



## Clinical Case Report

(For Collection of Cancerous Tissue)

1CD - 0 - 3

CQCF : adenocarcinoma, endocervical type  
8384/3

Path. adenocarcinoma, nos 8140/3

Site cervix, nos C53.9, JWL  
3/14/13

### 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      |
|  | 160    | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married<br><input type="checkbox"/> Divorced <input type="checkbox"/> Widow | Vietnam                  | 36.5             |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | 51     |   | Blood Pressure<br>110/70 | Heart Rate<br>70 |

### HISTORY OF PRESENT ILLNESS

**Chief Complaints:**  

- 13 weeks of gestational age.
- abnormal vaginal bleeding.

**Symptoms:**  
 vaginal bleeding during pregnancy.

**Clinical Findings:**  

- 13 weeks of gestational age
- vulva and vagina were normal.
- mass 2cm in posterior lip

### 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) |
|------|------|-------|-----------|-------------------|
| ✓L2  |      |       |           | / / To / /        |
|      |      |       |           | / / To / /        |
|      |      |       |           | / / To / /        |
|      |      |       |           | / / To / /        |
|      |      |       |           | / / To / /        |

### PAST MEDICAL HISTORY

| Diagnosis/Disease/Disorder/Injury | Diagnosis Date | Treatment | Status |
|-----------------------------------|----------------|-----------|--------|
| <u>Normal</u>                     |                |           |        |
|                                   |                |           |        |
|                                   |                |           |        |
|                                   |                |           |        |
|                                   |                |           |        |

### OB/GYN HISTORY

|   |   |   |
|---|---|---|
| Menopausal Status   | Date of First Menses  | # of Pregnancies                          |
|   | <input type="checkbox"/> Pre-menopausal                         | 0   |
|   | <input type="checkbox"/> Peri-Menopausal                        | <input type="checkbox"/> # of Live Births |
| <input type="checkbox"/> Post-menopausal  |   |   |
| Birth Control: <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> IUD<br><input type="checkbox"/> Other: <u>use</u> | <input type="checkbox"/> Hormone Replacement Therapy: <u>no</u> |   |

### SOCIAL HISTORY

|   |                                  |            |          |           |
|---|----------------------------------|------------|----------|-----------|
| Occupation:   | Environmental Hazards: <u>no</u> |            |          |           |
| 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 |
|---------------|-----------|------------------|
| <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>no</u> |
| Hep B                   | <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive: _____ |      | CA 15-3 | <input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____ | <u>no</u> |
| Hep C                   | <input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____            |      | CA 19-9 | <input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____ | <u>no</u> |
| AFP                     | <input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____            |      | PSA     | <input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____ | <u>no</u> |
| Other:                  | <input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____            |      | Other:  | <input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____ | <u>no</u> |
| B/T Cell Markers: _____ |   |      |         |  |           |

| DIAGNOSTIC STUDIES |                         |                      |  |      |
|--------------------|-------------------------|----------------------|--|------|
| Study              | Results                 |                      |  | Date |
| Ultrasound         | perimenstrual           | fetal age n 13 weeks |  |      |
| X-Ray              | no                      |                      |  |      |
| CT                 | no                      |                      |  |      |
| Endoscopy          | no                      |                      |  |      |
| MRI                | no                      |                      |  |      |
| Biopsy             | mucinous adenocarcinoma |                      |  |      |

| 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:            | T <sub>1b</sub> N <sub>0</sub> M <sub>0</sub> |

### Treatment Information

= IB

| SURGICAL TREATMENT                  |                                |                  |        |  |
|-------------------------------------|--------------------------------|------------------|--------|--|
| Procedure                           | Date of Procedure              |                  |        |  |
| Methotrexate - Meier                |                                |                  |        |  |
| Primary Tumor                       |                                |                  |        |  |
| Organ                               | Detailed Location              | Size             |        |  |
| Cervix                              | posterior lip and endocervical | x                | cm     |  |
|                                     |                                | 4                | x      | 3x2 cm   |
| Extension of Tumor                  |                                |                  |        |  |
|                                     | into uterus                    |                  |        |  |
| Lymph Nodes                         |                                |                  |        |  |
| Description                         | Location of Lymph Nodes        | # of Lymph Nodes |        |  |
| Palpable, Non-Dissected Lymph Nodes | no                             | no               |        |  |
| Dissected Lymph Nodes               | D.L.V.                         | 7                |        |  |
| Distant Metastasis                  |                                |                  |        |  |
| Organ                               | Detailed Location              | Size             |        |  |
| no                                  |                                |                  |        |  |
| Surgical Staging                    |                                |                  |        |  |
| T                                   | N                              | M                | Stage: | T <sub>1a</sub> N <sub>0</sub> M <sub>0</sub> = IB |

