

ICD-0-3
 Carcinoma, infiltrating ductal, NOS 8500/3
 Path: Site: breast, upper C50.8
 CCRF treat NOS C50.9 2/11
 lsr

IRB APPROVED

Clinical Case Report (For Collection of Cancerous Tissue)

UUID: DDB81719-1D2F-4502-B80E-544B684DC16F
 TCGA-C8-A1HE-01A-PR

Redacted



Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Tumor		X
Case (circle):	QUALIFIED /	DISQUALIFIED
Initials/Prints:	KMT	
Date Received:	5/3/11	

Informed Consent

I personally informed this patient that a specimen(s) would be collected to be used for research purposes. I reviewed the

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
	1.44 M	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		36°C
Gender	Weight	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Blood Pressure	Heart Rate
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	48kg		130/80 mmHg	83 BPM

HISTORY OF PRESENT ILLNESS				
Chief Complaints:	Tumor in the right breast			
Symptoms:	Patient found a tumor in the right breast 5 months ago.			
Clinical Findings:	There are 2 masses in the right breast, one is 2x1 cm The other is 2x2 cm, firm-hard, nodule. Small lymph node			
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			

PAST MEDICAL HISTORY			
Diagnosis/Disease/Disorder/Injury	Diagnosis Date	Treatment	Status
Chronic gastritis.			

OB/GYN HISTORY			
Menopausal Status	Date of First Menses	# of Pregnancies	
<input type="checkbox"/> Pre-menopausal			
<input type="checkbox"/> Peri-Menopausal	years old.		
<input checked="" type="checkbox"/> Post-menopausal	Date of Last Menses	# of Live Births	
	years old.	4	
Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> IUD <input type="checkbox"/> Other: No	<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
	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 <i>Right breast Cancer</i>	
Location of Suspected Involved Lymph Nodes <i>Axilla</i>	Location of Suspected Distant Metastasis <i>No</i>
Clinical Staging <i>T₂ N₁ M₀</i>	Date of Diagnosis <i>Stage: IIIA</i>

Treatment Information

SURGICAL TREATMENT	
Procedure <i>Daley's surgery</i>	Date of Procedure
Primary Tumor	
Organ <i>Breast</i>	Detailed Location <i>upper half</i>
Extension of Tumor <i>NO</i>	
Lymph Nodes	
Description Palpable, Non-Dissected Lymph Nodes	Location of Lymph Nodes <i>Axilla.</i>
Dissected Lymph Nodes	# of Lymph Nodes <i>5</i>
Distant Metastasis	
Organ <i>NO</i>	Detailed Location
	Size
Surgical Staging	
<i>T₂ N₁ M₀ Stage: IIIA</i>	

NEOADJUVANT THERAPY (Chemo, Radiation, Immuno, Hormonal or Molecular)				
Drug/Treatment <i>NO</i>	Dose	Route	Frequency	Date (mm/dd/yyyy) / / To / /
				/ / To / /
				/ / To / /

ADJUVANT THERAPY (Chemo, Radiation, Immuno, Hormonal or Molecular)				
Drug/Treatment <i>NO</i>	Dose	Route	Frequency	Date (mm/dd/yyyy) / / To / /
				/ / To / /
				/ / To / /

OTHER MEDICATIONS				
Drug <i>NO</i>	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
X	X	X	X			X	X
Time to LN2		Time to Formalin		Time to LN2			
10	min	10	min	14	min		

PATHOLOGICAL DESCRIPTION							
Primary Tumor							
Organ	Size	Extension of Tumor		Distance to NAT			
Breast	2 x 2 x cm	No		2 cm			
Lymph Nodes							
Location	# Examined	# Metastasized					
Axilla	5	0					
Distant Metastasis							
Organ	Detailed Location	Size					
No							
Pathological Staging							
pT ₂	N ₀	M ₀	Stage: II A.				
Notes:							

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	+	-
Squamous 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, 40%. D₂ 60%</i>										

2. Cellular Differentiation:

Well	Moderately	Poor
X		

3. Nuclear Atypia:

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

Histological Diagnosis: Infiltrating Ductal Carcinoma, nos, G1

Comments: _____

ST STAFF FOR RESEARCH USE ONLY).