



Clinical Case Report (For Collection of Cancerous Tissue)

100-0-3

Carcinoma, infiltrating lobular, NOS 8520/3
Site: breast NOS C50.9

hw
1/17/12

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary		<input checked="" type="checkbox"/>
Case Is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 1/17/12	

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
	1m 58	<input type="checkbox"/> Single <input type="checkbox"/> Married		
Gender	Weight	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Blood Pressure	Heart Rate
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	56 kg		101/6	

HISTORY OF PRESENT ILLNESS
Chief Complaints: pain in the right breast
Symptoms:
Clinical Findings: A tumour 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 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 <input type="checkbox"/> Pre-menopausal <input type="checkbox"/> Peri-Menopausal <input checked="" type="checkbox"/> Post-menopausal	Date of First Menses		# of Pregnancies
	, <u>4</u> years old		<u>03</u>
	Date of Last Menses		# of Live Births
		<u>years old</u>	<u>03</u>
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 <input checked="" type="checkbox"/>	carcinoma	

CLINICAL DIAGNOSIS	
Preoperative Clinical Diagnosis	
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis
Clinical Staging	Date of Diagnosis
T 1 N 0 M 0 Stage: I	

Treatment Information

SURGICAL TREATMENT		
Procedure	Date of Procedure	
Modified Radical Mastectomy		
Primary Tumor		
Organ	Detailed Location	Size
left breast tumor	upper outer quadrant	5.5 x 1.2 x 1 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 1 N 0 M 0 Stage: 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
3	2	3	2			3	2
Time to LN2		Time to Formalin		Time to LN2			
12 min		13 min					

PATHOLOGICAL DESCRIPTION			
Primary Tumor			
Organ	Size	Extension of Tumor	Distance to NAT
left breast Tumor	1.5 x 1.2 x 1 cm	upper outer quadrant	6 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Distant Metastasis			
Organ	Detailed Location	Size	
Pathological Staging			
pT 1 N 0 M 0		Stage: 1	
Notes:			

Microscopic Description

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						

Cellular Differentiation											
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		

Cellular Differentiation:	<input type="checkbox"/> Well	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Poor
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Nuclear Appearance				
Nuclear Atypia:	0	I	II	III
Aniso Nucleosis		✓		
Hyperchromatism		✓		
Nucleolar Prominent		✓		
Multinucleated Giant Cell		✓		
Mitotic Activity		✓		
Nuclear Grade:				

IHC Data			
Marker	Result	Value	Date
ER	<input type="checkbox"/> Negative <input type="checkbox"/> Positive		
PR	<input type="checkbox"/> Negative <input type="checkbox"/> Positive		
Her-2/neu	<input type="checkbox"/> Negative <input type="checkbox"/> Positive		
B-Cell Marker	<input type="checkbox"/> Negative <input type="checkbox"/> Positive		
T-Cell Marker	<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		

Final Pathology Report

Histological Diagnosis: Infiltrating lobular carcinoma of the breast
(Moderately differentiated) **Grade:** II

Comments:

Principal Investigator

Pathologist

Date _____

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: <u>D1 60% D2 60% D3 50%</u>											

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 Lobular Carcinoma, G2
 Comments: M1, M2: Chronic Lymphadenitis

Date

Director, Research Pathology

*(INTEGRATED REPORT OF FINDINGS BY CONTRIBUTOR AND

PATHOLOGIST STAFF FOR RESEARCH USE ONLY).