



Form Revised

Clinical Case Report (For Collection of Cancerous Tissue)

ICD-0-3

Carcinoma, infiltrating lobular, NOS 8520/3

Site: breast, NOS C50.9

JW
1/17/12

Informed Consent

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

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
7/1/1968	5'8	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		
Gender	Weight		Blood Pressure	Heart Rate
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	56 kg		106	

HISTORY OF PRESENT ILLNESS

Chief Complaints: pain in the right breast

Symptoms:

Clinical Findings: A tumor was found in the right breast

Performance Scale (Karnofsky Score):

- 100 Asymptomatic 80-90 Symptomatic but Fully Ambulatory 60-70 Symptomatic, in bed less than 50% of day
 40-50 Symptomatic, in bed more than 50% of day, but not bedridden 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	, years old	0 3
	<input type="checkbox"/> Peri-Menopausal	Date of Last Menses	# of Live Births
<input checked="" type="checkbox"/> Post-menopausal	years old	0 3	
Birth Control:	<input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input checked="" type="checkbox"/> IUD <input type="checkbox"/> Other:	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 <input checked="" type="checkbox"/>	Carcinoma	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
Clinical Staging		Date of Diagnosis
T <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/>	Stage: I	

Treatment Information

SURGICAL TREATMENT		
Procedure	Date of Procedure	
Modified Radical Mastectomy	Primary Tumor	
Organ left breast tumor	Detailed Location upper outer quadrant	Size 4.5 x 1.2 x 1 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 <input checked="" type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/>	Stage:	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
3	2	3	2			3	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
left breast tumor	1.5 x 1.2 x 1 cm	upper outer quadrant	6 cm

Lymph Nodes

Location	# Examined	# Metastasized

Distant Metastasis

Organ	Detailed Location	Size

Pathological Staging

pT₁ N₀ M₀ Stage: 1

Notes:

Microscopic Description

Histological Pattern											
Cell Distribution			+	-	Structural Pattern			+	-		
Diffuse	X		Streaming								
Mosaic	X		Storiform								
Necrosis			Fibrosis								
Lymphocytic Infiltration	X		Palisading								
Vascular Invasion	X		Cystic Degeneration								
Clusterized			Bleeding								
Alveolar Formation			Myxoid Change								
Indian File			Psammoma/Calcification								
Cellular Differentiation											
Squamous	+	-	Adenomatous	+	-	Sarcomatous	+	-	Lymphomatous	+	-
Squamoid Cell			Glandular cell	X		Round Cell			Large Cell		
Spindle Cell			Cell Stratification	X		Fibroblast			Small Cell		
Keratin			Secretion			Osteoblast			RS Cell/RS Like		
Desmosome			Intracyt. Vacuole			Lipoblast			Inflam. Cell		
Pearl			Gland formation			Myoblast			Plasma Cell		
Cellular Differentiation:			<input type="checkbox"/> Well			<input checked="" type="checkbox"/> Moderate			<input type="checkbox"/> Poor		
Nuclear Appearance											
Nuclear Atypia:					0	I	II	III			
Aniso Nucleosis					✓						
Hyperchromatism					✓						
Nucleolar Prominent					✗						
Multinucleated Giant Cell					✗						
Mitotic Activity					✗						
Nuclear Grade:											

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: Non-invasive lobular carcinoma of the breast
(Moderately differentiated) Grade: II

Comments:

Principal Investigator

Pathologist

Date

CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM*

Microscopic Appearance:

1. 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		

2. Cellular features:

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		
Otherwise Specified:	<i>D₁, 60% D₂, 60% D₃, 50%</i>										

2. Cellular Differentiation:

Well	Moderately	Poor

3. Nuclear Atypia:

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

Histological Diagnosis: Infiltrating Lobular carcinoma, G 2

Comments: M₁, M₂: Chronic lymphadenitis

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Date

Director, Research Pathology

PATHOLOGIST STAFF FOR RESEARCH USE ONLY.