| 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                                     | no     | 4                | no     | 1                  |        | 4        |        |
| Time to LN2                           |        | Time to Formalin |        | Time to LN2        |        |          |        |
| 15 min                                |        | 20 min           |        | 15 min             |        |          |        |

| PATHOLOGICAL DESCRIPTION |                   |                    |                 |
|--------------------------|-------------------|--------------------|-----------------|
| Primary Tumor            |                   |                    |                 |
| Organ                    | Size              | Extension of Tumor | Distance to NAT |
| Cervix                   | 4 x 3 x 3 cm      | Isthmus            | 0 cm            |
| Lymph Nodes              |                   |                    |                 |
| Location                 | # Examined        | # Metastasized     |                 |
| pelvis                   | 7                 | 2                  |                 |
| Distant Metastasis       |                   |                    |                 |
| Organ                    | Detailed Location | Size               |                 |
| no                       |                   |                    |                 |
|                          |                   |                    |                 |
|                          |                   |                    |                 |

| Pathological Staging |   |   |   |
|----------------------|---|---|---|
| pT                   | N | M | Stage: pT <sub>1a</sub> N <sub>1</sub> M <sub>0</sub> = IIB |
| Notes:               |   |   |   |

### Microscopic Description

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

| IHC Data      |   |       |      |
|---------------|---|-------|------|
| Marker        | Result  | Value | Date |
| ER            | <input type="checkbox"/> Negative <input type="checkbox"/> Positive | W     |      |
| PR            | <input type="checkbox"/> Negative <input type="checkbox"/> Positive | W     |      |
| Her-2/neu     | <input type="checkbox"/> Negative <input type="checkbox"/> Positive | W     |      |
| B-Cell Marker | <input type="checkbox"/> Negative <input type="checkbox"/> Positive | W     |      |
| T-Cell Marker | <input type="checkbox"/> Negative <input type="checkbox"/> Positive | W     |      |
| Other:        | <input type="checkbox"/> Negative <input type="checkbox"/> Positive | W     |      |
| Other:        | <input type="checkbox"/> Negative <input type="checkbox"/> Positive | W     |      |

### Final Pathology Report

Histological Diagnosis: Adeno carcinoma Grade: IT

Comments: could not exclude Adeno & squamous carcinoma per TSS on 2/15/13 - no squamous cell. BCR

Principal Investigator

Pathologist

Date

# Consolidated Pathology Diagnosis

| <b>Histological Pattern</b>      |   |   |                     |   |                           |                               |                                   |  |                     |   |   |
|----------------------------------|---|---|---------------------|---|---------------------------|-------------------------------|-----------------------------------|--|---------------------|---|---|
| <b>Cell Distribution</b>         |   |   | +                   | - | <b>Structural Pattern</b> |                               |                                   | +  | -                   |   |   |
| 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                      |   |   |                     |   | Psammoma/Calcification    |                               |                                   |  |                     |   |   |
| <b>Cellular Differentiation</b>  |   |   |                     |   |                           |                               |                                   |  |                     |   |   |
| <b>Squamous</b>                  | + | - | <b>Adenomatous</b>  | + | -                         | <b>Sarcomatous</b>            | +                                 | -  | <b>Lymphomatous</b> | + | - |
| Squamoid Cell                    |   |   | Glandular cell      | X |                           | Round Cell                    |                                   |  | Large Cell          |   |   |
| Spindle Cell                     |   |   | Cell Stratification | X |                           | Fibroblast                    |                                   |  | Small Cell          |   |   |
| Keratin                          |   |   | Secretion           | X |                           | Osteoblast                    |                                   |  | RS Cell/RS Like     |   |   |
| Desmosome                        |   |   | Intracyt. Vacuole   | X |                           | Lipoblast                     |                                   |  | Inflam. Cell        |   |   |
| Pearl                            |   |   | Gland formation     | X |                           | Myoblast                      |                                   |  | Plasma Cell         |   |   |
| <b>Cellular Differentiation:</b> |   |   |                     |   |                           | <input type="checkbox"/> Well | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Poor |                     |   |   |
| <b>Nuclear Appearance</b>        |   |   |                     |   |                           |                               |                                   |  |                     |   |   |
| <b>Nuclear Atypia:</b>           |   |   |                     |   |                           | 0                             | I                                 | II                                       | III                 |   |   |
| Aniso Nucleosis                  |   |   |                     |   |                           |                               |                                   |  |                     | X |   |
| Hyperchromatism                  |   |   |                     |   |                           |                               |                                   |  |                     | X |   |
| Nucleolar Prominent              |   |   |                     |   |                           |                               |                                   |  |                     | X |   |
| Multinucleated Giant Cell        |   |   |                     |   |                           |                               |                                   |  |                     | X |   |
| Mitotic Activity                 |   |   |                     |   |                           |                               |                                   |  |                     | X |   |
| <b>Nuclear Grade:</b>            |   |   |                     |   |                           |                               |                                   |  |                     |   |   |

