



## Clinical Case Report

(For Collection of Cancerous Tissue)

*I.D.O.3  
Carcinoma, metaplastic NOS  
557513  
Site:  Breast NOS C50.9  
 Breast, upper outer quadrant C50.4  
Path: *[Signature]**

### 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	<i>ASIAN</i>	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			Blood Pressure	Heart Rate

### HISTORY OF PRESENT ILLNESS

**Chief Complaints:** A tumour in the left breast; painful

**Symptoms:** A lump was found in the breast

**Clinical Findings:**

### Performance Scale (Karnofsky Score):

- 100 Asymptomatic     80-90 Symptomatic but Fully Ambulatory     60-70 Symptomatic, in bed less than 50% of day  
 40-50 Symptomatic, in bed more than 50% of day, but not bed ridden     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	Date of First Menses	# of Pregnancies	
<input type="checkbox"/> Pre-menopausal		03	
<input type="checkbox"/> Peri-Menopausal		# of Live Births	
<input checked="" type="checkbox"/> Post-menopausal		02	
Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input checked="" 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"/>	Carcinoma	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
<i>L. Breast Cancer</i>		
Location of Suspected Involved Lymph Nodes		Location of Suspected Distant Metastasis
T 2 N 2 M 0	Stage: <i>III A</i>	Date of Diagnosis

### Treatment Information

SURGICAL TREATMENT		
Procedure	Date of Procedure	
<i>Modified radical mastectomy</i>		
Primary Tumor		
Organ	Detailed Location	Size
<i>left breast tumor</i>	<i>upper outer quadrant</i>	<i>3 x 3.5 x 2 cm</i>
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 2 M 0	Stage: <i>III A</i>	

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: \_\_\_\_\_ Time: \_\_\_\_\_

SPECIMEN TYPE (# of samples provided)							
Frozen		Paraffin Block		Blood/Serum/Plasma		Slide	
Diseased	Normal	Diseased	Normal	Diseased	Normal	Diseased	Normal
2	2	2	2			2	2
Time to LN2		Time to Formalin		Time to LN2			
13	min	14	min		min		

## PATHOLOGICAL DESCRIPTION

### Primary Tumor

Organ	Size	Extension of Tumor	Distance to NAT
left breast tumor	3 x 2.5 x 2 cm	upper outer quadrant	6 cm
<b>Lymph Nodes</b>			
Location	# Examined	# Metastasized	

### Distant Metastasis

Organ	Detailed Location	Size

### Pathological Staging

PT 2 N 2 M 0      Stage: III A

**Notes:**

Symph nodes 9 (positive 6, negative 3)

# Consolidated Pathology Diagnosis

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

D. 50%, D2 30%, D3 40%, D4 30% Re-evaluation 5/6

## Final Pathology Report

Histological Diagnosis: Tubular Infiltrating Ductal Carcinoma Grade: ?  
Metaplastic type (Adenosquamous Carcinoma)

Comments:

M1 - M2: Calcifications metastasized to LN

Director, Research Pathology

INTEGRATED REPORT OF FINDINGS BY COLLABORATORS AND

PATHOLOGISTS -

Criteria		Date
Diagnosis Discrepancy		11/8/13
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Malignancy		✓
Case is Circled	<input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED	
Reviewer Initials	Date Reviewed: 11/8/13	