

As a result of the gains made in the assessment of breast cancer risk and diagnosis of breast disease and with the addition of prognostic information for treatment planning, physicians are turning to laboratories that provide expertise in breast pathology testing. Pathology, Inc. provides the expertise required to incorporate new technologies and provide comprehensive information for treatment planning.

### Risk Assessment

- Halo® Pap Test
  - Nipple aspirate fluid (NAF) cytologic analysis
  - Assists in breast cancer risk assessment
  - Collected in Cytolyte® fixative provided by Pathology, Inc

### Diagnosis

- Fine Needle Aspiration (FNA)
- Core biopsies
- Utilization of extensive IHC library and leading edge IHC panels for difficult cases

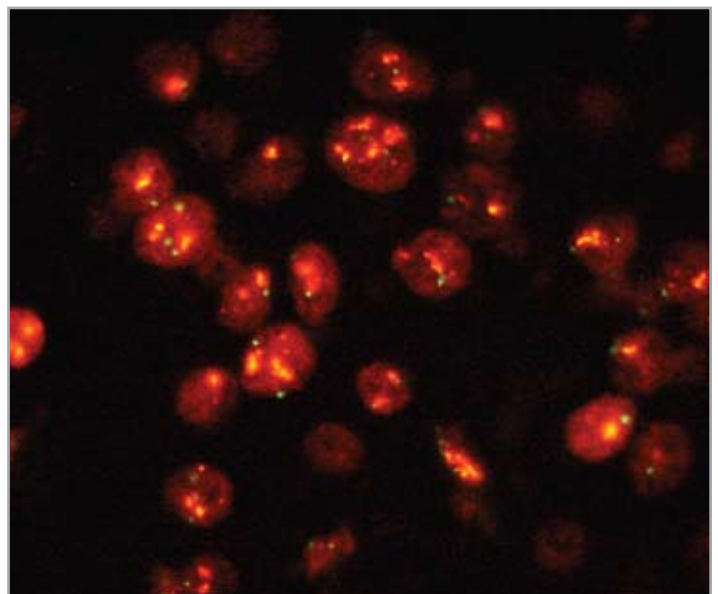
### Prognosis

- Estrogen and Progesterone receptors
- HER2neu by IHC and FISH performed in-house
- Ki-67


Pathology, Inc. utilizes state-of-the-art image analysis technology for quantification of IHC proteins resulting in accurate and consistent test results.

### Value-Added Services:

- HALO® Pap Tests and FNAs diagnosed by experienced cytology staff
- All malignancies confirmed by second internal pathologist
- Consultations available upon request by phone or Web-based, digital slide conferencing
- 24 to 48 hour TAT
- On-line ordering and reports available via Web, directly to EMR, fax, remote color printers, or overnight delivery
- Customer service, courier, and field service support
- In-house billing provides support to work with patients and their insurance companies
- Contracts with major insurance companies



FOR MORE INFORMATION,  
**877-922-7284**  
call us at our toll-free number



19951 Mariner Ave., Suite 150  
Torrance, CA 90503  
877-922-PATH (7284)  
(fax) 310-380-7165  
www.pathologyinc.com

### PATHOLOGY REPORT

Pathology Inc. Study  
19951 MARINER AVE #150  
TORRANCE, CA 90503  
310/769-0561  
Acct: 817  
-427

---

<b>Case No:</b> PI-9999-07 (P07999971)	<b>Collected:</b> 09/24/2009
<b>Name:</b> DOE, JANE	<b>Received:</b> 09/25/2009 03:45 PM
<b>Sex:</b> F <b>Age:</b> 52 <b>DOB:</b> 04/28/1957	<b>Reported:</b> 10/01/2009 04:10 PM
<b>Clinician:</b> DR. JOHN DOE	

---

ADDENDUM REPORT - October 1, 2009

**DIAGNOSIS:**

**Left breast mass, core biopsy;**  
 Invasive ductal carcinoma, moderately differentiated, Nottingham histology grade 2 (tubal formation = 3, nuclear pleomorphism = 2, and mitotic count = 2).  
 Ductal carcinoma in-situ grade 2.  
 No lymphovascular invasion is seen.  
 Microcalcifications are identified.  
 Prognostic studies: ER/PR, Ki-67, and HER2/neu by FISH are pending.

**NOTE:**

Dr. John Doe's office was notified of these findings on 9/26/09.


This case was discussed with Dr. Alessandro De Vito, who concurs with the diagnosis.

Nathash Kallichanda, M.D.

## Comprehensive Information for Better Treatment Planning

Clear and concise comprehensive information guides treatment planning

All malignancies confirmed by second pathologist resulting in better patient care



19951 Mariner Ave., Suite 150  
Torrance, CA 90503  
877-922-PATH (7284)  
(fax) 310-380-7165  
www.pathologyinc.com

### PATHOLOGY REPORT

Pathology Inc. Study  
19951 MARINER AVE #150  
TORRANCE, CA 90503  
310/769-0561  
Acct: 817  
-427

---

<b>Case No:</b> PI-9999-07 (P07999971)	<b>Collected:</b> 09/24/2009
<b>Name:</b> DOE, JANE	<b>Received:</b> 09/25/2009 03:45 PM
<b>Sex:</b> F <b>Age:</b> 52 <b>DOB:</b> 04/28/1957	<b>Reported:</b> 10/01/2009 04:10 PM
<b>Clinician:</b> DR. JOHN DOE	

---

ADDENDUM REPORT - October 1, 2009

HER2 by Fluorescence In Situ Hybridization (FISH) was performed on the patient's breast tissue with the following results:  
 Interpretation: NOT AMPLIFIED  
 Comment: Analysis was performed on the invasive component.  
 A copy of this report will accompany this supplemental report.

Nathash Kallichanda, M.D.  
 NK:dah

ADDENDUM REPORT - September 29, 2009

Breast Cancer Prognostic Panel by ACIS Assisted Quantitative Image Analysis was performed with the following results:  
 Estrogen Receptor - 98% Favorable  
 Progesterone Receptor - 53% Favorable  
 Ki-67 - 63% Unfavorable  
 HER2/Neu - PENDING FISH; REPORT TO FOLLOW  
 Please see attached report.

Nathash Kallichanda, M.D.  
 NK:dah

**SITE:** LT BREAST MASS  
**GROSS DESCRIPTION:**  
 The specimen consists of four cores of tissue ranging in size from 1.5 to 2.1 cm. TS. (HS:dah)

**MICROSCOPIC DESCRIPTION:**  
 Sections show fragments of breast tissue with moderately differentiated invasive ductal carcinoma occupying 80 percent of the biopsy. The tumor is characterized by pleomorphic tumor cells with high nuclear to cytoplasmic ratio and enlarged hyperchromatic irregular nuclei present in nests, cords, and sheets. There is no tubal formation. The nuclei show moderate pleomorphism with occasional nucleoli. Eight mitoses are identified per 10 high-power field. Small foci of intermediate grade ductal carcinoma in-situ are present within the invasive component (0.1 cm). Multiple foci of microcalcification are seen. No lymphovascular invasion is seen.


Page 1 of 2

Medical Directors  
Alfred Lui, MD  
Eric F. Glassy, MD

Richard R. Ellis, MD  
Diane Tam-Singer, MD  
Alessandro De Vito, MD

Robert K. Schmidt, MD  
Mary Beth Shwayder, MD  
Hany Halawa, MD

Si V. Nguyen, MD  
Robin A. Moore, MD



200909172331

Digital-assisted quantitative image analysis for IHC ensures accurate and consistent interpretive results\*