

Pathology Report

Report Type rt
Date of Event
Sex
Authored by
Hosp/Group
Record Status CORRECTED

PATIENT HISTORY:

CHIEF COMPLAINT/PRE-OP/POST-OP DIAGNOSIS: Lesion of floor of mouth
PROCEDURE: Lesion floor of mouth, excision
SPECIFIC CLINICAL QUESTION: Not answered
OUTSIDE TISSUE DIAGNOSIS: Not answered
PRIOR MALIGNANCY: Not answered
CHEMOTHERAPY: Not answered
ORGAN TRANSPLANT: Not answered
IMMUNOSUPPRESSION: Not answered
OTHER DISEASES: Not answered

ADDENDA:

Addendum

The following stains are performed:

Stain	Result
HPV	Negative
P16	Negative
R	1+

My signature attestation that I have personally reviewed the submitted material(s) and the above diagnosis reflects that evaluation.

FINAL DIAGNOSIS:

PART 1: FLOOR OF MOUTH MARGIN, RIGHT, BIOPSY
NO TUMOR SEEN.
PART 2: FLOOR OF MOUTH MARGIN, LEFT, BIOPSY
NO TUMOR SEEN.
PART 3: DEEP FLOOR OF MOUTH MARGIN, BIOPSY
NO TUMOR SEEN.
PART 4: DEEP VENTRAL TONGUE MARGIN, BIOPSY
NO TUMOR SEEN.
PART 5: FLOOR OF MOUTH AND BASE OF TONGUE, EXCISION
A. SQUAMOUS CELL CARCINOMA, WELL-DIFFERENTIATED, DEEPLY INVASIVE (1.5 CM) (see comment).
B. PERINEURAL INVASION SEEN.
C. EXTENSIVE FIELD EFFECT OF MILD TO MODERATE DYSPLASIA.
D. MARGINS ARE FREE OF TUMOR (SEE PARTS 1,2,3,4 AND 8).
E. PATHOLOGIC STAGE: T1 NOMX.
PART 6: NECK LEVELS 1-3, RIGHT, NECK DISSECTION
A. TWENTY-ONE BENIGN LYMPH NODES (0/21).

B. SUBMANDIBULAR GLAND WITH NO SPECIFIC PATHOLOGIC CHANGE.
PART 7: NECK LEVELS 2 AND 3, LEFT, NECK DISSECTION
A. NINE BENIGN LYMPH NODES (0/9).
B. ONE NORMOCELLULAR PARATHYROID GLAND.
PART 8: ANTERIOR FLOOR OF MOUTH MARGIN, RIGHT, BIOPSY
A. KERATOSIS WITH MILD TO MODERATE DYSPLASIA.
ATTACHED SALIVARY TISSUE WITH NO SPECIFIC PATHOLOGIC CHANGE.

Part 5: Molecular studies will be performed and results will be reported
partely in an addendum.

My signature attestation that I have personally reviewed the submitted
material(s) and the final diagnosis reflects that evaluation.

GROSS DESCRIPTION:

The specimen is received unfixed in 8 parts.

Part 1 is labeled with the patient's name, initials xx and "right floor of mouth margin". The specimen consists of a tan, soft, friable portion of tissue measuring 1.0 x 0.6 x 0.2 cm. Following frozen section consult the specimen is entirely submitted in cassette labeled 1AFS.

Part 2 is labeled with the patient's name, initials xx and "left floor of mouth margin". The specimen consists of a tan-gray, soft to firm, fragment of tissue measuring 0.7 x 0.3 x 0.2 cm. Following frozen section consult the specimen is entirely submitted in cassette labeled 2AFS.

Part 3 is labeled with the patient's name, initials xx and "deep floor of mouth margin". The specimen consists of a tan-brown, soft to firm and roughened fragment of tissue measuring 1.2 x 0.7 x 0.2 cm. Following frozen section consult the specimen is entirely submitted in cassette labeled 3AFS.

Part 4 is labeled with the patient's name, initials xx and "deep ventral tongue margin". The specimen consists of a tan-brown roughened fragment of tissue measuring 1.5 x 1.0 x 0.3 cm. Following frozen section consult the specimen is entirely submitted in cassette labeled 4AFS.

