

ID# \_\_\_\_\_ Family ID# \_\_\_\_\_ Tumor/Specimen# \_\_\_\_\_ Date \_\_\_\_\_

**Cooperative Family Registry for Breast Cancer Studies**

**Form 1**

Confirmation Reported of Breast Cancer History

Breast cancer diagnosis confirmation code: \_\_\_\_\_

- 0 = Not confirmed, relies on family history provided by relative
- 1 = Death certificate noting cancer of specific site (may differ from relative's recall)
- 2 = Medical Records indicating treatment for cancer of specific site
- 3 = Pathology report indicating tumor site and histology
- 4 = Histologic slides retrieved and reviewed by pathologist
- 5 = No cancer – benign breast tissue
- 6 = No cancer – prophylactic surgery
- 7 = No cancer – Cosmetic breast reduction surgery
- 8 = Cancer in tissue following prophylactic surgery
- 9 = No breast surgery

Breast tissue obtained: \_\_\_\_\_

- 0 = No breast surgery
- 1 = Yes, right breast
- 2 = Yes, left breast
- 3 = Yes, both breasts
- 9 = No, breast tissue not available

Total number of slides \_\_\_\_\_



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## Cooperative Family Registry for Breast Cancer Studies

### I: Pathology Form Summary

#### Type Surgery

Date

Fine Needle Aspiration	_____	_____
Core Biopsy	_____	_____
Surgical Biopsy	_____	_____
Needle Localization	_____	_____
Lumpectomy	_____	_____
Mastectomy	_____	_____
Axillary Dissection	_____	_____
Unknown	_____	_____

#### Determination of Tumor Size (\_\_\_\_.\_\_\_\_cm) (99 = Unknown)

Invasive \_\_\_\_\_.\_\_\_\_.\_\_\_\_ cm

Intraductal \_\_\_\_\_.\_\_\_\_.\_\_\_\_ cm

Method of Determination \_\_\_\_\_ 1 = Pathologically 2 = Mammographically 3 = Clinically

9 = Unknown

#### Receptor Status

Estrogen \_\_\_\_\_ 1 = Negative 2 = Positive 3 = Borderline 9 = Unknown

Progesterone \_\_\_\_\_ 1 = Negative 2 = Positive 3 = Borderline 9 = Unknown

Method \_\_\_\_\_ 1 = Immuno. 2 = Biochem. 9 = Unknown

#### Other Prognostic Features

Ploidy \_\_\_\_\_ 0 = Diploid 1 = Aneuploid 9 = Unknown

S-phase % \_\_\_\_\_ 9 = Unknown

Her/2 Neu \_\_\_\_\_ 9 = Unknown

Ki67 \_\_\_\_\_ 9 = Unknown

Stage T\_\_\_\_\_ N\_\_\_\_\_ M\_\_\_\_\_ TNM Stage\_\_\_\_\_

ICD-O Codes \_\_\_\_\_

## II: Pathology Review

**In Situ/Benign Lesions** (Check all that apply)

<b><u>DCIS</u></b>	<b><u>PRIMARY PATTERN</u></b>	<b><u>SECONDARY PATTERN</u></b>	<b><u>GRADE</u></b>
Micropapillary	_____	_____	1 = Low 2 = Intermediate 3 = High
Cribiform	_____	_____	1 = Low 2 = Intermediate 3 = High
Solid	_____	_____	1 = Low 2 = Intermediate 3 = High
Comedo	_____	_____	1 = Low 2 = Intermediate 3 = High

**Other Findings**

Positive Margins	_____	0 = Absent	1 = Present	2 = Uncertain	9 = Unknown
Pushing Margins	_____	0 = Absent	1 = Present	2 = Uncertain	9 = Unknown
In Situ Margins	_____	0 = Absent	1 = Present	2 = Uncertain	9 = Unknown
Necrosis	_____	0 = Absent	1 = Present	2 = Uncertain	9 = Unknown
Ductal Atypia	_____	0 = Absent	1 = Present	2 = Uncertain	9 = Unknown
Atypical Ductal Hyperplasia	_____	0 = Absent	1 = Present	2 = Uncertain	9 = Unknown
Lobular Atypia	_____	0 = Absent	1 = Present	2 = Uncertain	9 = Unknown
Atypical Lobular Hyperplasia	_____	0 = Absent	1 = Present	2 = Uncertain	9 = Unknown
LCIS	_____	0 = Absent	1 = Present	2 = Uncertain	9 = Unknown
Sclerosing Adenosis	_____	0 = Absent	1 = Present	2 = Uncertain	9 = Unknown



