

Redacted



Clinical Case Report

(For Collection of Cancerous Tissue)

ICD-0-3

carcinoma, squamous cell, NOS
8070/3

Site: cervix, NOS C53.9

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

HISTORY OF PRESENT ILLNESS
Chief Complaints: Abnormal bleeding; vaginal
Symptoms: Weakness; weight loss
Clinical Findings:
Performance Scale (Karnofsky Score): <input type="checkbox"/> 100 Asymptomatic <input type="checkbox"/> 80-90 Symptomatic but Fully Ambulatory <input checked="" 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 <input type="checkbox"/> Pre-menopausal <input checked="" type="checkbox"/> Peri-Menopausal <input type="checkbox"/> Post-menopausal	Date of First Menses	# of Pregnancies	
	Date of Last Menses	# of Live Births	
	Birth Control: <input type="checkbox"/> Condom <input checked="" 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	<i>Carcinoma</i>	

CLINICAL DIAGNOSIS		
Preoperative Clinical Diagnosis		
Location of Suspected Involved Lymph Nodes		Location of Suspected Distant Metastasis
Clinical Staging		Date of Diagnosis
T1 N1 M0 Stage: <i>III B</i>		

Treatment Information

SURGICAL TREATMENT			
Procedure			Date of Procedure
<i>Hysterectomy</i>			
Primary Tumor			
Organ	Detailed Location	Size	
<i>Cervical cancer</i>		<i>1.5 x 1 x 0.8 cm</i>	
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			
T1 N1 M0 Stage: <i>III</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: _

_____ 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					

PATHOLOGICAL DESCRIPTION			
Primary Tumor			
Organ	Size	Extension of Tumor	Distance to NAT
Cervical Tumor	1.5 x 1 x 2.8 cm		2 cm
Lymph Nodes			
Location	# Examined	# Metastasized	
Distant Metastasis			
Organ	Detailed Location	Size	
Pathological Staging			
pT 1 N 0 M 0		Stage: A IB	
Notes: Lymph node 2 (positive 1, negative 1)			

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	<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		

Otherwise Specified:

N1 60% N2 75% N3 75% N4 75% Necrosis 12

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				<i>4</i>

Histological Diagnosis: *Squamous Cell Carcinoma, G3*

Comments: *N1: Carcinoma invaded
N1, N2: Chronic lymphadenitis*

Director, Research Pathology

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"/>
IHPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Local/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle) QUALIFIED / DISQUALIFIED		
Reviewer Initials	<i>KMT</i>	
Date Reviewed:	<i>8/20/12</i>	