

ICD-O-3

Carcinoma, mucinous/papillary 8480/3

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

2/1/04

Fax:

Clinical Case Report

(For Collection of Cancerous Tissue)

UUID: ACA6B606-681C-427F-8923-77BAA7390795
TCGA-CB-A1HL-01A-PR

Redacted



Informed Consent

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

W.M.S. 5/31/04

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
	1.58m	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		38.0 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		110/60 mmHg	65 bpm

HISTORY OF PRESENT ILLNESS

Chief Complaints: Tumor in the left breast.

Symptoms: Patient found a tumor in the left breast 10 days ago.

Clinical Findings: In the upper-outer quadrant has a 4.5 cm, irregular, firm-hard tumor. Axillary lymph nodes are small.

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)
MD.				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /

PAST MEDICAL HISTORY			
Diagnosis/Disease/Disorder/Injury	Diagnosis Date	Treatment	Status
Ovarian Cyst	2003	Surgery	

OB/GYN HISTORY			
Menopausal Status	Date of First Menses	# of Pregnancies	
<input checked="" type="checkbox"/> Pre-menopausal <input type="checkbox"/> Peri-Menopausal <input type="checkbox"/> Post-menopausal	Years old		
	Date of Last Menses	# of Live Births	
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
	No body 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		
<i>Left breast cancer</i>		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
<i>Left Axilla</i>	No.	
Clinical Staging	Date of Diagnosis	
T ₂ N ₁ M ₀	Stage: <i>II B</i>	

Treatment Information

SURGICAL TREATMENT		
Procedure	Date of Procedure	
<i>Patey's surgery</i>		
Primary Tumor		
Organ	Detailed Location	Size
<i>Breast</i>	<i>Upper - outer quadrant</i>	<i>4 x 6 x cm</i>
Extension of Tumor		
<i>ND</i>		
Lymph Nodes		
Description	Location of Lymph Nodes	# of Lymph Nodes
Palpable, Non-Dissected Lymph Nodes	<i>Axilla</i>	<i>9</i>
Dissected Lymph Nodes		
Distant Metastasis		
Organ	Detailed Location	Size
<i>ND</i>		
Surgical Staging		
T ₂ N ₁ M ₀	Stage:	<i>III A</i>

NEOADJUVANT THERAPY (Chemotherapy, Radiation, Immuno, Hormonal, or Molecular)				
Drug/Treatment	Dose	Route	Frequency	Date (mm/dd/yyyy)
<i>ND</i>				/ / 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	Diseased	Normal	Diseased	Normal
X	X	X	X					X	X		
Time to LN2		Time to Formalin				Time to LN2					
10	min	10	min			60	min				

PATHOLOGICAL DESCRIPTION											
Primary Tumor											
Organ	Size			Extension of Tumor			Distance to NAT				
Breast	6	x	4.5	x	cm	Mo		2	cm		
Lymph Nodes											
Location	# Examined			# Metastasized							
Axilla	9			1							
Distant Metastasis											
Organ	Detailed Location			Size							
Mo											
Pathological Staging											
pT ₃	N ₁	M ₀	Stage: III A.								
Notes:											

CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM*

Microscopic Appearance:

1. Histological pattern:

CELL DISTRIBUTION			STRUCTURAL PATTERN		
	+	-		+	-
Diffuse		X	Streaming		
Mosaic		X	Storiform		
Necrosis		X	Fibrosis		
Lymphocytic Infiltration	X		Palsading		
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	+	-
Squamoid 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:	<i>D180%, D280%, D380%, D480%</i>										

2. Cellular Differentiation:

Well	Moderately	Poor
	X	

3. Nuclear Atypia:

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

Infiltrating

Histological Diagnosis: Mucinous-Papillary Adenocarcinoma
G 2

Comments: _____

Date

STAFF FOR RESEARCH USE ONLY).