



# Clinical Case Report

(For Collection of Cancerous Tissue)

ICD-O-3  
Carcinoma, squamous cell  
non-keratinizing NOS  
8072/3  
Site Cervix Uteri,  
Cervix NOS C53.9  
JW 4/2/13

## 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
Gender	Weight	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married	Vietnamese	36
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	50	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Blood Pressure	Heart Rate
			120/70	71

HISTORY OF PRESENT ILLNESS
Chief Complaints: Menorrhagia
Symptoms: Menorrhagia for 2 months
Clinical Findings: Vulva, vaginal were normal. tumour on posterior cervical lip, uterus was normal.
Performance Scale (Karnofsky Score): <input type="checkbox"/> 100 Asymptomatic <input checked="" 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

CURRENT MEDICATIONS				
Drug	Dose	Route	Frequency	Date (mm/dd/yyyy)
no				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /

PAST MEDICAL HISTORY			
Diagnosis/Disease/Disorder/Injury	Diagnosis Date	Treatment	Status
<u>NA</u>			

OB/GYN HISTORY		
<b>Menopausal Status</b>	<b>Date of First Menses</b>	<b># of Pregnancies</b>
<input type="checkbox"/> Pre-menopausal		<u>3</u>
<input type="checkbox"/> Peri-Menopausal	<b>Date of Last Menses</b>	<b># of Live Births</b>
<input type="checkbox"/> Post-menopausal	<u>2007 menorrhagia</u>	<u>3</u>
<b>Birth Control:</b> <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input checked="" type="checkbox"/> IUD <input type="checkbox"/> Other: _____		<input type="checkbox"/> Hormone Replacement Therapy: <u>NA</u>

SOCIAL HISTORY				
<b>Occupation:</b> _____		<b>Environmental Hazards:</b> <u>NA</u>		
Smoking History				
<b>Current Status</b>	<b>TYPE</b>	<b>Packs/day</b>	<b>Duration</b>	<b>When Quit</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)
Alcohol Consumption				
<b>Current Status</b>	<b>TYPE</b>	<b>Drinks/day</b>	<b>Duration</b>	<b>When Quit</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)
Drug Use				
<b>Current Status</b>	<b>TYPE</b>	<b>Frequency</b>	<b>Duration</b>	<b>When Quit</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(yrs)	(yr)

FAMILY MEDICAL HISTORY		
Relative	Diagnosis	Age of Diagnosis
<u>Normal</u>		

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: _____	<u>NA</u>	
Hep B	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive: _____		CA 15-3	<input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____	<u>NA</u>	
Hep C	<input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____	<u>NA</u>	CA 19-9	<input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____	<u>NA</u>	
AFP	<input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____	<u>NA</u>	PSA	<input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____	<u>NA</u>	
Other:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____	<u>NA</u>	Other:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____	<u>NA</u>	
B/T Cell Markers: <u>NA</u>						

DIAGNOSTIC STUDIES		
Study	Results	Date
Ultrasound	normal	
X-Ray (lungs)	normal	
CT	no	
Endoscopy	no	
MRI	no	
Biopsy	Squamous cell carcinoma	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
Cervical cancer		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
no	no	
Clinical Staging		Date of Diagnosis
T	N	M
Stage: T1a N0 M0		

### Treatment Information = IA

SURGICAL TREATMENT			
Procedure			Date of Procedure
Radical hysterectomy			
Primary Tumor			
Organ	Detailed Location	Size	
Cervix	on posterior lip	1.2 x 0.8 x 0.8 cm	
Extension of Tumor			
limited to posterior lip			
Lymph Nodes			
Description	Location of Lymph Nodes	# of Lymph Nodes	
Palpable, Non-Dissected Lymph Nodes	no		
Dissected Lymph Nodes	no		
Distant Metastasis			
Organ	Detailed Location	Size	
no			
Surgical Staging			
T	N	M	Stage: T1a N0 M0 = IA

NEOADJUVANT THERAPY (Chemo, Radiation, Immuno, Hormonal, or Molecular)				
Drug/Treatment	Dose	Route	Frequency	Date (mm/dd/yyyy)
no				/ / 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
1	1	1	1	1		1	1
Time to LN2		Time to Formalin		Time to LN2			
25 min		20 min		16 min			

PATHOLOGICAL DESCRIPTION			
Primary Tumor			
Organ	Size	Extension of Tumor	Distance to NAT
Cervix	1.2 x 0.8 x 0.8 cm	posterior lip	0.2 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
no	no		
Distant Metastasis			
Organ	Detailed Location	Size	
no			
Pathological Staging			
pT	N	M	Stage: T1a No Mo - 2A
Notes:			

## Microscopic Description

Histological Pattern											
Cell Distribution						Structural Pattern					
	+	-		+	-		+	-		+	-
Diffuse		<input checked="" type="checkbox"/>				Streaming		<input checked="" type="checkbox"/>			
Mosaic				<input checked="" type="checkbox"/>		Storiform					<input checked="" type="checkbox"/>
Necrosis				<input checked="" type="checkbox"/>		Fibrosis					<input checked="" type="checkbox"/>
Lymphocytic Infiltration		<input checked="" type="checkbox"/>				Palisading		<input checked="" type="checkbox"/>			
Vascular Invasion		<input checked="" type="checkbox"/>				Cystic Degeneration		<input checked="" type="checkbox"/>			
Clusterized				<input checked="" type="checkbox"/>		Bleeding					<input checked="" type="checkbox"/>
Alveolar Formation				<input checked="" type="checkbox"/>		Myxoid Change					<input checked="" type="checkbox"/>
Indian File				<input checked="" type="checkbox"/>		Psammoma/Calcification					<input checked="" type="checkbox"/>