Part 5 is labeled with the patient's name, initials xx and "floor of mouth, base of tongue, stitch is superior". The specimen consists of a resection of floor of mouth measuring 3.5 x 2.5 x 1.0 cm. There is a stitch present designating the superior aspect.

There is a 1.5 x 1.0 x 0.5 cm tan-gray, ulcerated lesion present located 0.3 cm from the sutured superior aspect and 0.1 cm from the deep aspect. There is

a 3.0 x 1.0 cm area of leukoplakia.

Digital images are taken.

Ink code:

Red- banked tissue

Section code:

5A- 5E - lesion, serially sectioned from left to right

Part 6 is labeled with the patient's name, initials xx and "right neck level 1-3". The specimen consists of a selective neck dissection measuring 13.0 x 5.0 x 1.0 cm.

The specimen is divided into 3 equal levels. There is a 5.0 x 3.0 x 1.0 cm gland present in level 1 weighing 10 g. The portion of gland is serially cross-sectioned revealing yellow, soft and focally hemorrhagic and lobular

parenchyma. Five potential lymph nodes are dissected out of level 1 ranging in size from 0.2 cm to 0.5 cm in greatest dimension. 15 potential lymph nodes are dissected out of level 2 ranging in size from 0.2 cm to 1.0 cm in greatest dimension. Multiple lymph nodes are dissected out of level 3 ranging in size from 0.3 to 0.5 cm in greatest dimension. The remainder of the tissue consists of tan-yellow, soft and focally hemorrhagic adipose tissue. Ink code:

Blue-external surface of gland

Section code:

6A - representative cross section of gland

6B - potential lymph nodes from level 1

6C, 6D - potential lymph nodes from level 2

6E, 6F - potential lymph nodes from level 3

Part 7 is labeled with the patient's name, initials xx and "left neck level 2 and 3". The specimen consists of an unoriented selective neck dissection measuring 8.5 x 5.0 x 1.0 cm. The specimen is divided into two equal parts and potential lymph nodes are dissected out of each part.

Multiple lymph nodes are dissected out at the first part ranging in size from 0.2 cm to 1.5 cm in greatest dimension. Multiple potential lymph nodes are dissected and the second part ranging in size from 0.3 cm to 0.7 cm in greatest dimension. The remainder of the tissue consists of tan-yellow, focally hemorrhagic adipose tissue.

Section code:

7A, 7B - potential lymph nodes from level 2

7C, 7D - potential lymph nodes from level 3.

Part 8 is labeled with the patient's name, initials xx and "right anterior floor of mouth margin". The specimen consists of a tan-gray, soft to firm, focally hemorrhagic and roughened fragment of unoriented tissue measuring 2.0 cm. The specimen is entirely submitted in cassette labeled 8A.

1. [REDACTED] SULTATION:

1AFS: RIGHT FLOOR OF MOUTH MARGIN (frozen section)-

A. BENIGN.

[REDACTED] A, NO TUMOR PRESENT ([REDACTED]).

[REDACTED] RGIN (frozen section)-

A. BENIGN.

NO TUMOR PRESENT ([REDACTED]).

3. [REDACTED] DEEP FLOOR OF MOUTH MARGIN (frozen section)-

A. BENIGN.

NO TUMOR PRESENT ([REDACTED]).

DEEP VENTRAL TONGUE MARGIN (frozen section)-

A. BENIGN.

NO TUMOR PRESENT ([REDACTED]).

OPIC:

Microscopic examination substantiates the above diagnosis.

The following statement applies to all immunohistochemistry, Insitu Hybridization Assays (ISH & FISH), Molecular Anatomic Pathology, and Immunofluorescent Testing:

The testing was developed and its performance characteristics determined by

the [REDACTED], Department of Pathology, as required by the
C A [REDACTED] regulations. The testing has not been cleared or approved for the
specific use by the U.S. Food and Drug Administration, but the FDA has
determined such approval is not necessary for clinical use. Tissue fixation
ranges from a minimum of [REDACTED] to a maximum of [REDACTED] hours.
This laboratory is certified under the Clinical Laboratory Improvement
Amendments of [REDACTED] ("CLIA") as qualified to perform high-complexity clinical
testing. Pursuant to the requirements of CLIA, ASR's used in this laboratory
have been established and verified for accuracy and precision. Additional
information about this type of test is available upon request.