## Final Pathology Report

**Histological Diagnosis:** Adenosarcoma **Grade:** 3

**Comments:**

D<sub>1</sub> 75%, D<sub>2</sub> 60%, D<sub>3</sub> 65%, D<sub>4</sub> 65%

Director, P

Date

10/3/14/13

Yes

No

|                                |                                     |                          |
|--------------------------------|-------------------------------------|--------------------------|
| Criteria                       |                                     |                          |
| 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       | <input checked="" type="checkbox"/> | Noted                    |
| Case in Circles                | <input checked="" type="checkbox"/> | QUALIFIED / DISQUALIFIED |
| Reviewer Initials              | Date Reviewed: <u>10/15/13</u>      |                          |

TSS submitted dx discrepancy from stating  
dx as "Adenocarcinoma, endocervical type"

BCR

## TCGA Pathologic Diagnosis Discrepancy Form

V4.00

**Instructions:** The TCGA Pathologic Diagnosis Discrepancy Form should be completed when the pathologic diagnosis documented on the initial pathology report for a case submitted for TCGA is inconsistent with the diagnosis provided on the Case Quality Control Form completed for the submitted case.

Tissue Source Site (TSS): \_\_\_\_\_ TSS Identifier: \_\_\_\_\_ TSS Unique Patient Identifier: \_\_\_\_\_

Completed By (Interviewer Name on OpenClinica): \_\_\_\_\_ Completed Date: \_\_\_\_\_

### Diagnosis Information

| # | Data Element   | Entry Alternatives                 | Working Instructions   |
|---|--|------------------------------------|--|
| 1 | Pathologic Diagnosis Provided on Initial Pathology Report                      | <u>Adenocarcinoma</u>              | Provide the diagnosis/ histologic subtype(s) documented on the initial pathology report for this case. If the histology for this case is mixed, provide all listed subtypes. |
| 2 | Histologic features of the sample provided for TCGA, as reflected on the CQCF. | <u>Endocervical Adenocarcinoma</u> | Provide the histologic features selected on the TCGA Case Quality Control Form completed for this case.  |

### Discrepancy between Pathology Report and Case Quality Control Form

|   |   |  |  |
|---|---|--|--|
| 3 | Provide the reason for the discrepancy between the pathology report and the TCGA Case Quality Control Form. | <i>Adenocarcinoma of the cervix implies endocervical type unless otherwise specified.<br/>Both diagnosis are equivalent.</i> | Provide a reason describing why the diagnosis on the initial pathology report for this case is not consistent with the diagnosis selected on the TCGA Case Quality Control Form. |
| 4 | Name of TSS Reviewing Pathologist or Biorepository Director   |  | Provide the name of the pathologist who reviewed this case for TCGA.   |

*I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.*

TSS Reviewing Pathologist or Biorepository Director

Date

*I acknowledge that the above information provided by my institution is true and correct and has been quality controlled. The Attending Pathologist or the Department Chairman has been informed or is aware of the above discrepancy in diagnoses.*

Principal Investigator Signature

Date