

1CD-0-3

Carcinoma, mucinous/papillary 8480/3

Path: Site: breast, upper outer quadrant C50.4
C50.4 breast, NOS C50.4

2/1/11

Fax:

Clinical Case Report

(For Collection of Cancerous Tissue)

 UID: ACA68606-681C-427F-8923-77BAA7390795
 TCGA-C8-A1HL-01A-PR

Redacted



Informed Consent

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cases (circle)	QUALIFIED	DISQUALIFIED
Reviewed by	Date reviewed: 2/1/11	

I personally informed this patient that a specimen(s) would be collected to be used for research purposes. I reviewed the FORM with the patient and answered any questions the patient had. The patient then signed the consent form as a free and voluntary act. A copy of this informed consent document will be retained at our institution.

Name of Physician or Study Coordinator

Signature

Date

Clinical Information

GENERAL INFORMATION				
Date of Birth (mm/dd/yyyy)	Height 1.58m	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Race	Temperature 37.0 C
Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Weight 51kg		Blood Pressure 110/60 mmHg	Heart Rate 65 bpm

HISTORY OF PRESENT ILLNESS
Chief Complaints: Tumor in the left breast.
Symptoms: Patient found a tumor in the left breast 10 days ago.
Clinical Findings: In the upper-outer quadrant has a 4.5 cm, irregular, firm-based tumor. Axillary lymph nodes are small.
Performance Scale (Karnofsky Score): <input type="checkbox"/> 100 Asymptomatic <input type="checkbox"/> 80-90 Symptomatic but Fully Ambulatory <input type="checkbox"/> 60-70 Symptomatic, in bed less than 50% of day <input type="checkbox"/> 40-50 Symptomatic, in bed more than 50% of day, but not bed ridden <input type="checkbox"/> 20-30 Bed Ridden

CURRENT MEDICATIONS				
Drug	Dose	Route	Frequency	Date (mm/dd/yyyy)
				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /

PAST MEDICAL HISTORY			
Diagnosis/Disease/Disorder/Injury	Diagnosis Date	Treatment	Status
Ovarian Cyst	2003	Surgery	

OB/GYN HISTORY			
Menopausal Status	Date of First Menses	# of Pregnancies	
<input checked="" type="checkbox"/> Pre-menopausal	years old		
<input type="checkbox"/> Peri-Menopausal	Date of Last Menses	# of Live Births	
<input type="checkbox"/> Post-menopausal			
Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> IUD <input type="checkbox"/> Other: NG			Hormone Replacement Therapy:

SOCIAL HISTORY				
Occupation:		Environmental Hazards:		
Smoking History				
Current Status	TYPE	Packs/day	Duration	When Quit
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)
Alcohol Consumption				
Current Status	TYPE	Drinks/day	Duration	When Quit
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)
Drug Use				
Current Status	TYPE	Frequency	Duration	When Quit
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)

FAMILY MEDICAL HISTORY		
Relative	Diagnosis	Age of Diagnosis
	Nobody has cancer	

LAB DATA						
Test	Result	Date	Test	Result	Date	
HIV	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive:		CEA	<input type="checkbox"/> Negative <input type="checkbox"/> Positive:		
Hep B	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive:		CA 15-3	<input type="checkbox"/> Negative <input type="checkbox"/> Positive:		
Hep C	<input type="checkbox"/> Negative <input type="checkbox"/> Positive:		CA 19-9	<input type="checkbox"/> Negative <input type="checkbox"/> Positive:		
AFP	<input type="checkbox"/> Negative <input type="checkbox"/> Positive:		PSA	<input type="checkbox"/> Negative <input type="checkbox"/> Positive:		
Other:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive:		Other:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive:		
B/T Cell Markers:						

DIAGNOSTIC STUDIES		
Study	Results	Date
Ultrasound	/ Normal	
X-Ray		
CT		
Endoscopy		
MRI		
Biopsy		

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
Left breast cancer		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
Left Axilla	NO	
Clinical Staging		Date of Diagnosis
T ₂ N ₁ M ₀ Stage: II B		

Treatment Information

SURGICAL TREATMENT			
Procedure		Date of Procedure	
Patey's surgery			
Primary Tumor			
Organ	Detailed Location	Size	
Breast	Upper-outer quadrant	4.5 x 6 x cm	
Extension of Tumor			
NO			
Lymph Nodes			
Description	Location of Lymph Nodes	# of Lymph Nodes	
Palpable, Non-Dissected Lymph Nodes	Axilla	9	
Dissected Lymph Nodes			
Distant Metastasis			
Organ	Detailed Location	Size	
NO			
Surgical Staging			
T ₃	N ₁	M ₀	Stage: IIIA

NEOADJUVANT THERAPY (Chemo, Radiation, Immuno, Hormonal, or Molecular)				
Drug/Treatment	Dose	Route	Frequency	Date (mm/dd/yyyy)
NO				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /

Pathology Form

Specimen Information

Collected by: _____ Date: _____ Time: _____

Preserved by: _____ Date: _____ Time: _____

SPECIMEN TYPE (# of samples provided)					
Frozen		Paraffin Block		Blood/Serum/Plasma	
Diseased	Normal	Diseased	Normal	Diseased	Normal
X	✓	✓	✓		
Time to LN2		Time to Formalin		Time to LN2	
10 min		10 min		60 min	

PATHOLOGICAL DESCRIPTION			
Primary Tumor			
Organ	Size	Extension of Tumor	Distance to NAT
Breast	6 x 4.5 x cm	NO	2 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Axilla	9	1	
Distant Metastasis			
Organ	Detailed Location	Size	
NO			
Pathological Staging			
pT ₃ N ₁ M ₀		Stage: IIIA	
Notes:			

CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM*

Microscopic Appearance:

1. Histological pattern:

CELL DISTRIBUTION				STRUCTURAL PATTERN			
	+	-			+	-	
Diffuse				Streaming			
Mosaic			X	Storiform			
Necrosis			X	Fibrosis			
Lymphocytic Infiltration			X	Palisading			
Vascular Invasion			X	Cystic Degeneration			
Clusterized			X	Bleeding			
Alveolar Formation			X	Myxoid Change			
Indian File			X	Pseudomoma/Calcification			

2. Cellular features:

Squamous	+	-	Adenomatous	+	-	Sarcomatous	+	-	Lymphomatous	+	-
Squamoid Cell			Glandular cell	X		Round Cell			Large Cell		
Spindle Cell			Cell Stratification	X		Fibroblast			Small Cell		
Keratin			Secretion	X		Osteoblast			RS Cell/RS Like		
Desmosome			Intracyt. Vacuole	X		Lipoblast			Inflam. Cell		
Pearl			Gland formation	X		Myoblast			Plasma Cell		
Otherwise Specified: <u>D1 80%, D2 80%, D3 80%, D4 80%</u>											

2. Cellular Differentiation:

Well	Moderately	Poor
	X	

3. Nuclear Atypia:

Nuclear Appearance	0	I	II	III
Aniso Nucleosis		X		
Hyperchromatism			X	
Nucleolar Prominent		X		
Multinucleated Giant Cell			X	
Mitotic Activity			X	
Nuclear Grade				
			X	

Histological Diagnosis:

Infiltrating
Mucinous-Papillary Ductal Carcinoma

Comments:

G 2

Date

STAFF FOR RESEARCH USE ONLY).

*(INTEGRATED REPORT OF FINDINGS BY CONTRIBUTOR)