  

Cellular Differentiation											
Squamous			Adenomatous			Sarcomatous			Lymphomatous		
	+	-		+	-		+	-		+	-
Squamoid Cell	<input checked="" type="checkbox"/>		Glandular cell		<input checked="" type="checkbox"/>	Round Cell		<input checked="" type="checkbox"/>	Large Cell		<input checked="" type="checkbox"/>
Spindle Cell	<input checked="" type="checkbox"/>		Cell Stratification		<input checked="" type="checkbox"/>	Fibroblast		<input checked="" type="checkbox"/>	Small Cell		<input checked="" type="checkbox"/>
Keratin		<input checked="" type="checkbox"/>	Secretion		<input checked="" type="checkbox"/>	Osteoblast		<input checked="" type="checkbox"/>	RS Cell/RS Like		<input checked="" type="checkbox"/>
Desmosome		<input checked="" type="checkbox"/>	Intracyt. Vacuole		<input checked="" type="checkbox"/>	Lipoblast		<input checked="" type="checkbox"/>	Inflam. Cell		<input checked="" type="checkbox"/>
Pearl		<input checked="" type="checkbox"/>	Gland formation		<input checked="" type="checkbox"/>	Myoblast		<input checked="" type="checkbox"/>	Plasma Cell		<input checked="" type="checkbox"/>

**Cellular Differentiation:**      Well      Moderate ☒      Poor

  

Nuclear Appearance				
Nuclear Atypia:	0	I	II	III
Aniso Nucleosis				<input checked="" type="checkbox"/>
Hyperchromatism				<input checked="" type="checkbox"/>
Nucleolar Prominent			<input checked="" type="checkbox"/>	
Multinucleated Giant Cell			<input checked="" type="checkbox"/>	
Mitotic Activity		<input checked="" type="checkbox"/>		

**Nuclear Grade:**      ☒      ☐      ☐

IHC Data			
Marker	Result	Value	Date
ER	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	No	
PR	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	No	
Her-2/neu	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	No	
B-Cell Marker	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	No	
T-Cell Marker	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	No	
Other:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	No	
Other:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	No	

## Final Pathology Report

Histological Diagnosis: Squamous cell carcinoma

Grade: II

Comments:

Principal Investigator

Pathologist

Date

## Consolidated Pathology Diagnosis

Histological Pattern											
Cell Distribution			Structural Pattern			Cell Distribution			Structural Pattern		
	+	-		+	-		+	-		+	-
Diffuse		<input checked="" type="checkbox"/>	Streaming								
Mosaic	<input checked="" type="checkbox"/>		Storiform								
Necrosis		<input checked="" type="checkbox"/>	Fibrosis								
Lymphocytic Infiltration	<input checked="" type="checkbox"/>		Palisading								
Vascular Invasion		<input checked="" type="checkbox"/>	Cystic Degeneration								
Clusterized	<input checked="" type="checkbox"/>		Bleeding								
Alveolar Formation		<input checked="" type="checkbox"/>	Myxoid Change								
Indian File		<input checked="" type="checkbox"/>	Psammoma/Calcification								
Cellular Differentiation											
Squamous	+	-	Adenomatous	+	-	Sarcomatous	+	-	Lymphomatous	+	-
Squamoid Cell	<input checked="" type="checkbox"/>		Glandular cell			Round Cell			Large Cell		
Spindle Cell	<input checked="" type="checkbox"/>		Cell Stratification			Fibroblast			Small Cell		
Keratin	<input checked="" type="checkbox"/>		Secretion			Osteoblast			RS Cell/RS Like		
Desmosome	<input checked="" type="checkbox"/>		Intracyt. Vacuole			Lipoblast			Inflam. Cell		
Pearl		<input checked="" type="checkbox"/>	Gland formation			Myoblast			Plasma Cell		
<b>Cellular Differentiation:</b> <input type="checkbox"/> Well <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Poor											
Nuclear Appearance											
Nuclear Atypia:			0	I	II	III					
Aniso Nucleosis						<input checked="" type="checkbox"/>					
Hyperchromatism						<input checked="" type="checkbox"/>					
Nucleolar Prominent						<input checked="" type="checkbox"/>					
Multinucleated Giant Cell						<input checked="" type="checkbox"/>					
Mitotic Activity						<input checked="" type="checkbox"/>					
<b>Nuclear Grade:</b>						<input checked="" type="checkbox"/>					

### Final Pathology Report

**Histological Diagnosis:** nonkeratinizing Squamous **Grade:** 3  
cell carcinoma

**Comments:**

D, 85%

Director, Research Pathology

Date

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 Tumor		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials: <u>MIS</u>	Date Reviewed: <u>2/15/13</u>	