



IRB APPROVED
MULTI-MEDIA SYSTEMS, INC.
 Form Revised

1CD-0-3

Carcinoma, infiltrating
duct, NOS 8500/3

Site: Breast, NOS C50.9

Mw 5/26/11

Clinical Case Report

(For Collection of Cancerous Tissue)

Informed Consent

Criteria	Yes	No
Diagnosis Discrepancy	X	
Primary Tumor Site Discrepancy	X	
HIPAA Discrepancy	X	
Prior Malignancy History	X	
Dual/Synchronous Primary N/A		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer initials:	Date Reviewed: 5/15/11	

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

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

138

HISTORY OF PRESENT ILLNESS

Chief Complaints: A lump in the right breast; Painless.

Symptoms:

Clinical Findings: A turnout was found in the right breast.

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 bedridden | | <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 <input checked="" type="checkbox"/> Peri-Menopausal <input type="checkbox"/> Post-menopausal	years old	62
	Date of Last Menses	# of Live Births
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 (yrs)
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yr)
Alcohol Consumption			
Current Status	TYPE	Drinks/day	Duration (yrs)
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yr)
Drug Use			
Current Status	TYPE	Frequency	Duration (yrs)
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(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	Carcinoma	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
R. BREAST CANCER		
Location of Suspected Involved Lymph Nodes		Location of Suspected Distant Metastasis
Clinical Staging		Date of Diagnosis
T 2 N 1 M 0	Stage: II B	- - - - -

Treatment Information

SURGICAL TREATMENT		
Procedure	Date of Procedure	
Modified Radical Mastectomy		
Primary Tumor		
Organ	Detailed Location	Size
BREAST TUMOR (RIGHT)	upper outer quadrant	3 x 2 x 2 cm
	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 1 M 0	Stage:	II B

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: _____ ne

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		min		

PATHOLOGICAL DESCRIPTION

Primary Tumor

Organ	Size	Extension of Tumor	Distance to NAT
Breast tumor (Right)	3 x 2 x 2 cm	upper outer	5 cm
Lymph Nodes			
Location	# Examined	# Metastasized	

Distant Metastasis

Organ	Detailed Location	Size

Pathological Staging

pT₂ N₁ M₀ Stage: II B

Notes:

Breast nodes (M₁ (+), M₂ (-))

CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM*

Microscopic Appearance:

1. Histological pattern:

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		

2. Cellular features:

Squamous	+	-	Adenomatous	+	-	Sarcomatous	+	-	Lymphomatous	+	-
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		
Otherwise Specified:	D ₁	75%	D ₂	75%	D ₃	75%	D ₄	75%			

2. Cellular Differentiation:

Well	Moderately	Poor
		✗

3. Nuclear Atypia:

Nuclear Appearance	0	I	II	III
Aniso Nucleosis				✗
Hyperchromatism				✗
Nucleolar Prominent				✗
Multinucleated Giant Cell				✗
Mitotic Activity				✗
Nuclear Grade				

Histological Diagnosis: Infiltrating Ductal Carcinoma, NOS, G3

Comments: M₁ : carcinoma metastasized to L₁
M₂ : chronic lymphadenitis

Date

Director, Research Pathology