

Hair Straightener

Jane Doe

1. Age: D.O.B.: 10/07/1974

Age at Diagnosis: 48

2. Diagnosis:

- Diagnosed with endometrial adenocarcinoma FIGO grade 2 (J DOE 000291-000292)

3. Date of Diagnosis:

- 03/06/2023, Endometrial adenocarcinoma FIGO grade 2 seen during endocervical mass biopsy. (J DOE 000291-000292)
- 03/27/2023, Stage II grade 3 endometrioid endometrial carcinoma; cervical stromal invasion Present (J DOE 000050-000051)

4. Pathology:

- **(02/13/2023) – US transvaginal echogram:** Thickened heterogeneous endometrium which measures 1.8 cm. Further workup is recommended, per Gyn consultation. Heterogeneous fibroid uterus. Simple appearing left ovarian cyst or dominant follicle measuring 1.3 cm. (J DOE 000379-000380)
- **(03/06/2023) – Endocervical mass biopsy:** Endometrial adenocarcinoma, endometrium type, FIGO grade 2. Intact expression of mismatch repair proteins MLH1, MSH2, MSH6 & PMS2. (J DOE 000291-000292)
- **(03/08/2023) – Tissue at cervical biopsy:** Rare minute fragments of degenerating atypical glandular epithelium. Predominantly necrotic tissue. (J DOE 000272)
- **(03/16/2023) – CT of chest, abdomen and pelvis:** Heterogeneous, fibroid uterus with abnormal endometrial thickening, in keeping with known endometrial malignancy. No CT evidence of metastatic disease involving the chest, abdomen, or pelvis. Segment of mild circumferential mural thickening involving proximal/mid transverse colon, findings are nonspecific though sequela of infectious or inflammatory colitis may be considered in the appropriate setting. (J DOE 000222-000223)
- **(03/27/2023) –**
 - A. Uterus, cervix, bilateral fallopian tubes and ovaries, resection:** Poorly differentiated endometrioid carcinoma of the endometrium, FIGO grade 3. Carcinoma focally involves upper endocervical connective tissue. Fallopian tubes, negative for carcinoma. Adenomyosis. Leiomyomata.
 - B. Left pelvic lymph node, resection:** One lymph node, negative for carcinoma.
 - C. Right pelvic lymph nodes, resection:** Three lymph nodes. Negative for carcinoma. (J DOE 000127-000129)
- **(03/27/2023) – Pelvic Washing, Cytology:** No evidence of malignancy. (J DOE 000131)

Hair Straightener

Jane Doe

5. Provider that Diagnosed Illness/Cancer:

- Pathologist: E. Oh, M.D. <Endometrial Adenocarcinoma> (J DOE 000291)
- Surgeon: T.L. Williams, M.D. <Endometrial Adenocarcinoma> (J DOE 000287)

6. Relevant Past Medical History:

- Post-coital bleeding (J DOE 000395)
- Cryosurgery cervix (J DOE 000142)
- Laparoscopy surgical cholecystectomy (J DOE 000142)
- Abnormal Cervical Pap (J DOE 000263)
- Adenomyosis (J DOE 000127)
- Leiomyomata (J DOE 000127)
- Genital Herpes Simplex (J DOE 000140)

7. Previous Cancer Diagnosis: No

8. Relevant Family History:

- Grandfather died of lung cancer. (J DOE 000408)
- Grandmother had breast cancer. (J DOE 000408)
- Maternal grandfather had prostate cancer. (J DOE 000142)

9. Other Patient Risk Factors:

- DM2 (J DOE 000263)
- Unspecified anxiety disorder (J DOE 000263)
- Cognitive deficit in attention or concentration (J DOE 000263)
- Dry eyes syndrome (J DOE 000231)
- Conjunctival nevus (J DOE 000231)
- GERD (J DOE 000269)

10. Type of Treatment:

- (03/27/2023): Pelvic examination under anesthesia, diagnostic Laparoscopy, extensive Laparoscopic lysis of adhesions, Da Vinci robotic-assisted Total Laparoscopic Hysterectomy(TLH), Bilateral Salpingo-Oophorectomy(BSO), Da Vinci robotic-assisted pelvic lymph node sampling (J DOE 000126)
- (5/24/2023-7/5/2023) Radiation Therapy (J DOE 000411)

11. Treatment Frequency / Timeframe:

- External beam radiation therapy to the pelvis
-(25 Fractions) from: 05/24/2023 – 06/29/2023 (J DOE 000411)
- Vaginal brachytherapy boost to the vaginal cuff
-(3 Fractions) from: 06/30/2023 – 07/05/2023 (J DOE 000411)

Hair Straightener

Jane Doe

12. Compliant with Treatment: Yes

13. Did the treatment cause subsequent harm:

- Robotic assisted TLH and BSO with pelvic node excision caused interval cessation of vaginal bleeding. (J DOE 000408)
- Patient had lost about 10-15 lbs. over past 1 month since hysterectomy. (J DOE 000408)
- Radiation therapy caused diarrhea and mild urinary urgency towards the end of the radiation. (J DOE 000411)

14. Prognosis:

- 04/24/2023: Recommended external beam radiation to pelvis followed by a vaginal boost with brachytherapy for stage II endometrial cancer. Per PORTEC 3, no clear survival benefits for chemotherapy among stage I-II patients. (J DOE 000409)

15. Records Reviewed:

- Kaiser Permanente Medical Center (J DOE 000001-000405)
- Potomac Regional Cancer Center (J DOE 000406-000411)

16. Missing Records:

- 02/01/2023 - Pap Test (J DOE 000407)
- 04/26/2022 - Mammogram (J DOE 000394)
- 08/22/2019 - Pap Test (J DOE 000394)
- 03/18/2016 – CT abdomen and pelvis (J DOE 000375)
- 03/27/2023 - Post robotic assisted TLH-BSO and bilateral pelvic node excisions (J DOE 000411)

17. Impressions: Patient with post-coital bleeding found to have thickened and mildly heterogeneous endometrium 1.8cm during US Transvaginal echogram. Patient underwent endocervical mass biopsy which revealed grade 2 endometrial adenocarcinoma. She underwent laparoscopic hysterectomy and BSO. After surgery, she experienced interval cessation vaginal bleeding. Laparoscopic hysterectomy revealed cervical stromal and myometrial invasion. Patient received adjuvant radiation therapy in the setting of cervical invasion. She completed adjuvant radiation, external beam radiation with brachytherapy and chemotherapy treatment.