



SUMMIT PATHOLOGY
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ABNORMAL
SURGICAL PATHOLOGY REPORT

Patient: **TILLEY JR, JOHN LAWRENCE**

Med Rec#: **1235638**

PV: **00100859222**

DOB: **09/08/1960**

Age: **59**

Sex: **M**

Physician(s):

GILL SARVJIT MD

MCKEE MEDICAL CENTER

Accession #: 12103285

Date Collected: **05/22/2020**

Date Received: **05/22/2020**

Date Reported: **05/26/2020**

Test Requested: **McKee Surgical**

Result ID: **MS20-00827**

FINAL DIAGNOSIS:

A) LARYNX, RIGHT ARYTENOID, BIOPSY:

1. INVASIVE, MODERATELY-DIFFERENTIATED SQUAMOUS CELL CARCINOMA.
2. NO PERINEURAL OR LYMPH-VASCULAR INVASION IDENTIFIED.

B) TONGUE, RIGHT BASE, BIOPSY:

1. INVASIVE, MODERATELY-DIFFERENTIATED SQUAMOUS CELL CARCINOMA.
2. FOCAL PERINEURAL INVASION IS SEEN.
3. NO DEFINITIVE LYMPH-VASCULAR INVASION IDENTIFIED.

C) TONGUE, LEFT BASE, INFERIOR PHARYNX, BIOPSY:

1. INVASIVE, MODERATELY-DIFFERENTIATED SQUAMOUS CELL CARCINOMA.
2. FOCAL PERINEURAL INVASION IS SEEN.
3. NO DEFINITIVE LYMPH-VASCULAR INVASION IDENTIFIED.

D) TONGUE, MIDLINE BASE, EPIGLOTTIC REGION, BIOPSY:

1. INVASIVE, MODERATELY- TO POORLY-DIFFERENTIATED SQUAMOUS CELL CARCINOMA.
2. NO PERINEURAL OR LYMPH-VASCULAR INVASION IDENTIFIED.

E) LARYNX, LEFT ARYTENOID, BIOPSY:

1. INVASIVE, MODERATELY-DIFFERENTIATED SQUAMOUS CELL CARCINOMA.
2. NO PERINEURAL OR LYMPH-VASCULAR INVASION IDENTIFIED.

COMMENT:

The squamous cell carcinoma is predominantly non-keratinizing. Immunostain for p16 is performed on part D and is negative, consistent with an HPV-unrelated (negative) squamous cell carcinoma.

Carrie Pizzi, MD
Pathologist, Electronic Signature

The case has been reviewed with the following pathologist(s) who concur with the interpretation: Heath D Worcester, MD

Clinical History: Neck mass. Per operative note: Direct laryngoscopy. Near total loss of epiglottis with erosion of epiglottis and vallecula and tongue base, friable lesions noted involving the entire tongue base from left to right. Friable lesion extends from base of left tonsil down to level of the arytenoids, aryepiglottic folds bilaterally, midline tongue, and right tongue base. Larynx and laryngeal structures at the level of the true vocal cords appeared slightly inflamed but not involved by any gross neoplasm that is visible. Aryepiglottic folds necrotic. Epiglottis necrosed and fused to midline tongue base. Vallecula not identified. All biopsies highly suspicious for neoplasm.



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GROSS DESCRIPTION:

- A) Received in a formalin filled bottle/container, which has been verified to belong to patient: TILLEY JR, JOHN LAWRENCE and labeled "A right arytenoid" is a 0.5 x 0.5 x 0.3 cm irregular tan rubbery tissue, submitted in toto in block A1.
- B) Received in a formalin filled bottle/container, which has been verified to belong to patient: TILLEY JR, JOHN LAWRENCE and labeled "B right tongue base" is a 1.0 x 0.9 x 0.4 cm aggregate of irregular tan-pink soft to rubbery tissues, submitted in toto in block B1.
- C) Received in a formalin filled bottle/container, which has been verified to belong to patient: TILLEY JR, JOHN LAWRENCE and labeled "C left tongue base, inferior pharynx" is a 0.7 x 0.5 x 0.4 cm irregular tan rubbery tissue, submitted in toto in block C1.
- D) Received in a formalin filled bottle/container, which has been verified to belong to patient: TILLEY JR, JOHN LAWRENCE and labeled "D midline tongue base epiglottic lesion" is a 1.6 x 1.1 x 0.5 cm aggregate of irregular, pink, rubbery tissue, submitted in toto in block D1.
- E) Received in a formalin filled bottle/container, which has been verified to belong to patient: TILLEY JR, JOHN LAWRENCE and labeled "E left arytenoid" is a 0.6 x 0.5 x 0.4 cm round, tan rubbery tissue, submitted in toto block E1.

MICROSCOPIC DESCRIPTION:

- A) 1 block, 1 slide and 3 levels examined.
- B) 1 block, 1 slide and 3 levels examined.
- C) 1 block, 1 slide and 3 levels examined.
- D) 1 block, 1 slide and 2 levels examined. Immunostains are performed to further characterize the carcinoma. The carcinoma is negative for p16 and positive for p63 and CK 5/6. Controls stain appropriately.
- E) 1 block, 1 slide and 3 levels examined.

NOTE: The immunoperoxidase tests utilized in this examination were developed and their performance characteristics determined by the laboratory at Summit Pathology. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

CPT Code(s): 88341 x2, 88305 x5, 88342

Specimen grossed and processed at: Summit Pathology 5802 Wright Dr., Loveland, CO, 80538

Specimen interpreted at: McKee Medical Center 2000 Boise Ave, Loveland, CO 80538