ID# \_\_\_\_\_ Family ID# \_\_\_\_\_ Tumor/Specimen# \_\_\_\_\_ Date \_\_\_\_\_

## II: Pathology Review (continued)

### Invasive Cancer

### Discrepancies

		0 = Absent, 1 = Present, 2 = Uncertain	Yes	No
<b>Invasive Cancer</b>	_____		<input type="checkbox"/>	<input type="checkbox"/>
<b>Microinvasion</b>	_____		<input type="checkbox"/>	<input type="checkbox"/>
<b>Multicentric</b>	_____		<input type="checkbox"/>	<input type="checkbox"/>

### Invasive Cancer Type

<b>TYPE</b>	<b><u>Primary Pattern</u></b>	<b><u>Secondary Pattern (if more than one type)</u></b>
Infiltrating ductal (NOS)	_____	_____
Tubular	_____	_____
Cribiform	_____	_____
Mucinous	_____	_____
Medullary		
Classic	_____	_____
Atypical	_____	_____
Metaplastic	_____	_____
Adenoid cystic	_____	_____
Infiltrating lobular		
Classical	_____	_____
Trabecular	_____	_____
Alveolar	_____	_____
Solid	_____	_____
Tubulo-lobular	_____	_____
High grade cytology		
Pleomorphic	_____	_____

Other

Please specify primary pattern \_\_\_\_\_

Please specify secondary pattern \_\_\_\_\_

ID# \_\_\_\_\_ Family ID# \_\_\_\_\_ Tumor/Specimen# \_\_\_\_\_ Date \_\_\_\_\_

## **II: Pathology Review (continued)**

### **Features** (Check all that apply)

Lymphatic Invasion	___	<b>0 = Absent</b>	<b>1 = Present</b>	<b>2 = Uncertain</b>	<b>4 = Unknown</b>
Vascular invasion	___	<b>0 = Absent</b>	<b>1 = Present</b>	<b>2 = Uncertain</b>	<b>4 = Unknown</b>
Extensive Intraductal Component	___	<b>0 = Absent</b>	<b>1 = Present</b>	<b>2 = Uncertain</b>	<b>4 = Unknown</b>
Dermal Lymphatic Invasion	___	<b>0 = Absent</b>	<b>1 = Present</b>	<b>2 = Uncertain</b>	<b>4 = Unknown</b>
Tumor Necrosis	___	<b>0 = Absent</b>	<b>1 = Present</b>	<b>2 = Uncertain</b>	<b>4 = Unknown</b>
Paget's Disease	___	<b>0 = Absent</b>	<b>1 = Present</b>	<b>2 = Uncertain</b>	<b>4 = Unknown</b>
Positive Margins					
Invasive	___	<b>0 = Absent</b>	<b>1 = Present</b>	<b>2 = Uncertain</b>	<b>4 = Unknown</b>
Chestwall	___	<b>0 = Absent</b>	<b>1 = Present</b>	<b>2 = Uncertain</b>	<b>4 = Unknown</b>

### **Lymph Nodes**

Number Examined	_____	<b>0 = Absent</b>	<b>1 = Present</b>
Number Positive	_____	<b>0 = Absent</b>	<b>1 = Present</b>
Extranodal Invasion	_____	<b>0 = Absent</b>	<b>1 = Present</b>

### **Grade**

Histologic	_____	<b>1 = Low</b>	<b>2=Intermediate</b>	<b>3 = High</b>
Nuclear	_____	<b>1 = Low</b>	<b>2=Intermediate</b>	<b>3 = High</b>
Total	_____	<b>1 = Low</b>	<b>2=Intermediate</b>	<b>3 = High</b>

### **Tubule Formation** (Check one)

_____	< 10%
_____	10-75%
_____	> 75%





ID# \_\_\_\_\_ Family ID# \_\_\_\_\_ Tumor/Specimen# \_\_\_\_\_ Date \_\_\_\_\_

**Cooperative Family Registry for Breast Cancer Studies**

Confirmation Reported of Ovarian Cancer History

Ovarian cancer diagnosis confirmation code: \_\_\_\_\_

- 0 = Not confirmed, relies on family history provided by relative
- 1 = Death certificate noting cancer of specific site (may differ from relative's recall)
- 2 = Medical Records indicating treatment for cancer of specific site
- 3 = Pathology report indicating tumor site and histology
- 4 = Histologic slides retrieved and reviewed by pathologist
- 5 = No cancer – benign breast tissue
- 6 = No cancer – prophylactic surgery
- 9 = No ovarian surgery

Ovarian tissue obtained:

- 0 = No ovarian surgery
- 1 = Yes, one ovary                      2 = Yes, both ovaries
- 9 = No, not available

Total number of slides \_\_\_\_\_

**Laterality**                      \_\_\_\_\_ 1=Left                      2=Right                      3=Bilateral                      4=Unilateral NOS