CASE SYNOPSIS:

SYNOPTIC DATA - PRIMARY UPPER AERODIGESTIVE TRACT AND SALIVARY GLAND
TUMORS

SPECIMEN TYPE: Resection: excision
TUMOR SITE: Oral Cavity
TUMOR SIZE: Greatest dimension: 1.5 cm
HISTOLOGIC TYPE: Squamous cell carcinoma, conventional
HISTOLOGIC GRADE: G1
PATHOLOGIC STAGING (pTNM): pT1

pN0

Number of regional lymph nodes examined: 30

Number of regional lymph nodes involved: 0

PMX

MARGINS: Margins uninvolved by tumor

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L):

Absent

PERINEURAL INVASION: Present

ADDITIONAL PATHOLOGIC FINDINGS: Epithelial dysplasia

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Mouth Margin

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 AFS

Part 2: Mouth Margin

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 AFS

Part 3: Mouth Margin

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 AFS

Part 4: Tongue Margin

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 AFS

Part 5: and Base of To

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E Recut x 1 A

H&E Recut x 1 A

IHPV x 1 A

cmeth x 1 A

IEGFR x 1 A

IBNKNC x 6 A

H&E x 1 A
IISH x 1 A
P16 x 1 A
V-EGFR x 1 A
H&E x 1 B
H&E x 1 C
H&E x 1 D
H&E x 1 E
IMSU x 1 (none)

Part 6: els 1-3

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 A
H&E x 1 B
H&E x 1 C
H&E x 1 D
H&E x 1 E
H&E x 1 F

Part 7: ls 2 and 3

Taken: [REDACTED] Received: [REDACTED]

Stain/cn

H&E x 1 A
H&E x 1 B
H&E x 1 C
H&E x 1 D

Part 8: Floor of Mouth

Taken: [REDACTED] Received: [REDACTED]

Stain/cn

[REDACTED] x 1 A

SP-CIAL Procedures:

In Situ Procedure

Interpretation

PROBE: LSI EGFR/CEP7 Dual-Color Probe ([REDACTED])

Cytogenetic Location: 7p12 / 7p11.1-q11

EGFR FISH STUDIES PERFORMED ON THE SQUAMOUS CELL CARCINOMA ARE POSITIVE.

Number of cells analyzed: 61

Ratio EGFR/CEP7: 2.07

High Polysomy: 27(44.3%)

SNR (signal to nucleus ratio): 2.9

Low Polysomy: 0%

Trisomy: 0%

Disomy: 34(56.7%)

PROBE: c-MET*/CEP7

Cytogenetic Location: 7q31.2 / 7p11.1-q11.1

C-MET FISH STUDIES PERFORMED ON THE SQUAMOUS CELL CARCINOMA ARE NEGATIVE FOR AMPLIFICATION.

Number of cells analyzed: 60

Ratio c-MET/CEP7: 1.06

SNR (signal to nucleus ratio): 1.5

High Polysomy: 0%

Low Polysomy: 0%

Trisomy: 0%

D

*

** R

[REDACTED]

My signature attestation that I have personally reviewed the submitted material(s) and the above diagnosis reflects that evaluation.

Results

EGFR FISH positive:

High Polysomy: > four gene copies in > 40% of cells

Gene Amplification: Ratio gene/chromosome more than two or > 15 gene copies in > 10% of cells

EGFR FISH negative:

Disomy: < two gene copies in more than 90% of the cells

Trisomy: three gene copies in more than 10% of cells

Low Polysomy: > four gene copies in more than 10% but less than 40% of cells

c-MET FISH positive:

Gene Amplification: Ratio gene/chromosome more than two or > 15 gene copies in > 10% of cells

c-MET FISH negative:

Ratio gene/chromosome less than two or < 15 gene copies in < 10% of the cells.

References:

[REDACTED]