



Clinical Case Report

(For Collection of Cancerous Tissue)

ICD-O-3

Carcinoma, squamous cell, NOS
8070/3

Site: cervix, NOS C53.9

lw 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
		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	ASIAN	
Gender	Weight			
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female				

HISTORY OF PRESENT ILLNESS

Chief Complaints: Abnormal bleeding; vaginal

Symptoms: Weakness; weight loss

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 / /

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 checked="" type="checkbox"/> Peri-Menopausal <input type="checkbox"/> Post-menopausal	Date of Last Menses	# of Live Births
Birth Control:	<input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input 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 ✓	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 ₁ M ₀	Stage: III B	

Treatment Information

SURGICAL TREATMENT		
Procedure	Date of Procedure	
Hysterectomy		
Primary Tumor		
Organ	Detailed Location	Size
Cervical cancer		15 x 1 x 0,8 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 ₁ M ₀	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 _____

Preserved by: _____ Date _____

SPECIMEN TYPE (# of samples provided)											
Frozen		Paraffin Block		Blood/Serum/Plasma		Slide					
Diseased	Normal	Diseased	Normal	Diseased	Normal	Diseased	Normal				
4	1	4	1					4	1		
Time to LN2		Time to Formalin		Time to LN2							
10	min	11	min				min				

PATHOLOGICAL DESCRIPTION

Primary Tumor

Organ	Size	Extension of Tumor	Distance to NAT
Cervical Tumor	8.5 x 1 x 2.8cm		2 cm
Lymph Nodes			
Location # Examined # Metastasized			

Distant Metastasis

Organ	Detailed Location	Size

Pathological Staging

pT 1	N 0	M 0	Stage: <u>IB</u>
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Notes:

Lymph node 2 (positive, negative 1).

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:

Otherwise Specified: D₁ 60% D₂ 75%, D₃ 75% D₄ 75%, Reverses 1/2

2. Cellular Differentiation:

Well	Moderately	Poor

3. Nuclear Atypia:

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

Histological Diagnosis: Squamous Cell carcinoma, Cr 3

Comments: N₁: *longirostris* invaded
N₁, N₂: offshore byoplanktonic

Director, Research Pathology

Date

*** (INTEGRATED REPORT OF FINDINGS BY CONTRIBUTOR AND**

PATHOLOGIST STAFF FOR RESEARCH USE ONLY).

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
IPAP Discrepancy		X
Prior Malignancy History		X
Initial/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials:	Date Reviewed: 8/1/13	