



Clinical Case Report (For Collection of Cancerous Tissue)

ICD-O-3

Carcinoma, Adenocarcinoma, Infiltrating NOS

D852Q/B

Site D4 Breast NOS

C50.9

Jr 3/11/2013

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	VIETNAMESE	
Gender	Weight	<input type="checkbox"/> Divorced <input type="checkbox"/> Widower	Blood Pressure	Heart Rate
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female				

HISTORY OF PRESENT ILLNESS

Chief Complaints: Nipple retraction; pain in the right breast

Symptoms:

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		0 2	
<input checked="" type="checkbox"/> Peri-Menopausal	Date of Last Menses	# of Live Births	
<input type="checkbox"/> Post-menopausal		0 2	
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 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 checked="" type="checkbox"/> Negative <input 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		
X-Ray		
CT		
Endoscopy		
MRI		
Biopsy <input checked="" type="checkbox"/>	Carcinoma	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
<i>R. Breast Cancer</i>		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
Clinical Staging	Date of Diagnosis	
T ₃ N ₂ M ₀	Stage: <i>III A</i>	

Treatment Information

SURGICAL TREATMENT		
Procedure	Date of Procedure	
<i>Modified Radical Mastectomy</i>		
Primary Tumor		
Organ	Detailed Location	Size
<i>Breast tumor</i>	<i>Right breast</i>	<i>9 x 8 x 3 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 ₃ 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
4	2	4	2			4	2
Time to LN2		Time to Formalin		Time to LN2			
12 min		13 min				12 min	

PATHOLOGICAL DESCRIPTION			
Primary Tumor			
Organ	Size	Extension of Tumor	Distance to NAT
Breast tumor	5 x 8 x 3 cm	Right breast	6 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Distant Metastasis			
Organ	Detailed Location	Size	
Pathological Staging			
pT ₃	N ₂	M ₀	Stage: IV A
Notes:			
Lymph nodes 8 (Positive 5 Negative 3)			

Consolidated Pathology Diagnosis

Cell Distribution		+	-	Structural Pattern		+	-					
Diffuse			✓	Streaming								
Mosaic		✓		Storiform								
Necrosis			✓	Fibrosis								
Lymphocytic Infiltration		✓		Peliosis								
Vascular Invasion			✓	Cystic Degeneration								
Clusterized		✓		Bleeding								
Alveolar Formation			✓	Myxoid Change								
Indian File			✓	Psammoma/Calcification								
Squamous		+	-	Adenomatous	+	-	Sarcomatous	+	-	Lymphomatous	+	-
Squamous Cell				Glandular cell	✓		Round Cell			Large Cell		
Spindle Cell				Cell Stratification	✓		Fibroblast			Small Cell		
Keratin				Secretion	✓		Osteoblast			RS Cell/RS Like		
Dermosome				Intracyt. Vacuole	✓		Lipoblast			Inflam. Cell		
Pearl				Gland formation	✓	X	Myoblast			Plasma Cell		
Cellular Differentiation:						<input type="checkbox"/> Well	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Poor				
Nuclear Atypia:						<input type="checkbox"/> 0	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III			
Aniso Nucleosis												
Hyperchromatism												
Nucleolar Prominent												
Multinucleated Giant Cell												
Mitotic Activity												
Nuclear Grade:												

Final Pathology Report

Histological Diagnosis: Infiltrating Lobular Carcinoma **Grade:** 3.

Comments:

$\chi_1 - \chi_2$: Carinoone matches size 1 to LN

Director, Research Pathology

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INTEGRATED REPORT OF FINDINGS BY COLLABORATORS AND

PATHOLOGISTS - FOR

Criteria	<i>fw 11/8/13</i>	Yes	No
Diagnosis: ICD-9			
Primary Tumor Site Discrepancy			
HPI: A. Discrepancy			
Prior Malignancy History			
Dx/Dx/Synch: Primary tumor			
Case is similar:	<i>QUALIFIED</i>	<i>EQUIVALENT</i>	
Reviewer's Initials:	<i>KM</i> 11/8/13		