

1CD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Site: breast, NOS C50.9

2/1/11
lw

IRB APPROVED

1

Clinical Case Report (For Collection of Cancerous Tissue)

UUID: 4DAF6DB8-5429-4B39-8103-D4317166D05B
TCGA-C8-A1HM-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 Noted		<input checked="" type="checkbox"/>
Case (circle):	QUALIFIED	DISQUALIFIED
Reviewed by:	Date Reviewed: 2/1/11	

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	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	49 kg	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow	121/7	

HISTORY OF PRESENT ILLNESS	
Chief Complaints:	A lump was found in the left breast, painless
Symptoms:	
Clinical Findings:	A tumour was found in the left breast, lump was found in the axilla
Performance Scale (Karnofsky Score):	
<input type="checkbox"/> 100 Asymptomatic <input checked="" 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)
				/ / 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 type="checkbox"/> Peri-Menopausal <input checked="" type="checkbox"/> Post-menopausal	Date of First Menses		# of Pregnancies
	<i>Don't remember</i>		<i>05</i>
	Date of Last Menses		# of Live Births
<i>Don't remember</i>		<i>05</i>	
Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input 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 <input checked="" type="checkbox"/>	breast cancer	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
Clinical Staging	Date of Diagnosis	
T 2 N 0 M 0 Stage: II		

Treatment Information

SURGICAL TREATMENT			
Procedure			Date of Procedure
Modified Radical Mastectomy			
Primary Tumor			
Organ	Detailed Location	Size	
breast tumor	left	3 x 2.5 x 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 0 M 0 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: _____ me: _____

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	2.5 x 2 x cm	left	6 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Distant Metastasis			
Organ	Detailed Location	Size	
Pathological Staging			
pT 2 N 0 M 0		Stage: II	
Notes:			
breast nodes (2 negative)			

CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM*

Microscopic Appearance:

1. Histological pattern:

CELL DISTRIBUTION		STRUCTURAL PATTERN	
Diffuse	<input checked="" type="checkbox"/>	Streaming	<input checked="" type="checkbox"/>
Mosaic	<input checked="" type="checkbox"/>	Storiform	<input checked="" type="checkbox"/>
Necrosis	<input checked="" type="checkbox"/>	Fibrosis	<input checked="" type="checkbox"/>
Lymphocytic Infiltration	<input checked="" type="checkbox"/>	Palisading	<input checked="" type="checkbox"/>
Vascular Invasion	<input checked="" type="checkbox"/>	Cystic Degeneration	<input checked="" type="checkbox"/>
Clusterized	<input checked="" type="checkbox"/>	Bleeding	<input checked="" type="checkbox"/>
Alveolar Formation	<input checked="" type="checkbox"/>	Myxoid Change	<input checked="" type="checkbox"/>
Indian File	<input checked="" type="checkbox"/>	Psamomma/Calcification	<input checked="" type="checkbox"/>

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: <u>D1 80% D2 5% (+ Necrosis 30%) D3 75% D4 75%</u>											

2. Cellular Differentiation:

Well	Moderately	Poor
		<u>A</u>

Necrosis 2%

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				<u>2</u>

Histological Diagnosis: Infiltrating ductal carcinoma NOS, G-3

Comments: M1, M2: Chronic Lymphadenitis: Rejected

Date

Director, Research Pathology

(STAFF FOR RESEARCH USE ONLY).

*(INTEGRATED REPORT OF FINDINGS BY CON)