

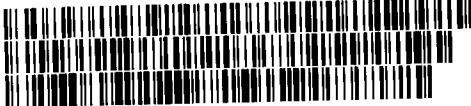
ICD-O-3
Carcinoma, infiltrating ductal, nos 8500/3
Path: Site: breast, lower C50.8 2/1/11
CQCF: breast, nos C50.9 MR

IRB APPROVED

Form Revised

Clinical Case Report (For Collection of Cancerous Tissue)

UUID: 40B07889-2CDB-463A-8773-771017E73DBC
TCGA-CB-A1HF-01A-PR Redacted



Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary	Noted	
Case(s) Eligible:	QUALIFIED	DISQUALIFIED
Reviewer Initials:	MR	Date Reviewed: 1/1/11

Informed Consent

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
	1.55 m	<input type="checkbox"/> Single <input checked="" 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	44 kg		107/60 mm Hg	88 BPM

HISTORY OF PRESENT ILLNESS	
Chief Complaints:	Tumor in the left breast
Symptoms:	Patient found a tumor in the left breast one month ago.
Clinical Findings:	In the lower half of the left breast has 3x2 cm tumor.
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

PAST MEDICAL HISTORY			
Diagnosis/Disease/Disorder/Injury	Diagnosis Date	Treatment	Status
Healthy.			

OB/GYN HISTORY			
Menopausal Status	Date of First Menses	# of Pregnancies	
<input checked="" type="checkbox"/> Pre-menopausal	Jewis Nld.		
<input type="checkbox"/> Peri-Menopausal	Date of Last Menses	# of Live Births	
<input type="checkbox"/> Post-menopausal			
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
	Mother has lung Cancer and death.	

LAB DATA					
Test	Result	Date	Test	Result	Date
HIV	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive: _____		CEA	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive: _____	
Hep B	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive: _____		CA 15-3	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive: _____	
Hep C	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive: _____		CA 19-9	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive: _____	
AFP	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive: _____		PSA	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive: _____	
Other:	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive: _____		Other:	<input type="checkbox"/> Negative <input checked="" 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 <i>left breast Cancer</i>	
Location of Suspected Involved Lymph Nodes <i>Axilla</i>	Location of Suspected Distant Metastasis <i>No</i>
Clinical Staging <i>T₂ N₁ M₀</i>	Date of Diagnosis <i>Stage: II B.</i>

Treatment Information

SURGICAL TREATMENT	
Procedure <i>Patey's surgery</i>	Date of Procedure
Primary Tumor	
Organ <i>Breast</i>	Detailed Location <i>lower half.</i>
Extension of Tumor <i>No</i>	Size <i>2.5 x x cm</i>
Lymph Nodes	
Description Palpable, Non-Dissected Lymph Nodes	Location of Lymph Nodes <i>Axilla</i>
Dissected Lymph Nodes	# of Lymph Nodes <i>12</i>
Distant Metastasis	
Organ <i>No</i>	Detailed Location
	Size
Surgical Staging	
<i>T₂ N₁ M₀ Stage: II A.</i>	

NEOADJUVANT THERAPY (Chemo, Radiation, Immuno, Hormonal, or Molecular)				
Drug/Treatment	Dose	Route	Frequency	Date (mm/dd/yyyy)
<i>No</i>				/ / To / /
				/ / To / /
				/ / To / /

ADJUVANT THERAPY (Chemo, Radiation, Immuno, Hormonal, or Molecular)				
Drug/Treatment	Dose	Route	Frequency	Date (mm/dd/yyyy)
<i>No</i>				/ / To / /
				/ / To / /
				/ / To / /

OTHER MEDICATIONS				
Drug	Dose	Route	Frequency	Date (mm/dd/yyyy)
<i>No</i>				/ / 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
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	2.5 x x cm	Mo	2 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Axilla	12	0	
Distant Metastasis			
Organ	Detailed Location	Size	
Mo			
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			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	+	-
Squamoid 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, 75% D, 25% D, 71% D, 28%</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					X
Mitotic Activity					X
Nuclear Grade					

Histological Diagnosis: Infiltratory ductal carcinoma, NOS. Gr 3

Comments: _____

_____ Date _____