

Accession #:  
Accession Date:  
Collection Date:  
Attending Physician:  
Procedure Physician/Copies To:

Patient Name:  
MRN:  
Location:  
DOB/Age/Sex:  
Account #:  
Patient Type:  
Specimen Class:  
Bench Designate:

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**PATIENT HISTORY:**

CHIEF COMPLAINT/PRE-OP/POST-OP DIAGNOSIS: Not stated.  
PROCEDURE: Direct laryngoscopy esophagoscopy. Bilateral neck dissection and right composite resection.  
SPECIFIC CLINICAL QUESTION: Not stated.  
OUTSIDE TISSUE DIAGNOSIS: No.  
PRIOR MALIGNANCY: No.  
CHEMORADIATION: No.  
ORGAN TRANSPLANT: No.  
IMMUNOSUPPRESSION: No.  
OTHER DISEASES: No.

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**ADDENDA:**

**Addendum**

A p16 stain, a surrogate marker for HPV, was performed on the tumor and is negative.

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

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**FINAL DIAGNOSIS:**

PART 1: RETROMOLAR TRIGONE, RIGHT, EXCISION –  
INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED.

PART 2: LYMPH NODES, RIGHT NECK, LEVEL IA AND IB, EXCISION –  
A. SIX BENIGN LYMPH NODES (0/6).  
B. SUBMANDIBULAR GLAND WITH CHRONIC INFLAMMATION (NO TUMOR SEEN).

PART 3: LYMPH NODES, LEFT NECK, LEVEL IB, EXCISION –  
A. THREE BENIGN LYMPH NODES (0/3).  
B. SUBMANDIBULAR GLAND WITH FOCAL DILATATION OF THE DUCTS (NO TUMOR SEEN).

PART 4: LYMPH NODES, LEFT NECK, LEVEL II AND III, NECK DISSECTION –



## Pathology Report



SIXTEEN BENIGN LYMPH NODES (0/16).

PART 5: POSTERIOR BUCCAL MARGIN, RIGHT, BIOPSY –  
NO TUMOR SEEN.

PART 6: RIGHT RETROMOLAR TRIGONE COMPOSITE RESECTION –  
A. INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED (4.5 CM).  
B. PROMINENT PERINEURAL INVASION IS SEEN.  
C. BONE WITH INTRAOSSEOUS FIBROSIS ( NO TUMOR IS SEEN).  
D. MARGINS ARE FREE OF TUMOR (see Parts 5 through 13).  
E. pT3, N2b, Mx.

PART 7: DEEP PTERYGOID, BIOPSY –  
NO TUMOR SEEN.

PART 8: SOFT PALATE MARGIN, BIOPSY –  
NO TUMOR SEEN.

PART 9: LATERAL PHARYNGEAL WALL, BIOPSY –  
NO TUMOR SEEN.

PART 10: BASE OF TONGUE, BIOPSY –  
NO TUMOR SEEN.

PART 11: DEEP TONGUE MARGIN, BIOPSY –  
NO TUMOR SEEN.

PART 12: LATERAL TONGUE, BIOPSY –  
NO TUMOR SEEN.

PART 13: VENTRAL TONGUE AND FLOOR OF MOUTH, BIOPSY –  
NO TUMOR SEEN.

PART 14: LYMPH NODES, RIGHT NECK, NECK DISSECTION –  
A. METASTATIC SQUAMOUS CELL CARCINOMA IN TWO OF THIRTY-THREE LYMPH NODES (2/33).  
B. NO CONCLUSIVE EXTRANODAL SPREAD IS SEEN.



### COMMENT:

P16 will be done and the results reported in an addendum.



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

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### GROSS DESCRIPTION:

The specimen is received unfixed in fourteen parts.

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## Pathology Report

Part 1 is labeled with the patient's name, initials [REDACTED] and "right retromolar trigone". It consists of multiple irregular, tan-pink, soft tissue fragments 1.5 x 1.2 x 0.4 cm in aggregate. After intraoperative frozen section consultation the remainder of the specimen is submitted labeled 1AFS.

Part 2 is labeled with the patient's name, initials [REDACTED] and "right neck level IA and IB". It consists of a roughly intact submandibular gland with attached yellow-red lobular fibroadipose tissue 8.5 x 3.5 x 1.0 cm in overall dimensions. The submandibular gland is somewhat ovoid, soft to moderately firm with a yellow-red, lobular cut surface 4.2 x 3.0 x 1 cm. No gross lesions are identified within the submandibular gland. Occasional pink-red, soft lymph nodes 0.4 to 1.7 cm in greatest dimension are identified within the fibrofatty tissue.

Section code:

- 2A- submandibular gland
- 2B- lymph nodes, level I B.
- 2C- one bisected lymph node, level 1A
- 2D- lymph nodes, level A

Part 3 is labeled with the patient's name, initials [REDACTED] and "left neck level IB". It consists of a roughly intact submandibular gland with attached yellow-red, soft, fibroadipose tissue 5.5 x 4.5 x 1.3 cm in overall dimensions. The submandibular gland is ovoid, soft to moderately firm, with a yellow-red, lobular cut surface 4.9 x 3.3 x 1.2 cm. No gross lesions are identified within the gland. Three ovoid, tan-pink, soft lymph nodes ranging 0.3 to 0.7 cm in greatest dimension and patent vascular tissue are identified within fibroadipose tissue.

