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TCGA-C8-A26Y-01A-PR

Redacted



IRB APPROVED  
MULTI-MEDIA SYSTEMS, INC.  
Form Revised

## Clinical Case Report

(For Collection of Cancerous Tissue)

1CD-0-3

Carcinoma, infiltrating duct, NOS 8500/3

Site: Breast, NOS C50.9

hw  
5/26/11

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
IHPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Malignancy		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	hw 5/26/11	
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
Gender	Weight	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Blood Pressure	Heart Rate
			12/8	

HISTORY OF PRESENT ILLNESS	
Chief Complaints:	Swelling in the breast; painful.
Symptoms:	
Clinical Findings:	A tumour was found in the left breast
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 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> <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>04</i>
<b>Birth Control:</b> <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> IUD <input type="checkbox"/> Other: <i>Don't know</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

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			
Procedure			Date of Procedure
Modified Radical Mastectomy			
Primary Tumor			
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: \_\_\_\_\_

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					

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

## Microscopic Description

Cell Distribution				Histological Pattern			
	+	-					
Diffuse					Streaming		
Mosaic					Storiform		
Necrosis					Fibrosis		
Lymphocytic Infiltration					Palisading		
Vascular Invasion					Cystic Degeneration		
Clusterized					Bleeding		
Alveolar Formation					Myxoid Change		
Indian File					Psammoma/Calcification		

  

Cellular Differentiation											
Squamous			Adenomatous			Sarcomatous			Lymphomatous		
	+	-		+	-		+	-		+	-
Squamoid Cell			Glandular cell			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			Myoblast			Plasma Cell		

  

<b>Cellular Differentiation:</b>	Well	Moderate	Poor
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Nuclear Appearance				
Nuclear Atypia:	0	I	II	III
Aniso Nucleosis				
Hyperchromatism				
Nucleolar Prominent				
Multinucleated Giant Cell				
Mitotic Activity				

  

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

**Comments:** (M1, M2 negative)

Principal Investigator: \_\_\_\_\_

Pathologist: \_\_\_\_\_

Date: \_\_\_\_\_

# CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM\*

Microscopic Appearance:

## 1. Histological pattern:

CELL DISTRIBUTION				STRUCTURAL PATTERN			
	+	-			+	-	
Diffuse				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		Psammons/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: D1 50%, D2 40%, D3 40%, 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, G2

Comments: M, N1, 2: Chronic Lymphadenitis

Director, Research Pathology

Date

\*(INTEGRATED REPORT OF FINDINGS BY CONTRIBUTOR AND

PATHOLOGIST STAFF FOR RESEARCH USE ONLY).