

1CB-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Path: Site: breast upper C50.8

CMF breast NOS C50.9 2/1/11

lw

IRB APPROVED

Clinical Case Report (For Collection of Cancerous Tissue)

UUID: DDB31719-1D2F-4502-B80E-544B684DC16F

TCGA-C8-A1HE-01A-PR

Redacted



Informed Consent

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 Tumor		<input checked="" type="checkbox"/>
Case (circle):	QUALIFIED	DISQUALIFIED
Reviewed By:	Date Reviewed: 5/13/11	

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 or Study Coordinator

Signature

Date

Clinical Information

GENERAL INFORMATION				
Date of Birth (mm/dd/yyyy)	Height	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Race	Temperature
Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Weight		Blood Pressure	Heart Rate
	48 kg		130/80 mmHg	83 bpm

HISTORY OF PRESENT ILLNESS	
Chief Complaints:	Tumor in the right breast
Symptoms:	patient found a tumor in the right breast 5 months ago.
Clinical Findings:	There are 2 masses in the right breast, one is 2x1 cm the other is 2x2 cm, firm-hard, movable. small lymph nodes.
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	

PAST MEDICAL HISTORY			
Diagnosis/Disease/Disorder/Injury	Diagnosis Date	Treatment	Status
Chronic gastritis			

OB/GYN HISTORY		
Menopausal Status <input type="checkbox"/> Pre-menopausal <input type="checkbox"/> Peri-Menopausal <input checked="" type="checkbox"/> Post-menopausal	Date of First Menses	# of Pregnancies
	<i>years old</i>	
	Date of Last Menses	# of Live Births
	<i>years old</i>	<i>4</i>
Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> IUD <input type="checkbox"/> Other: <i>NO</i>		<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
	<i>Nobody has cancer</i>	

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	<i>Normal</i>	
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	NO	
Clinical Staging		Date of Diagnosis
T ₂ N ₁ M ₀ Stage: IIIA		

Treatment Information

SURGICAL TREATMENT			
Procedure		Date of Procedure	
Patey's surgery			
Primary Tumor			
Organ	Detailed Location	Size	
Breast	upper half	2 x 2 x cm	
Extension of Tumor			
NO			
Lymph Nodes			
Description	Location of Lymph Nodes	# of Lymph Nodes	
Palpable, Non-Dissected Lymph Nodes	Axilla.	5	
Dissected Lymph Nodes			
Distant Metastasis			
Organ	Detailed Location	Size	
NO			
Surgical Staging			
T ₂ N ₀ M ₀ Stage: IIA			

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

ADJUVANT THERAPY (Chemo, Radiation, Immuno, Hormonal, or Molecular)				
Drug/Treatment	Dose	Route	Frequency	Date (mm/dd/yyyy)
				/ / To / /
NO				/ / To / /
				/ / To / /

OTHER MEDICATIONS				
Drug	Dose	Route	Frequency	Date (mm/dd/yyyy)
				/ / To / /
NO				/ / 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		12 min			

PATHOLOGICAL DESCRIPTION			
Primary Tumor			
Organ	Size	Extension of Tumor	Distance to NAT
Breast	2 x 2 x cm	NO	2 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Axilla	5	0	
Distant Metastasis			
Organ	Detailed Location	Size	
NO			
Pathological Staging			
pT ₂	N ₀	M ₀	Stage: II 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		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	+	-
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: <u>D, 40%. D=60%</u>											

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, G1

Comments: _____

*(INTEGRATED REPORT OF FINDINGS BY COM

ST STAFF FOR RESEARCH USE ONLY).