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TCGA-C8-A27A-01A-PR

Redacted



IRB APPROVED
MULTI-MEDIA SYSTEMS, INC.
Form Revised

100-0-3

Carcinoma, infiltrating
duct, NOS 8500/3

Site: breast, NOS C50.9

Aw 5/26/11

Clinical Case Report (For Collection of Cancerous Tissue)

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 Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer initials	Date reviewed: 5/5/11	

Informed Consent

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
Gender	Weight	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married	Blood Pressure	Heart Rate
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<input type="checkbox"/> Divorced <input type="checkbox"/> Widow	13/8	

HISTORY OF PRESENT ILLNESS	
Chief Complaints:	A lump in the right breast; painless.
Symptoms:	
Clinical Findings:	A tumour was found in the right breast
Performance Scale (Karnofsky Score):	
<input type="checkbox"/> 100 Asymptomatic <input type="checkbox"/> 80-90 Symptomatic but Fully Ambulatory <input checked="" 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
	<i>year old</i> Date of Last Menses	# of Live Births
		<i>02</i>
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	Carcinoma	

CLINICAL DIAGNOSIS	
Preoperative Clinical Diagnosis	
R. BREAST CANCER	
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis
Clinical Staging	Date of Diagnosis
T 2 N 1 M 0 Stage: II B	

Treatment Information

SURGICAL TREATMENT			
Procedure			Date of Procedure
Modified Radical Mastectomy			
Primary Tumor			
Organ	Detailed Location	Size	
Breast Tumor (Right)	Upper outer quadrant	3 x 2 x 2 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 1 M 0 Stage: II B			

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: _____ ne
 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 (Right)	3 x 2 x 2 cm	upper outer	5 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Distant Metastasis			
Organ	Detailed Location	Size	
Pathological Staging			
pT 2 N 1 M 0		Stage: II B	
Notes: Breast nodes (M ₁ (+), M ₂ (-))			

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"/>	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 75% D2 75% D3 75% D4 75%

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 NOS, G3*

Comments: *M1: carcinoma metastasized to L4
M2: Chronic Lymphadenitis*

Date

Director, Research Pathology

*(INTEGRATED REPORT OF FINDINGS BY CONTRIBUTOR AND

PATHOLOGIST STAFF FOR RESEARCH USE ONLY).