Section code:

- 3A- submandibular gland
- 3B- intact lymph nodes

Part 4 is labeled with the patient's name, initials [REDACTED] and "left neck level II and III". It consists of an unoriented portion of soft, yellow-red yellow lobular focally cauterized fibroadipose tissue and muscle remnants 14.0 x 5.0 x 1.2 cm. The specimen is arbitrarily divided into two equal halves and on dissection multiple ovoid, soft tan-pink lymph nodes are identified ranging 0.2 to 1.5 cm in greatest dimension. Separately received is a soft, tan-pink, patent vascular segment with a metallic clip at one end 3.0 cm in length by 0.3 cm in diameter.

Ink Code:

- Blue- vascular segment clip end
- Green- vascular segment opposite end

Section code: (4A -C lymph nodes from one half of specimen; 4D-E- lymph nodes from remaining half of specimen)

- 4A- one bisected lymph node
- 4B- one intact lymph node
- 4C- Intact lymph nodes
- 4D-E- intact lymph nodes
- 4F- separately received vessel serially sectioned

Part 5 is labeled with the patient's name, initials [REDACTED] and "right posterior buccal margin". It consists of a portion of roughened, tan-gray, hemorrhagic, soft tissue 2.5 x 1.5 x 0.5 cm. After intraoperative frozen section consultation the tissue is submitted labeled 5AFS.

Part 6 is labeled with the patient's name, initials [REDACTED] and "right retromolar trigone, composite resection". It consists of an unoriented mucosal excision with underlying moderately firm, tan to red-brown, roughened, soft tissue and muscle 6.5 x 5.5 x 3.1 cm. The mucosal surface is tan to pink-red, finely granular exhibiting a central gray and hemorrhagic cavitating lesion 4.5 x 3.3 cm, coming to within 0.4 cm of the closest mucosal surgical resection margin. On cross section the lesion penetrates 1.4 cm in depth, grossly abutting and possibly involving the deep soft tissue resection margin.

## Pathology Report

Separately received is a portion of firm, tan, cortical and cancellous bone with pitting on one cortical surface 3.8 x 1.8 x 0.6 cm. In addition received is a second irregular portion of cortical and cancellous bone 1.8 x 1.8 x 0.5 cm.

Digital images are taken. Representative tumor and normal tissue is procured for the clinical tissue bank.

### Ink Code:

Black- soft tissue resection margin

Red- tumor and normal mucosa bank areas

### Section code:

6A-C- lesion in relation to deep soft tissue resection margin

6D-F- lesion in relation to adjacent uninvolved mucosa

6G- posterior mandible shave resection margin (decal)

6H- anterior mandible shave resection margin (decal)

6I- mandible, mid aspect sections (decal)

Part 7 is labeled with the patient's name, initials [REDACTED] and "deep pterygoid". It consists of a strip of roughened, tan-gray, focally hemorrhagic tissue 1.5 x 1.0 x 0.3 cm. after intraoperative frozen section consultation the specimen is submitted labeled 7AFS.

Part 8 is labeled with the patient's name, initials [REDACTED] and "soft palate margin". It consists of a portion of tan-brown soft tissue 3.0 x 0.5 x 0.2 cm. After intraoperative frozen section consultation the remainder of the specimen is submitted labeled 8AFS.

Part 9 is labeled with the patient's name, initials [REDACTED] and "lateral pharyngeal wall". It consists of a portion of tan-red, hemorrhagic soft tissue 4.0 x 1.5 x 1.0 cm. After intraoperative frozen section consultation the specimen is submitted labeled 9AFS.

Part 10 is labeled with the patient's name, initials [REDACTED] and "base of tongue". It consists of portions of tan-red, hemorrhagic, soft tissue 2.0 x 2.0 x 0.7 cm in aggregate. After intraoperative frozen section consultation the tissue is submitted labeled 10AFS.

Part 11 is labeled with the patient's name, initials [REDACTED] and "deep tongue margin". It consists of a portion of tan-red, roughened, soft tissue 4.0 x 1.0 x 0.4 cm. After intraoperative frozen section consultation the tissue is submitted labeled 11AFS.

Part 12 is labeled with the patient's name, initials [REDACTED] and "lateral tongue, suture posterior". It consists of a strip of tan-red, roughened, soft tissue 4.2 x 1.0 x 0.6 cm. There is an attached suture designating posterior. The suture site is inked with blue dye and after intraoperative frozen section consultation the specimen is submitted labeled 12AFS.

Part 13 is labeled with the patient's name, initials [REDACTED] and "ventral tongue with floor of mouth". It consists of portions of tan-red roughened soft tissue 2.0 x 1.0 x 0.4 cm in area. After intraoperative frozen section consultation the specimen is submitted labeled 13AFS.