**Stage I Tumor limited to the ovaries**

- 1A:    \_\_\_\_\_ One ovary. No ascites. No tumor on external surface. Capsule intact.
- 1B:    \_\_\_\_\_ Both ovaries. No ascites. No tumor on external surface. Capsule intact.
- 1C:    1A or 1B but with:
  - \_\_\_\_\_ Tumor on the surface of one or both ovaries.
  - \_\_\_\_\_ Capsule ruptured spontaneously.
  - \_\_\_\_\_ Capsule ruptured intraoperatively.
  - \_\_\_\_\_ Ascites with positive cytology.
  - \_\_\_\_\_ No ascites. Positive peritoneal washings.
  - \_\_\_\_\_ Not otherwise specified

ID# \_\_\_\_\_ Family ID# \_\_\_\_\_ Tumor/Specimen # \_\_\_\_\_ Date \_\_\_\_\_

**Stage II Tumor involving one or both ovaries with pelvic extension**

\_\_\_\_ IIA: Extension or metastases to uterus or fallopian tubes.

\_\_\_\_ IIB: Extension to other pelvic tissues.

IIC: IIA or IIB but with:

\_\_\_\_ Tumor on the surface of one or both ovaries

\_\_\_\_ Capsule ruptured spontaneously.

\_\_\_\_ Capsule ruptured intraoperatively.

\_\_\_\_ Ascites with positive cytology.

\_\_\_\_ No ascites. Positive peritoneal washings.

\_\_\_\_ Not otherwise specified.

**Stage III Tumor involving one or both ovaries with peritoneal implants outside the pelvis and/or positive retroperitoneal inguinal nodes. Superficial liver metastases. Tumor limited to true pelvis but with pathologically confirmed malignant extension to small bowel or omentum**

IIIA: \_\_\_\_ Tumor grossly limited to true pelvis. Negative nodes but pathologically confirmed microscopic seeding of abdominal peritoneum.

IIIB: \_\_\_\_ Negative nodes. Pathologically confirmed implants  $\leq 2$  cm.

IIIC: \_\_\_\_ Positive retroperitoneal or inguinal nodes or implants  $\leq 2$  cm.

**Stage IV Tumor involving one or both ovaries with distant metastases. Malignant pleural effusion is present, must be cytologically confirmed. Parenchymal liver metastases.**

IV: \_\_\_\_

**Type of Surgery:**                      **Date of Surgery** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Unilateral adnexectomy

\_\_\_\_ Bilateral adnexectomy

\_\_\_\_ TAHBSO

\_\_\_\_ TAHBSO + Staging procedure

\_\_\_\_ TAHBSO + Staging procedure + appendectomy

(Additional) Slide Review Needed

\_\_\_\_ No

\_\_\_\_ Yes: specify \_\_\_\_\_

SEN: Benign

- \_\_\_ Serous
- \_\_\_ Mucinous, mullerian
- \_\_\_ Mucinous, intestinal
- \_\_\_ Endometrioid
- \_\_\_ Transitional (Brenner)
- \_\_\_ Clear cell
- \_\_\_ Mixed: \_\_\_\_\_

SEN: Borderline

- \_\_\_ Serous
- \_\_\_ Mucinous, mullerian
- \_\_\_ Mucinous, intestinal
- \_\_\_ Endometrioid
- \_\_\_ Transitional (Brenner)
- \_\_\_ Clear cell
- \_\_\_ Mixed: \_\_\_\_\_

**SEN: Carcinoma**

- \_\_\_ Serous
- \_\_\_ Mucinous, mullerian
- \_\_\_ Mucinous, intestinal
- \_\_\_ Endometrioid
- \_\_\_ Transitional (Brenner)
- \_\_\_ Clear cell
- \_\_\_ Mixed: \_\_\_\_\_
- \_\_\_ Undifferentiated

**OTHER:**

- \_\_\_ Carcinosarcoma
- \_\_\_ Adenosarcoma

**Sex Cord Stromal Tumors**

- \_\_\_ Adult granulosa cell tumor
- \_\_\_ Juvenile granulosa cell tumor
- \_\_\_ Fibroma/thecoma
- \_\_\_ Other: \_\_\_\_\_

**Germ Cell**

- \_\_\_ Benign (type) \_\_\_\_\_
- \_\_\_ Malignant (type) \_\_\_\_\_

**Miscellaneous:**

- \_\_\_ Specify type: \_\_\_\_\_

ID# \_\_\_\_\_ Family ID# \_ \_ \_ \_ \_ Tumor/Specimen # \_\_\_\_\_ Date \_\_\_\_\_

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**Histologic Grade**

**Cytologic Grade**

Nuclear Pleomorphism

C2	C3	C3
C2	C2	C3
C1	C1	C2

Mitotic Index

**Composite Grade**

Cytology

III	III	III
I	II	III
I	I	II

Architecture

**Overall Grade**

Well differentiated (I)

Moderately differentiated (II)

Poorly differentiated (III)

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