**Case Scenario 1: Melanoma**

**PHYSICAL EXAMINATION**

Patient with a small, pigmented lesion involving the skin on the right arm. The rest of the physical exam was normal.

**PROCEDURES**

2/1/2015 Shave biopsy of skin lesion on the right arm

2/21/2015 Excision of skin lesion on right arm

**PATHOLOGY**

2/1/2015 Shave Biopsy of lesion: The specimen was 1.5 x 1.2 and irregularly shaped. A pigmented area, which measured 0.4 x 0.3 cm, was consistent with malignant melanoma. Breslow’s depth 1.0mm. Lateral margins were negative, but deep margin was microscopically positive. Ulceration was present. Mitotic rate was <1/mm2

2/15/2015 Sentinel lymph node biopsy: 1 of 3 nodes positive for metastasis.

2/21/2015 Wide excision: No residual melanoma.

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| **SS2000** |  | | | |

**Case Scenario 2: Melanoma**

**HISTORY:**

Patient presented for yearly primary care appointment. Doctor noticed a suspicious lesion on her back. No lymphadenopathy present.

**PROCEDURES**

6/21/2015 Shave biopsy of skin lesion on back

7/1/2015 Wide Excision

**PATHOLOGY**

6/21/2015: Shave biopsy of back: Lentigo maligna melanoma; Breslow depth 0.17 mm; Clark level II; no ulceration; no regression; mitotic rate less than 1/mm2; no LVI or perineural invasion; lateral margins positive. Margins are negative for tumor.

7/1/2015: Wide excision negative for residual melanoma.

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**Case Scenario 3: Colon**

**HISTORY**

Patient presented with anorexia and weight loss. A barium enema showed an obstructed area at the transverse colon that most likely represents cancer of the colon. A CT showed enlarged pericolic lymph nodes. The rest of the exam was negative for metastatic disease.

**PROCEDURES**

8/15/2015 Partial colectomy

**PATHOLOGY**

8/15/2015 Adenocarcinoma of the transverse colon invading into, but not through, the muscularis propria. 7 of the 23 pericolic lymph nodes removed were positive for metastasis.

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**Case Scenario 4: Colon**

**HISTORY**

A patient presents with anorexia and weight loss. A CT showed an obstructed area at the ascending colon consistent with malignancy. Also noted were malignant appearing pericolic lymph nodes and a suspicious lesion on the spleen. A CT guided biopsy of the splenic lesion was performed. The patient was referred for an oncologic consult, but expired before this could be done.

**IMAGING**

08/03/15 CT with biopsy of splenic lesion

**PATHOLGY**

8/03/15 splenic lesion biopsy: metastatic adenocarcinoma mostly likely from a colon primary.

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| **SS2000** |  | | | |

**Case Scenario 5: Lung**

**HISTORY AND PHYSICAL**

A patient presents with difficulty breathing, and hemoptysis. Patient is a current smoker.

**IMAGING**

04/25/2015 CT Chest: 2.5 cm lesion in the right main stem bronchus located 1.5cm from the carina and mediastinal lymphadenopathy.

**PROCEDURES**

05/15/2015 Bronchoscopy with biopsy and mediastinoscopy with biopsy

**PATHOLOGY**

5/15/2015: Biopsy of main stem bronchus lesion: Bronchioloalveolar carcinoma of right main stem bronchus. Biopsy of single mediastinal lymph node: metastatic carcinoma

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| **Clinical** |  |  |  |  |
| **Pathologic** |  |  |  |  |
| **SS2000** |  | | | |

**Case Scenario 6: Lung**

**HISTORY and PHYSICAL**

A patient had a routine chest x-ray in August that showed a new, left lower lobe nodule not present the prior year.

**IMAGING**

08/15/2015 CT scan of chest: A 4.7cm left lower lobe mass suspicious for malignancy. No lymphadenopathy or indication of metastasis.

**PROCEDURES**

08/17/2015 Bronchoscopy: Lesion not visualized

09/03/2015 Left lower lobectomy with dissection of pulmonary lymph nodes

**PATHOLOGY**

09/03/2015 Lung, Left lower, lobectomy: moderately differentiated squamous cell carcinoma; 5.1 cm in greatest dimension invades into, but not through the visceral pleura. Lymph-vascular invasion present, 3/6 hilar lymph nodes positive for metastasis.

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| **Pathologic** |  |  |  |  |
| **SS2000** |  | | | |