



Clinical Case Report

(For Collection of Cancerous Tissue)

ICD-0-3
CQCF: adenocarcinoma, endocervical type
8384/3

Path: adenocarcinoma, NOS 8140/3

Site: cervix, NOS C53.9, 1w
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 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Race	Temperature
Gender	Weight		Blood Pressure	Heart Rate
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	51		110/70	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 seen in posterior lip
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)
MS				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /
				/ / To / /

PAST MEDICAL HISTORY			
Diagnosis/Disease/Disorder/Injury	Diagnosis Date	Treatment	Status
normal			

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

SOCIAL HISTORY				
Occupation:		Environmental Hazards:		
		no		
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
normal		

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

DIAGNOSTIC STUDIES		
Study	Results	Date
Ultrasound	pregnancy / fetal age ~ 13 week	
X-Ray	no	
CT	no	
Endoscopy	no	
MRI	no	
Biopsy	invasive adenocarcinoma	

CLINICAL DIAGNOSIS	
Preoperative Clinical Diagnosis	
cervical cancer.	
Location of Suspected Involved Lymph Nodes	Location of Suspected Distant Metastasis
no	no
Clinical Staging	
T N M	Stage: T1b N0 M0
Date of Diagnosis	

Treatment Information

= IB

SURGICAL TREATMENT		
Procedure		Date of Procedure
Wertheim - Meigs		
Primary Tumor		
Organ	Detailed Location	Size
CEX Vx	posterior lip and endocervical	cm
Extension of Tumor		4 x 3 x 3 cm
inv. mus.		
Lymph Nodes		
Description	Location of Lymph Nodes	# of Lymph Nodes
Palpable, Non-Dissected Lymph Nodes	no	no
Dissected Lymph Nodes	pelvic	7
Distant Metastasis		
Organ	Detailed Location	Size
no		
Surgical Staging		
T N M	Stage: T1b N1 M0 = 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: pT2a N1 Mx = <u>II</u> B
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	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: Adeno Carcinoma **Grade:** II

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

Principal Investigator

Pathologist

Date

Consolidated Pathology Diagnosis

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			Psammoma/Calcification							

Cellular Differentiation															
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			

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:				<input checked="" type="checkbox"/>

Final Pathology Report

Histological Diagnosis: Adenocarcinoma **Grade:** 3

Comments:

D₁ 75% D₂ 60% D₃ 65% D₄ 55%

Director, Pathology

TSS submitted dx discrepancy from stating
dx as "adenocarcinoma, endocervical type".
BCK

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		
Dual/Synchronous Primary Noted		
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials: <u>EMH</u>	Date Reviewed: <u>2/15/13</u>	

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.	<p><u>Adenocarcinoma of the cervix implies endocervical type unless otherwise specified.</u></p> <p><u>Both diagnosis are equivalent.</u></p>	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