

100-0-3
Carcinoma, infiltrating duct, no: 8500/3
Site: breast, nos C50.9 lw 5/24/11

UUID: 929AB6C9-5880-4E37-A2B4-9FC1F9099437
TCGA-C8-A26V-01A-PR

Redacted



IRB APPROVED
MULTI-MEDIA SYSTEMS, INC.
Form Revised

cal Case Report (For Collection of Cancerous Tissue)

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"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewed by:	RMM	
Date Reviewed:	5/23/11	

I personally informed this patient that a specimen(s) would be collected to be used for research purposes. I reviewed the **RESEARCH SUBJECT INFORMATION AND CONSENT 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
		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		
Gender	Weight	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Blood Pressure	Heart Rate
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female				

HISTORY OF PRESENT ILLNESS	
Chief Complaints:	pain in the breast; nipple retraction.
Symptoms:	
Clinical Findings:	A tumour was found is under the nipple; lump in the armpit.
Performance Scale (Karnofsky Score):	
<input type="checkbox"/> 100 Asymptomatic <input checked="" 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

OB/GYN HISTORY			
Menopausal Status <input type="checkbox"/> Pre-menopausal <input checked="" type="checkbox"/> Peri-Menopausal <input type="checkbox"/> Post-menopausal	Date of First Menses		# of Pregnancies
	13 years old		02
	Date of Last Menses		# of Live Births
Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input checked="" type="checkbox"/> IUD <input type="checkbox"/> Other:			<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

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 checked="" 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		
X-Ray		
CT		
Endoscopy		
MRI		
Biopsy <i>x</i>	<i>Breast cancer</i>	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
Location of Suspected Involved Lymph Nodes		Location of Suspected Distant Metastasis
Clinical Staging <i>T₃ N₂ M₀</i>		Date of Diagnosis
Stage: <i>IIA</i>		

Treatment Information

SURGICAL TREATMENT			
Procedure <i>Modified Radical Mastectomy</i>			Date of Procedure
Primary Tumor			
Organ <i>Right tumor of the breast</i>	Detailed Location <i>Central portion</i>	Size <i>5 x 4 x 4 cm</i>	
Extension of Tumor			
Lymph Nodes			
Description	Location of Lymph Nodes	# of Lymph Nodes	
Palpable, Non-Dissected Lymph Nodes			
Dissected Lymph Nodes			
Distant Metastasis			
Organ	Detailed Location	Size	
Surgical Staging			
<i>T₃ N₂ M₀</i> Stage: <i>IIA</i>			

NEOADJUVANT THERAPY (Chemo, Radiation, Immuno, Hormonal, or Molecular)				
Drug/Treatment	Dose	Route	Frequency	Date (mm/dd/yyyy)
				/ / 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
4	2	4	2			4	2
Time to LN2		Time to Formalin		Time to LN2			
12 min		13 min					

PATHOLOGICAL DESCRIPTION			
Primary Tumor			
Organ	Size	Extension of Tumor	Distance to NAT
Breast Tumor	5 x 4 x 4 cm	central portion	5 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Distant Metastasis			
Organ	Detailed Location	Size	
Pathological Staging			
pT ₃ N ₂ M ₀		Stage: III	
Notes:			
Breast nodes 8 (positive 5, negative 3) 2 catenae node (M ₁ , M ₂) in nitrogech			

Microscopic Description

Histological Pattern									
Cell Distribution					Structural Pattern				
	+	-					+	-	
Diffuse	+				Streaming				
Mosaic					Storiform				
Necrosis					Fibrosis				
Lymphocytic Infiltration	+				Palisading				
Vascular Invasion					Cystic Degeneration				
Clusterized					Bleeding				
Alveolar Formation					Myxoid Change				
Indian File					Psammoma/Calcification				

Cellular Differentiation															
Squamous				Adenomatous				Sarcomatous				Lymphomatous			
	+	-		+	-		+	-		+	-		+	-	
Squamoid Cell			Glandular cell	+		Round Cell			Large Cell						
Spindle Cell			Cell Stratification			Fibroblast			Small Cell						
Keratin			Secretion			Osteoblast			RS Cell/RS Like						
Desmosome			Intracyt. Vacuole			Lipoblast			Inflam. Cell						
Pearl			Gland formation	+		Myoblast			Plasma Cell						

Cellular Differentiation:				Well	Moderate	<input checked="" type="checkbox"/> Poor
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Nuclear Appearance				
Nuclear Atypia:	0	I	II	III
Aniso Nucleosis		+		
Hyperchromatism			+	
Nucleolar Prominent			+	
Multinucleated Giant Cell			+	
Mitotic Activity			+	

Nuclear Grade:			
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IHC Data			
Marker	Result	Value	Date
ER	<input type="checkbox"/> Negative <input type="checkbox"/> Positive		
PR	<input type="checkbox"/> Negative <input type="checkbox"/> Positive		
Her-2/neu	<input type="checkbox"/> Negative <input type="checkbox"/> Positive		
B-Cell Marker	<input type="checkbox"/> Negative <input type="checkbox"/> Positive		
T-Cell Marker	<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		

Final Pathology Report

Histological Diagnosis: Infiltrating ductal carcinoma
(moderately differentiated) Grade: II

Comments: breast nodes = 8 (positive 5, Negative 3)
(M1, M2 positive)

Principal Investigator

Pathologist

Date

CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM*

Microscopic Appearance:

1. Histological pattern:

CELL DISTRIBUTION				STRUCTURAL PATTERN			
	+	-			+	-	
Diffuse				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"/>		Psammoma/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 70% D₂ 70% D₃ 70% D₄ 70%, Necrosis

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			<input checked="" type="checkbox"/>	

Histological Diagnosis: Infiltrating ductal carcinoma, NST, G-2

Comments: M, M₂: carcinoma metastasized to LN.

Date

Director, Research Pathology

*(INTEGRATED REPORT OF FINDINGS BY CONTRIBUTOR AND

PATHOLOGIST STAFF FOR RESEARCH USE ONLY).