



Clinical Case Report

(For Collection of Cancerous Tissue)

ICD-0-3

carcinoma, papillary, thyroid

8/26/13

Site: thyroid, nos C73.9

pw 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
	2	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		VIETNAMESE
Gender	Weight			Blood Pressure
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	2			Heart Rate

HISTORY OF PRESENT ILLNESS
Chief Complaints: oral sores that do not heal
Symptoms: Fever ; weight loss
Clinical Findings:
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)
				/ / 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 checked="" type="checkbox"/> Pre-menopausal	<i>years old</i>	<i>0 2</i>	
<input type="checkbox"/> Peri-Menopausal		# of Live Births	
<input type="checkbox"/> Post-menopausal	Date of Last Menses	<i>0 2</i>	
Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input checked="" type="checkbox"/> IUD <input type="checkbox"/> Other: _____			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 2 N 1 M 0 Stage: I		

Treatment Information

SURGICAL TREATMENT		
Procedure		Date of Procedure
ReSection of the right lobe of Thyroid		
Primary Tumor		
Organ	Detailed Location	Size
Thyroid tumor	Right	5 x 2 x 2 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 2 N 1 M 0 Stage: I		

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: _

Preserved by: _

SPECIMEN TYPE (# of samples provided)					
Frozen		Paraffin Block		Blood/Serum/Plasma	
Diseased	Normal	Diseased	Normal	Diseased	Normal
4	2	4	2		
Time to LN2		Time to Formalin		Time to LN2	
10 min		11 min			

PATHOLOGICAL DESCRIPTION			
Primary Tumor			
Organ	Size	Extension of Tumor	Distance to NAT
Thyroid Tumor	5 x 2 x 2 cm	Right Thyroid	2 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Distant Metastasis			
Organ	Detailed Location	Size	
Pathological Staging			
pT 2 N 1 M 0		Stage: I	
Notes:			
nodes = 4 (positive 2, Negative 2)			

CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM*

Microscopic Appearance:

1. Histological 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		

2. Cellular features:

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

Otherwise Specified:

M1 75% M2 75% M3 75% M4 70%

2. Cellular Differentiation:

Well	Moderately	Poor
<input checked="" type="checkbox"/>		

3. Nuclear Atypia:

Nuclear Appearance	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		<input checked="" type="checkbox"/>		

Histological Diagnosis: Papillary Thyroid Carcinoma, G1

Comments: M1: Carcinoma metastasized to LN
M2: Chronic Lymphadenitis

Date

*(INTEGRATED REPORT OF FINDINGS BY CONTRIBUTOR AND

PATHOLOGIST STAFF FOR RESEARCH USE ONLY).

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 Noted		<input checked="" type="checkbox"/>
Case is (c) (4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reviewer (c) (4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Date Reviewed: 8/30/12		