

UUID:0A5551DE-647F-4E76-9C02-B20DF04618BA
TCGA-TN-A7HJ-01A-PR Redacted



ICD-O-3

Carcinoma, squamous cell
keratinizing NOS 8071/3
Site Larynx NOS C32.9

9/26/13

Surgical Pathology Report

--- Clinical History ---
Laryngeal mass

---Final Pathologic Diagnosis---

Larynx, mass, biopsy:
Keratinizing Squamous Cell Carcinoma, Invasive.

Pretracheal Level VI lymph nodes, dissection:
Two Lymph Nodes, Negative for Metastatic Squamous Cell Carcinoma
(0/2).

---INTRAOPERATIVE CONSULTATION DIAGNOSIS:---

- AF1. Larynx mass (Frozen section performed):
Invasive squamous cell carcinoma.

Note: Reported to on

Examining pathologist:

---SPECIMEN(S) RECEIVED:---

A: Larynx, Bx
B: Lymph node, dissection

---GROSS DESCRIPTION:---

The specimens are received in two properly labeled containers with the patient's name and accession number, one of which is submitted for frozen section.

A. The specimen is designated "larynx mass" and consists of a 1.0 x 0.5 x 0.5 cm aggregate of tan-red, brown rubbery tissue. A frozen section was performed and that block is resubmitted as received in cassette AF1.

B. The specimen is designated "pre-tracheal level 6 lymph nodes" and consists of two possible lymph nodes and yellow-white adipose and soft tissue. The possible lymph nodes measures in size from 0.4 x 0.3 x 0.2 cm up to 0.6 x 0.4 x 0.2 cm and the soft tissue measures 1.0 x 1.0 x 0.2 cm.

Tissue Procurement Service Quality Control Result

CASE INFORMATION

Tissue Status: MALIGNANT Procured Anatomic Site LARYNX Primary: Primary

Diagnosis: SQUAMOUS CELL CARCINOMA

SPECIMEN

Specimen ID: _____

QC ANALYSIS DATA

Does QC of tissue match case information? Pass

PERCENT OF FOLLOWING TISSUE CATEGORIES

What is the Region of Interest (ROI) ? 80 %

Of the tumor, what percent is necrotic? 0 %

Pathologist Notes: _____

Would this tissue be a good case for TMA? yes

MW 8/30/13

Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIPAA Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior Malignancy History	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dual/Synchronous Primary Need	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle):	<input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED	
Reviewer Initials:	<i>MC</i>	Date Reviewed: <i>8/30/13</i>