

ICD-0-3

Carcinoma, infiltrating ductal, nos 8500/3

Path: Site: breast, upper outer quadrant C50.4
CQCF breast, nos C50.9

2/1/11

lw

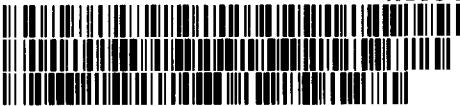
IRB APPROVED

Clinical Case Report (For Collection of Cancerous Tissue)

UOID:11F98715-1482-4D7D-9102-E362634806A7

TCGA-C8-A1HJ-01A-PR

Redacted



Informed Consent

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HPI/AA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Tumor		
Case is (circle):	DUAL CD	DISQUALIFIED
Reviewers initials:	5/31/11	
Date Reviewed:		

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
	1.50m	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		97.0 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		120/80 mm Hg	98.1 F

HISTORY OF PRESENT ILLNESS				
Chief Complaints:	Tumor in the right breast			
Symptoms:	Patient found a tumor in the right breast 2 months ago. Other symptoms.			
Clinical Findings:	In the upper-outer quadrant has 3 x 4 cm tumor. Axillary nodes are small and soft.			
Performance Scale (Karnofsky Score):	<input type="checkbox"/> 100 Asymptomatic <input 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)
NO				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /

PAST MEDICAL HISTORY			
Diagnosis/Disease/Disorder/Injury	Diagnosis Date	Treatment	Status
Healthy			

OB/GYN HISTORY			
Menopausal Status	Date of First Menses	# of Pregnancies	
<input checked="" type="checkbox"/> Pre-menopausal <input checked="" type="checkbox"/> Peri-Menopausal <input type="checkbox"/> Post-menopausal	years old		
	Date of Last Menses	# of Live Births	
	years old		
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
	Nobody 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		
Right breast Cancer		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
Axilla	N0	
Clinical Staging	Date of Diagnosis	
T4b N1 M0	Stage:	IIIB

Treatment Information

SURGICAL TREATMENT		
Procedure	Date of Procedure	
Datley's surgery		
Primary Tumor		
Organ	Detailed Location	Size
Breast	Upper-outer quadrant	2.5 x cm
Extension of Tumor		
N0		
Lymph Nodes		
Description	Location of Lymph Nodes	# of Lymph Nodes
Palpable, Non-Dissected Lymph Nodes	Axilla	10
Dissected Lymph Nodes		
Distant Metastasis		
Organ	Detailed Location	Size
N0		
Surgical Staging		
T4 N1 M0	Stage:	IIIA

NEOADJUVANT THERAPY (Chemo, Radiation, Immuno, Hormonal, or Molecular)				Date (mm/dd/yyyy)
Drug/Treatment	Dose	Route	Frequency	/ / To / /
N0				/ / 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
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	2.5 x x cm	NO	2 cm

Lymph Nodes

Location	# Examined	# Metastasized
Axilla	10	0

Distant Metastasis

Organ	Detailed Location	Size
NO		

Pathological Staging

pt₂ N₀ M₀ Stage: II

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	+	-
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: P₁:87% D₂:80% D₃:80% D₄:70%

Necrosis 10%

2. Cellular Differentiation:

Well	Moderately	Poor
		X

3. Nuclear Atypia:

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

Nuclear Grade

Histological Diagnosis: Infiltrating Ductal Carcinoma, NOS, G-3

Comments: _____

Date

STAFF FOR RESEARCH USE ONLY.