

ICD-0-3
 Carcinoma, infiltrating ductal, NOS 8500/3
 Path: Site: breast upper C50.8
 C50.9
 2/1/11

IRB APPROVED

Clinical Case Report

(For Collection of Cancerous Tissue)

UUID: 0813A175-83ED-4F6E-AD7D-FB4135CFF34C
 TCGA-C8-A1HG-01A-PR

Redacted



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 is (circle):	QUALIFIED	DISQUALIFIED
Reviewed initials	Date Reviewed: 5/3/11	

I personally informed this patient that a specimen(s) would be collected to be used for research purposes. I reviewed the **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
	1.40 M	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		37°C
Gender	Weight	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Blood Pressure	Heart Rate
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	48 kg		120/80 mm Hg	83 bpm

HISTORY OF PRESENT ILLNESS
Chief Complaints: Tumor in the right breast
Symptoms: Patient found a tumor in the right breast worse than one year.
Clinical Findings: In the upper half of the right breast has 5x6 cm, firm-hard tumor. The axillary nodes are small and soft.
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

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
Healthy			

OB/GYN HISTORY			
Menopausal Status <input checked="" type="checkbox"/> Pre-menopausal <input type="checkbox"/> Peri-Menopausal <input type="checkbox"/> Post-menopausal	Date of First Menses		# of Pregnancies
	years old		
	Date of Last Menses		# of Live Births
Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> IUD <input type="checkbox"/> Other: D.O.			<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
	Nobody has cancer.	

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	/ Normal	
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: II B		

Treatment Information

SURGICAL TREATMENT			
Procedure		Date of Procedure	
Patey's surgery			
Primary Tumor			
Organ	Detailed Location	Size	
Breast	upper half	3 x x cm	
Extension of Tumor			
NO			
Lymph Nodes			
Description	Location of Lymph Nodes	# of Lymph Nodes	
Palpable, Non-Dissected Lymph Nodes	Axilla	10	
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)
NO				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /

Pathology Form

Specimen Information

Collected by: _____ Date: _____

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		60 min			

PATHOLOGICAL DESCRIPTION			
Primary Tumor			
Organ	Size	Extension of Tumor	Distance to NAT
Breast	3 x x cm	NO	2 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Axilla	10	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		<input checked="" type="checkbox"/>	Streaming		
Mosaic		<input checked="" type="checkbox"/>	Storiform		
Necrosis		<input checked="" type="checkbox"/>	Fibrosis		
Lymphocytic Infiltration		<input checked="" type="checkbox"/>	Palisading		
Vascular Invasion		<input checked="" type="checkbox"/>	Cystic Degeneration		
Clusterized		<input checked="" type="checkbox"/>	Bleeding		
Alveolar Formation		<input checked="" type="checkbox"/>	Myxoid Change		
Indian File		<input checked="" type="checkbox"/>	Psammons/Calcification		

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>D, 60% D2 60% D3 60% D4 60%</u>											

2. Cellular Differentiation:

Well	Moderately	Poor
	<input checked="" type="checkbox"/>	

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				

Histological Diagnosis: Infiltrating Ductal Carcinoma, NOS, G2

Comments: _____

Date _____

NOT FOR RESEARCH USE ONLY.

*(INTEGRATED REPORT OF FINDINGS BY CONTI)