

ICD-O-3

Carcinoma, infiltrating, ductal, NOS 8500/3

Site: breast, NOS C50.9

2/11
lw

IRB APPROVED

1

Clinical Case Report (For Collection of Cancerous Tissue)

UUID: 4DAF6DB8-5429-4B39-B103-D4317166D05B

TCGA-C8-A1HM-01A-PR

Redacted



Informed Consent

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Calets (circle):	QUALIFIED	DISQUALIFIED
Reviewed/Initials:	Date Reviewed: 2/11/11	

I personally informed this patient that a specimen(s) would be collected to be used for research purposes. I reviewed the

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 of Study Coordinator

Signature

Date

Clinical Information

GENERAL INFORMATION					
Date of Birth (mm/dd/yyyy)	Height	Marital Status	Race	Temperature	
	1 m 54	<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	49 kg			121/7	

HISTORY OF PRESENT ILLNESS					
Chief Complaints: A lump was found in the left breast, painless					
Symptoms:					
Clinical Findings: A tumor was found in the left breast, lump was found 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	Date of First Menses	# of Pregnancies
<input type="checkbox"/> Pre-menopausal	Don't remember	05
<input type="checkbox"/> Peri-Menopausal	Date of Last Menses	# of Live Births
<input checked="" type="checkbox"/> Post-menopausal	Don't remember	05
Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input 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 ✓	breast cancer	

CLINICAL DIAGNOSIS

Preoperative Clinical Diagnosis

Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis
Clinical Staging	Date of Diagnosis
T 2 N 0 M 0	Stage: II

Treatment Information

SURGICAL TREATMENT

Procedure	Date of Procedure	
Modified Radical Mastectomy Primary Tumor		
Organ	Detailed Location	Size
Breast tumor	left	3 x 2.5 x cm
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		
T 2 N 0 M 0	Stage:	II

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: _____ me: /

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		min		

PATHOLOGICAL DESCRIPTION							
Primary Tumor							
Organ	Size		Extension of Tumor		Distance to NAT		
Breast Tumor	2.5	x	2	x	cm	left	6 cm
Lymph Nodes							
Location	# Examined			# Metastasized			
Distant Metastasis							
Organ	Detailed Location			Size			
Pathological Staging							
pT ₂	N ₀	M ₀		Stage: II			
Notes:							
breast nodes (2 negative)							

CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM*

Microscopic Appearance:

1. Histological pattern:

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

2. Cellular features:

Squamous	+	-	Adenomatous	+	-	Sarcomatous	+	-	Lymphomatous	+	-
Squamous 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:	$D_1 50\% D_2 5\% (+\text{Neuro} 30\%) D_3 75\% D_4 75\%$		melanosis 2%								

2. Cellular Differentiation:

Well	Moderately	Poor
		1

3. Nuclear Atypia:

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

Histological Diagnosis: Infiltrating Ductal Carcinoma NOS, G3

Comments: M, M₂: Chronic Lymphadenitis: Rejected

— Date —

Director, Research Pathology

STAFF FOR RESEARCH USE ONLY.