



ICD-0-3

## Clinical Case Report

(For Collection of Cancerous Tissue)

carcinoma, papillary, thyroid

8360/3

Site: thyroid, nos C73.9

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
	2.	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married	Vietnamese	
Gender	Weight	<input type="checkbox"/> Divorced <input type="checkbox"/> Widower		
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	?		Blood Pressure	Heart Rate

#### HISTORY OF PRESENT ILLNESS

**Chief Complaints:** oral sores that do not heal

**Symptoms:** Fever; 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 bedridden  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

<b>Menopausal Status</b>	<b>Date of First Menses</b>	<b># of Pregnancies</b>
	<i>years old</i>	0 2
	<b>Date of Last Menses</b>	<b># of Live Births</b>
<b>Birth Control:</b> <input type="checkbox"/> Condom <input type="checkbox"/> Oral Contraceptive <input checked="" type="checkbox"/> IUD <input type="checkbox"/> Other:	<b>Hormone Replacement Therapy:</b> _____	

### SOCIAL HISTORY

<b>Occupation:</b>	<b>Environmental Hazards:</b>			
<b>Smoking History</b>				
<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)
<b>Alcohol Consumption</b>				
<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)
<b>Drug Use</b>				
<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

### 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 checked="" type="checkbox"/> Positive: _____		PSA	<input type="checkbox"/> Negative <input type="checkbox"/> Positive: _____	
Other:	<input type="checkbox"/> Negative <input checked="" 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 <input checked="" type="checkbox"/>	Carcinoma	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis	
Clinical Staging		Date of Diagnosis
T <sub>2</sub> N <sub>1</sub> M <sub>0</sub>	Stage: I	

### Treatment Information

SURGICAL TREATMENT		
Procedure	Date of Procedure	
Resection of the right lobe of Thyroid		
Primary Tumor	Organ	Detailed Location
	Thyroid tumor	Right
Extension of Tumor	Organ	Size
		5 x 2 x 2 cm
Lymph Nodes		
Description	Location of Lymph Nodes	# of Lymph Nodes
Palpable, Non-Dissected Lymph Nodes		
Dissected Lymph Nodes		
Distant Metastasis	Organ	Size
Surgical Staging		
T <sub>2</sub> N <sub>1</sub> M <sub>0</sub>	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		Slide	
Diseased	Normal	Diseased	Normal	Diseased	Normal	Diseased	Normal
4	2	4	2			1	2
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
Thyroid Tumor	5 x 2 x 2 cm	Ruptured Thyroid	2 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Distant Metastasis			
Organ	Detailed Location	Size	
Pathological Staging			
pT <sub>2</sub>	N <sub>1</sub>	M <sub>0</sub>	Stage: I
Notes: Nodes = 4 ( positive 2, negative 2 )			

# CONSOLIDATED DIAGNOSTIC PATHOLOGY FORM\*

## Microscopic Appearance:

### 1. 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		

### 2. Cellular features:

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		

Otherwise Specified: *D1,752 D2,757 D3,752 D4,707*

### 2. Cellular Differentiation:

Well	Moderately	Poor
✓		

### 3. Nuclear Atypia:

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

Nuclear Grade

Histological Diagnosis: Papillary Thyroid Carcinoma, Cr 1

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

Date

Criteria	Yes	No
Diagnosis Discrepancy	✓	1/2
Primary Tumor Site Discrepancy	✓	8/30/12
HIPAA Discrepancy	✓	
Prior Malignancy History	✓	
Dual/Synchronous Primary Noted	✓	
Case is (circle): <input checked="" type="checkbox"/> EXCLUDED / <input type="checkbox"/> DISQUALIFIED	✓	
Reviewer Initials: <i>SL</i>	Date Reviewed: <i>8/30/12</i>	