

Redacted



IRB APPROVED  
MULTI-MEDIA SYSTEMS, INC.  
Form Revised

1CD-0-3

Carcinoma, infiltrating duct, nos 8500/3  
Site: breast, nos C50.9

lw  
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 Malignancy		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	KYM	
	Date Reviewed: 5/26/11	

### 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
		<input type="checkbox"/> Single <input checked="" 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			1218	

HISTORY OF PRESENT ILLNESS				
<b>Chief Complaints:</b> Swelling in the breast; painful .				
<b>Symptoms:</b>				
<b>Clinical Findings:</b> A tumour was found in the left breast				
<b>Performance Scale (Karnofsky Score):</b>				
<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 checked="" 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

<b>Menopausal Status</b>	Date of First Menses	# of Pregnancies
<input type="checkbox"/> Pre-menopausal	Don't remember	05
<input type="checkbox"/> Peri-Menopausal	Date of Last Menses	# of Live Births
<input checked="" type="checkbox"/> Post-menopausal	Don't remember	04
<b>Birth Control:</b>	<input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> IUD <input type="checkbox"/> Other: Don't know	<input type="checkbox"/> Hormone Replacement Therapy:

### SOCIAL HISTORY

<b>Occupation:</b>	<b>Environmental Hazards:</b>			
<b>Smoking History</b>				
<b>Current Status</b>	<b>TYPE</b>	<b>Packs/day</b>	<b>Duration</b>	<b>When Quit</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)
<b>Alcohol Consumption</b>				
<b>Current Status</b>	<b>TYPE</b>	<b>Drinks/day</b>	<b>Duration</b>	<b>When Quit</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)
<b>Drug Use</b>				
<b>Current Status</b>	<b>TYPE</b>	<b>Frequency</b>	<b>Duration</b>	<b>When Quit</b>
<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	Breast Cancer	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
Clinical Staging		Date of Diagnosis
T2 N0 M0	Stage: II	

Treatment Information		
SURGICAL TREATMENT		Date of Procedure
Procedure	Primary Tumor	
Modified Radical Mastectomy		
Organ	Detailed Location	Size
left breast tumor	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		
T2 N0 M0	Stage: II	

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: \_\_\_\_\_

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			
11	min	12	min			min	

PATHOLOGICAL DESCRIPTION			
<b>Primary Tumor</b>			
Organ	Size	Extension of Tumor	Distance to NAT
left breast tumor	3 x 2 x 2 cm	upper outer quadrant	6 cm
<b>Lymph Nodes</b>			
Location	# Examined	# Metastasized	
<b>Distant Metastasis</b>			
Organ	Detailed Location	Size	
<b>Pathological Staging</b>			
pT <sub>2</sub>	N <sub>0</sub>	M <sub>0</sub>	Stage: II
<b>Notes:</b> breast nodes in nitrogen (M <sub>1</sub> , M <sub>2</sub> )			

## Microscopic Description

<b>Histological Pattern</b>											
<b>Cell Distribution</b>			+	-	<b>Structural Pattern</b>			+	-		
Diffuse	X				Streaming						
Mosaic					Storiform						
Necrosis					Fibrosis						
Lymphocytic Infiltration	X				Palisading						
Vascular Invasion					Cystic Degeneration						
Clusterized					Bleeding						
Alveolar Formation					Myxoid Change						
Indian File					Psammoma/Calcification						
<b>Cellular Differentiation</b>											
<b>Squamous</b>	+	-	<b>Adenomatous</b>	+	-	<b>Sarcomatous</b>	+	-	<b>Lymphomatous</b>	+	-
Squamoid Cell			Glandular cell	X		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	X		Myoblast			Plasma Cell		
<b>Cellular Differentiation:</b>			Well			Moderate <input checked="" type="checkbox"/>			Poor		
<b>Nuclear Appearance</b>											
<b>Nuclear Atypia:</b>						0	I	II	III		
Aniso Nucleosis							X				
Hyperchromatism							X				
Nucleolar Prominent								X			
Multinucleated Giant Cell									X		
Mitotic Activity									X		
<b>Nuclear Grade:</b>											

  

<b>IHC Data</b>											
<b>Marker</b>		<b>Result</b>		<b>Value</b>				<b>Date</b>			
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:** Tubular/Infiltrating ductal carcinoma  
(f moderately differentiated) **Grade:** II

**Comments:** (M<sub>1</sub>, M<sub>2</sub> negative)

Principal Investigator:

Pathologist

Date

# 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	+	-
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:	<i>D<sub>1</sub> 50%, D<sub>2</sub> 40%, D<sub>3</sub> 40%, Necrosis 5%</i>										

**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				P
Mitotic Activity			X	
Nuclear Grade				

Histological Diagnosis: Infiltrating Ductal carcinoma, D<sub>1</sub>, G<sub>2</sub>

Comments: M<sub>1</sub>, N<sub>2</sub>: Chronic Lymphadenitis

Date

Director, Research Pathology