



Clinical Case Report

ICD-0-3
Carcinoma, Squamous cell, NOS (For
8070/3)

Site: Tongue, NOS C02.9

ju 9/26/12

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 53	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married	Vietnamese	
Gender	Weight	Blood Pressure Heart Rate		
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	56 kg		1016	

HISTORY OF PRESENT ILLNESS

Chief Complaints: An ulceration at the tongue ; painful .

Symptoms: Fever .

Clinical Findings:

Performance Scale (Karnofsky Score):

- 100 Asymptomatic 80-90 Symptomatic but Fully Ambulatory 60-70 Symptomatic, in bed less than 50% of day
 40-50 Symptomatic, in bed more than 50% of day, but not bed ridden 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 type="checkbox"/> Peri-Menopausal	Date of Last Menses
<input checked="" type="checkbox"/> Post-menopausal		
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 X		

CLINICAL DIAGNOSIS

Preoperative Clinical Diagnosis

Tongue Cancer

Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis
Clinical Staging	Date of Diagnosis
T ₂ N ₁ M ₀	Stage: III

Treatment Information

SURGICAL TREATMENT

Procedure	Date of Procedure
<i>Resection of 1/3 point of the tongue</i>	

Primary Tumor

Organ	Detailed Location	Size
<i>Tongue tumor</i>	<i>head of the Tongue 3x3 cm</i>	
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

T₂ N₁ M₀ Stage: III

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
4	0	4	0			4	0
Time to LN2		Time to Formalin		Time to LN2			
9	min	10	min		min		

PATHOLOGICAL DESCRIPTION

Primary Tumor

Organ	Size	Extension of Tumor	Distance to NAT
Tongue Tumor	3.5 x 3 x 2 cm	head of Tongue	cm
Lymph Nodes			
Location # Examined # Metastasized			

Distant Metastasis

Organ	Detailed Location	Size

Pathological Staging

pT₂ N₁ M₀ Stage: III

Notes: Nodes 2 (positive 1, negative 1)

Microscopic Description

Histological Pattern											
Cell Distribution			+	-	Structural Pattern			+	-		
Diffuse	X		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	X		Glandular cell			Round Cell			Large Cell		
Spindle Cell			Cell Stratification			Fibroblast			Small Cell		
Keratin	X		Secretion			Osteoblast			RS Cell/RS Like		
Desmosome			Intracyt. Vacuole			Lipoblast			Inflam. Cell		
Pearl			Gland formation			Myoblast			Plasma Cell		
Cellular Differentiation:				X Well		Moderate		Poor			
Nuclear Appearance											
Nuclear Atypia:						0	I	II	III		
Aniso Nucleosis						X					
Hyperchromatism							X				
Nucleolar Prominent								X			
Multinucleated Giant Cell									X		
Mitotic Activity							X				
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: CARCINOMA OF THE TONGUE
(Well differentiated) pT2N1M0 **Grade:** 1

Comments:

Principal Investigator

Pathologist

Date

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	X		Glandular cell			Round Cell			Large Cell		
Spindle Cell	X		Cell Stratification			Fibroblast			Small Cell		
Keratin	X		Secretion			Osteoblast			RS Cell/RS Like		
Desmosome	X		Intracyt. Vacuole			Lipoblast			Inflam. Cell		
Pearl	X		Gland formation			Myoblast			Plasma Cell		
Otherwise Specified:	D ₁ 50% D ₂ 60% D ₃ 50%, D ₄ 5%, necrosis 1%										

2. Cellular Differentiation:

Well	Moderately	Poor
X		

3. Nuclear Atypia:

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

Histological Diagnosis: Squamous Cell Carcinoma, G₁

Comments: M₁ : Carcinoma metastasized to L₄
M₂ : Reactive lymphadenitis

Date

Director, Research Pathology

* (INTEGRATED REPORT OF FINDINGS BY CONTRIBUTOR AND

PATHOLOGIST STAFF FOR RESEARCH USE ONLY).

Criteria	Yes	No
Diagnosis Discrepancy	X	
Primary Tumor Site Discrepancy	X	
HIPAA Discrepancy	X	
Prior Malignancy History	X	
Dual/Synchronous Primary Malignancy		
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED		
Reviewed by (initials)	Date Reviewed: 8/20/12	

8/20/12