Part 14 is labeled with the patient's name, initials [REDACTED] and "right neck dissection". It consists of an unoriented portion of yellow-red lobular fibroadipose tissue containing multiple probable lymph nodes 13.0 x 4.7 x 1.4 cm. The specimen is arbitrarily divided into halves and on dissection multiple ovoid, smooth, soft, tan-red lymph nodes are identified ranging 0.1 to 1.9 cm in greatest dimension. One lymph node shows a suspicious white cut surface focus.

14A-E- lymph nodes, one half of specimen (cassette labeled "14E" one bisected lymph node demonstrating a suspicious white focus)

14F-I- intact lymph nodes remaining half of specimen (cassette labeled "14F" one bisected lymph node).

GROSSED BY: [REDACTED]

### INTRAOPERATIVE CONSULTATION:

1AFS: RIGHT RETROMOLAR TRIGONE (frozen section)-

## Pathology Report

- A. MALIGNANT
- B. SQUAMOUS CELL CARCINOMA

5AFS: RIGHT POSTERIOR BUCCAL MARGIN (frozen section)-

- A. BENIGN
- B. NO TUMOR SEEN

7AFS: DEEP PTERYGOID (frozen section)-

- A. BENIGN
- B. NO TUMOR SEEN

8AFS: SOFT PALATE MARGIN (frozen section)-

- A. BENIGN
- B. NO TUMOR SEEN

9AFS: LATERAL PHARYNGEAL WALL (frozen section)-

- A. BENIGN
- B. NO TUMOR SEEN

10AFS: BASE OF TONGUE (frozen section)-

- A. BENIGN
- B. NO TUMOR SEEN

11AFS: DEEP TONGUE MARGIN (frozen section)-

- A. BENIGN
- B. NO TUMOR SEEN

12AFS: LATERAL TONGUE (frozen section)-

- A. BENIGN
- B. NO TUMOR SEEN

13AFS: VENTRAL TONGUE-FLOOR OF MOUTH (frozen section)-

- A. BENIGN
- B. NO TUMOR SEEN

### MICROSCOPIC:

Microscopic examination substantiates the above diagnosis.

The following statement applies to all immunohistochemistry, insitu hybridization (ISH & FISH), molecular anatomic pathology, and immunofluorescence testing:

The testing was developed and its performance characteristics determined by the [REDACTED], as required by the CLIA [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].

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

## Pathology Report

SPECIMEN TYPE: Resection: Right retromolar trigone composite resection  
TUMOR SITE: Oral Cavity  
TUMOR SIZE: Greatest dimension: 4.5 cm  
HISTOLOGIC TYPE: Squamous cell carcinoma, conventional  
HISTOLOGIC GRADE: G2  
PATHOLOGIC STAGING (pTNM): pT3  
pN2b  
Number of regional lymph nodes examined: 58  
Number of regional lymph nodes involved: 2  
Extra-capsular extension of nodal tumor: Absent  
pMX  
MARGINS: Margins uninvolved by tumor  
VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L): Present  
PERINEURAL INVASION: Present

### HISTO TISSUE SUMMARY/SLIDES REVIEWED:

#### Part 1: Right Retromolar Trigone

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt	Block
H&E x 1	AFS
H&E x 1	AFS

#### Part 2: Right Neck Level 1 A and 1 B

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt	Block
H&E x 1	A
H&E x 1	B
H&E x 1	C
H&E x 1	D

#### Part 3: Left Neck Level 1B

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt	Block
H&E x 1	A
H&E x 1	B

#### Part 4: Left Neck Level 2 and 3

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt	Block
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 5: Right Posterior Buccal Margin

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt	Block
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## Pathology Report

H&E x 1

### Part 6: Right Retromolar Trigone Composite Resection

Taken: Received:

Stain/cnt Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

ANEG x 1 E

HCOM x 1 E

H&E x 1 E

P16 x 1 E

H&E x 1 F

DC x 1

H&E x 1

H&E x 1

H&E x 1

IMSU x 1 (none)

### Part 7: Deep Pterygion

Taken: Received:

Stain/cnt Block

H&E x 1 AFS

### Part 8: Soft Palate Margin

Taken: Received:

Stain/cnt Block

H&E x 1 AFS

### Part 9: Lateral Pharyngeal Wall

Taken: Received:

Stain/cnt Block

H&E x 1 AFS

### Part 10: Base of Tongue

Taken: Received:

Stain/cnt Block

H&E x 1 AFS

H&E x 1 AFS

### Part 11: Deep Tongue Margin

## Pathology Report

Taken: [REDACTED] Received: [REDACTED]  
Stain/cnt Block  
H&E x 1 AFS

Part 12: Lateral Tongue  
Taken: [REDACTED] Received: [REDACTED]  
Stain/cnt Block  
H&E x 1 AFS

Part 13: Ventral Tongue and Floor of Mouth  
Taken: [REDACTED] Received: [REDACTED]  
Stain/cnt Block  
H&E x 1 AFS  
H&E x 1 AFS

Part 14: Right Neck Dissection  
Taken: [REDACTED] Received: [REDACTED]  
Stain/cnt Block  
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  
H&E x 1 G  
H&E x 1 H  
H&E x 1 I

ICD-9 Diagnosis Codes: {None Entered}