

1CD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Path: Site: breast, upper outer quadrant C50.4
CQCF breast, NOS C50.9

2/1/11

hw

IRB APPROVED

Initial Case Report (For Collection of Cancerous Tissue)

UWID:11F98715-1482-4D7D-9102-E362634806A7

TCGA-C8-A1HJ-01A-PR

Redacted



Informed Consent

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HPV Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle): QUALIFIED DISQUALIFIED		
Reviewed by: [Signature] Date Reviewed: 5/31/11		

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	Marital Status	Race	Temperature
	1.50m	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		37.0 C
Gender	Weight	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Blood Pressure	Heart Rate
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	51kg		120/80 mmHg	98 bpm

HISTORY OF PRESENT ILLNESS	
Chief Complaints:	Tumor in the right breast
Symptoms:	Patient found a mass in the right breast 2 months ago. No other symptoms.
Clinical Findings:	In the upper-outer quadrant has 3x4cm tumor. Axillary nodes are small and soft.
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 / /
N/D				/ /	To / /
				/ /	To / /
				/ /	To / /
				/ /	To / /

PAST MEDICAL HISTORY			
Diagnosis/Disease/Disorder/Injury	Diagnosis Date	Treatment	Status
Healthy			

OB/GYN HISTORY		
Menopausal Status	Date of First Menses	# of Pregnancies
<input type="checkbox"/> Pre-menopausal	years old	
<input checked="" type="checkbox"/> Peri-Menopausal	Date of Last Menses	# of Live Births
<input type="checkbox"/> Post-menopausal	years old	
Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> IUD <input type="checkbox"/> Other: NO		<input type="checkbox"/> 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		
Right breast Cancer		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
Axilla	NO	
Clinical Staging		Date of Diagnosis
T _{4b} N ₁ M ₀ Stage: III B		

Treatment Information

SURGICAL TREATMENT			
Procedure			Date of Procedure
Mastectomy			
Primary Tumor			
Organ	Detailed Location	Size	
Breast	Upper-outer quadrant	2.5x	x cm
Extension of Tumor			
NO			
Lymph Nodes			
Description	Location of Lymph Nodes	# of Lymph Nodes	
Palpable, Non-Dissected Lymph Nodes	Axilla	10	
Dissected Lymph Nodes			
Distant Metastasis			
Organ	Detailed Location	Size	
NO			
Surgical Staging			
T _{4b} 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		Slide	
Diseased	Normal	Diseased	Normal	Diseased	Normal	Diseased	Normal
X	✓	✓	✓			✓	✓
Time to LN2		Time to Formalin		Time to LN2			
10 min		10 min		10 min			

PATHOLOGICAL DESCRIPTION			
Primary Tumor			
Organ	Size	Extension of Tumor	Distance to NAT
Breast	2.5 x cm	NO	2 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Axilla	10	0	
Distant Metastasis			
Organ	Detailed Location	Size	
NO			
Pathological Staging			
pT ₂ N ₀ M ₀		Stage: II	
Notes:			

CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM*

Microscopic Appearance:

1. Histological pattern:

CELL DISTRIBUTION		+	-	STRUCTURAL PATTERN		+	-
Diffuse			<input checked="" type="checkbox"/>	Streaming			
Mosaic		<input checked="" type="checkbox"/>		Storiform			
Necrosis		<input checked="" type="checkbox"/>		Fibrosis			
Lymphocytic Infiltration		<input checked="" type="checkbox"/>		Palisading			
Vascular Invasion			<input checked="" type="checkbox"/>	Cystic Degeneration			
Clusterized		<input checked="" type="checkbox"/>		Bleeding			
Alveolar Formation		<input checked="" type="checkbox"/>		Myxoid Change			
Indian File			<input checked="" type="checkbox"/>	Pseudomoma/Calcification			

2. Cellular features:

Squamous	+	-	Adenomatous	+	-	Sarcomatous	+	-	Lymphomatous	+	-
Squamous Cell			Glandular cell	<input checked="" type="checkbox"/>		Round Cell			Large Cell		
Spindle Cell			Cell Stratification	<input checked="" type="checkbox"/>		Fibroblast			Small Cell		
Keratin			Secretion	<input checked="" type="checkbox"/>		Osteoblast			RS Cell/RS Like		
Desmosome			Intracyt. Vacuole	<input checked="" type="checkbox"/>		Lipoblast			Inflam. Cell		
Pearl			Gland formation		<input checked="" type="checkbox"/>	Myoblast			Plasma Cell		

Otherwise Specified:

D1: 80% D2: 80% D3: 80% D4: 70%

Necrosis 10%

2. Cellular Differentiation:

Well	Moderately	Poor
		<input checked="" type="checkbox"/>

3. Nuclear Atypia:

Nuclear Appearance	0	I	II	III
Aniso Nucleosis				<input checked="" type="checkbox"/>
Hyperchromatism				<input checked="" type="checkbox"/>
Nucleolar Prominent				<input checked="" type="checkbox"/>
Multinucleated Giant Cell				<input checked="" type="checkbox"/>
Mitotic Activity				<input checked="" type="checkbox"/>
Nuclear Grade				
				II

Histological Diagnosis: Infiltrating Ductal Carcinoma NOS, G-3

Comments: _____

Date

STAFF FOR RESEARCH USE ONLY).

*(INTEGRATED REPORT OF FINDINGS BY CONTRIBUTOR)