

Entered: 05/10/05-1658

THIS SPECIMEN HAS BEEN RETESTED AT MOUNT SINAI HOSPITAL FOR IMMUNOHISTOCHEMICAL STUDIES (BL.1A) AND SHOWS:

ESTROGEN RECEPTOR PROTEIN IS SEEN IN 10% OF CELLS USING THE ANTIBODY 6F11 AND THE LSAB PROCEDURE. PREVIOUS REPORT FROM HEALTH CARE CORPORATION OF ST. JOHN'S DATED JUNE 5, 2003 WAS REPORTED AS ESTROGEN RECEPTOR NEGATIVE.

PROGESTERONE RECEPTOR PROTEIN IS SEEN IN 0% OF CELLS USING THE ANTIBODY PGR1294 AND THE LSAB PROCEDURE. PREVIOUS REPORT FROM THE HEALTH CARE CORPORATION OF ST. JOHN'S DATED JUNE 5, 2003, WAS REPORTED AS PROGESTERONE RECEPTOR NEGATIVE.

Addendum Signed Signature on file

COOK, DONALD M. DR. 06/10/05

Addendum #1

Entered: 05/06/03-0901

- IMMUNOHISTOCHEMICAL STAINING FOR ESTROGEN AND PROGESTERONE RECEPTORS ON BOTH SPECIMENS ONE AND TWO (RIGHT BREAST AND LEFT BREAST) IS NEGATIVE.

Addendum Signed Signature on file

ELMS, FORD J. DR. 12/06/03

ER/PR Retesting

Site Desc.	Sp. Date	Spec #	DAKO ER	DAKO PR	Ventana ER	Ventana PR	MS ER	MS PR	Tamoxifen Note	Physician
BREAST UNSPEC RIGHT	21/06/01	01:SU8252			P	P	90	40		[REDACTED]
BREAST OVLAP RIGHT	31/10/00	00:SS5519	N	N	90%	80%	75	25	Yes	
BREAST UOQ LEFT	30/09/02	02:SS7385	1%	1-2%	P	P	60	20		
BREAST, MALE	24/08/01	01:CY34049	N	20-30%			70	10	Femara	
BREAST UOQ RIGHT	28/08/03	03:SU12385	N	N	N	N	40	20		
BREAST OVLAP LEFT SIDE	01/04/02	02:SS2504	N	N	75%	75%	<1	<1		
BREAST OVLAP LEFT	30/07/01	01:SS5654	N	N			20	1-2%		
BREAST, CENTRL, LEFT	23/02/01	01:SS1561	<5%	<5%			60(60)	<1		
BREAST, NOS, LEFT	17/06/02	02:SU8626	N	P	10%	100%	70	5	No	
BREAST UOQ LEFT	21/10/99	99:SS4355			P	P	50	20	No	
BREAST, NOS, LEFT	13/05/02	02:SS3708	N	N	P	P	60	<1		
BREAST UNSPEC RIGHT	12/06/01	01:SU7761	N	N	80%	10%	40	<1		
BREAST UOQ LEFT	16/05/01	01:SS3677	20%	N			80	5		
BREAST OVLAP LEFT	12/06/01	01:SU7762	N	5-10%			50	1-2%		
BREAST, NOS, LEFT	28/02/03	03:SS1592	N	N				10		
BREAST, NOS, RIGHT	02/12/02	02:SS8749	N	N	1%	1%				
	22/10/02	02:SS7562	N	N	80%	10%				
	18/11/98	98:SU9137	N	N			65	<1	No	
BREAST, NOS, LEFT	09/01/02	02:SU343	N	30%			60	50		
BREAST, UIQ, LEFT	10/02/00	00:SU1190	10-15%	10-15%			30	20		
BREAST, UIQ, RIGHT	07/11/01	01:SU14727	N	80%			40	60		