

ICD-0-3  
Carcinoma, infiltrating ductal, NOS 8500/3  
Path: Site: breast, upper C50.8  
CQCF in breast NOS, 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		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Review by initials:	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 more 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)
ND				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /

### PAST MEDICAL HISTORY

Diagnosis/Disease/Disorder/Injury	Diagnosis Date	Treatment	Status
Health			

### OB/GYN HISTORY

<b>Menopausal Status</b>	<b>Date of First Menses</b>	<b># of Pregnancies</b>
<input checked="" type="checkbox"/> Pre-menopausal <input type="checkbox"/> Peri-Menopausal <input type="checkbox"/> Post-menopausal	years old	
	<b>Date of Last Menses</b>	<b># of Live Births</b>
<b>Birth Control:</b> <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> IUD <input type="checkbox"/> Other: DPO	<input type="checkbox"/> Hormone Replacement Therapy:	

### SOCIAL HISTORY

<b>Occupation:</b>	<b>Environmental Hazards:</b>			
<b>Smoking History</b>				
<b>Current Status</b>	<b>TYPE</b>	<b>Packs/day</b>	<b>Duration</b>	<b>When Quit</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)
<b>Alcohol Consumption</b>				
<b>Current Status</b>	<b>TYPE</b>	<b>Drinks/day</b>	<b>Duration</b>	<b>When Quit</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)
<b>Drug Use</b>				
<b>Current Status</b>	<b>TYPE</b>	<b>Frequency</b>	<b>Duration</b>	<b>When Quit</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)

### FAMILY MEDICAL HISTORY

Relative	Diagnosis	Age of Diagnosis
	No body 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

Axilla

#### Location of Suspected Distant Metastasis

ND

#### Clinical Staging

T<sub>2</sub> N<sub>1</sub> M<sub>0</sub> Stage: II B

#### Date of Diagnosis

### Treatment Information

### SURGICAL TREATMENT

#### Procedure

Patey's surgery

#### Date of Procedure

#### Primary Tumor

##### Organ

Breast

##### Detailed Location

Upper half

##### Size

3 x x cm

#### Extension of Tumor

ND

#### 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

ND

#### Surgical Staging

T<sub>2</sub> N<sub>1</sub> M<sub>0</sub> Stage: II A

### NEOADJUVANT THERAPY (Chemo, Radiation, Immuno, Hormonal, or Molecular)

#### Drug/Treatment      Dose      Route      Frequency      Date (mm/dd/yyyy)

ND

# 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			
<b>Primary Tumor</b>			
Organ	Size	Extension of Tumor	Distance to NAT
Breast	3 x x cm	NO	2 cm
<b>Lymph Nodes</b>			
Location	# Examined	# Metastasized	
Axilla	10	0	
<b>Distant Metastasis</b>			
Organ	Detailed Location	Size	
ND			
<b>Pathological Staging</b>			
pT <sub>2</sub>	N <sub>0</sub>	M <sub>0</sub>	Stage: II A.
<b>Notes:</b>			

# 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, 60%, D, 60%, D, 60%, D, 60%</i>										

### 2. Cellular Differentiation:

Well	Moderately	Poor
	X	

### 3. Nuclear Atypia:

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

Histological Diagnosis: Infiltrating Ductal Carcinoma, NOS, G2

Comments: \_\_\_\_\_

— Date

— (IF FOR RESEARCH USE ONLY).