



Clinical Case Report **(For Collection of Cancerous Tissue)**

ID-03
 Carcinoma, metastatic NOS
 8575/3
 Site ^{at LUE} (L) Breast NOS
 C50.9
 (L) Breast, upper outer quadrant
 C50.4
 Op 11/26/13

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"/> Divorced <input type="checkbox"/> Widow	VIETNAMESE	
<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 armpit
Clinical Findings:
Performance Scale (Karnofsky Score): <input type="checkbox"/> 100 Asymptomatic <input type="checkbox"/> 80-90 Symptomatic but Fully Ambulatory <input checked="" 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

OB/GYN HISTORY			
Menopausal Status	Date of First Menses	# of Pregnancies	
<input type="checkbox"/> Pre-menopausal		03	
<input type="checkbox"/> Peri-Menopausal	Date of Last Menses	# 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 <i>x</i>	<i>Carcinoma</i>	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
<i>L. Breast Cancer</i>		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
Clinical Staging	Date of Diagnosis	
<i>T2 N2 M0</i> 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>Left breast Tumor</i>	<i>upper outer quadrant</i>	<i>3 x 2.5 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			
<i>T2 N2 M0</i> 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					

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
Lymph Nodes			
Location	# Examined	# Metastasized	
Distant Metastasis			
Organ	Detailed Location	Size	

Pathological Staging			
pT 2	N 2	M 0	Stage: IIIA

Notes: Lymph nodes 9 (positive 6, negative 3)

Consolidated Pathology Diagnosis

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

Cellular Differentiation											
Squamous	+	-	Adenomatous	+	-	Sarcomatous	+	-	Lymphomatous	+	-
Squamoid Cell	X		Glandular cell	X		Round Cell			Large Cell		
Spindle Cell	X		Cell Stratification	X		Fibroblast			Small Cell		
Keratin	X		Secretion	X		Osteoblast			RS Cell/RS Like		
Desmosome	X		Intracyt. Vacuole	X		Lipoblast			Inflam. Cell		
Pearl			Gland formation	X		Myoblast			Plasma Cell		

Cellular Differentiation: ☐ Well ☐ Moderate ☐ Poor

Nuclear Atypia				
Nuclear Atypia:	0	I	II	III
Aniso Nucleosis				q
Hyperchromatism				X
Nucleolar Prominent				X
Multinucleated Giant Cell				X
Mitotic Activity				r

Nuclear Grade: q

D. 50%, D2 30%, D3 40%, D4 30%

Necrosis 5/6

Final Pathology Report

Histological Diagnosis: Highly atypical ductal carcinoma Grade: 3
Metastatic type (Adenocarcinoma)

Comments:
M1 - M2: Carcinoma metastasizes to LN

Director, Research Pathology

INTEGRATED REPORT OF FINDINGS BY COLLABORATORS AND

PATHOLOGISTS -

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials:	Date Reviewed: 11/8/13	