

From

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Date:

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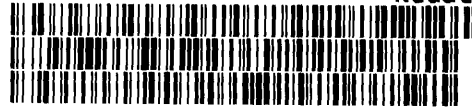
Specimen Rcvd:

Accession No.:

Copies to:

 UID: C8581187-FD83-436B-8FEE-1C2B794A1DD4  
 TCGA-EE-A3AF-06A-PR

Redacted



## HISTOPATHOLOGY REPORT

### CLINICAL DETAILS

Metastatic melanoma unknown primary right neck. Diagnosed by lymph node excision biopsy. Right neck dissection. Macroscopic adenopathy IIB and III. "Anterior occipital" = posterior end of LNB scar with associated tumour nodule. Please refer to diagram drawn on request form by clinician.

### FROZEN SECTION REPORT

Fresh tissue was taken for tumour banking from specimen 1, 4 and 5. Tissue returned from specimen 4 upon review of the slides.

### MACROSCOPIC DESCRIPTION

(D)

Nine specimens were received.

1. "ANTERIOR OCCIPITAL". An unoriented skin ellipse 35 x 7 to a depth of 25mm with a subcutaneous nodule 6mm across. Half of lesion for tumour banking. Specimen all embedded in two blocks.

- A. Scar.
- B. Scar with the underlying fatty tissue.

2. "LEVEL I A NECK DISSECTION". Fatty tissue 35 x 30 x 10mm, four lymph nodes are present up to 5mm across. Three nodes in block A.

3. "LEVEL I B NECK DISSECTION". Fatty tissue, 60 x 40 x 20mm bearing a salivary gland 30 x 18 x 12mm. There are five lymph nodes up to 8mm across. Sectioning of the salivary gland appears macroscopically normal.

- A. Largest node bisected.
- B. One node bisected and a section of salivary gland.
- C. Three nodes.

4. "LEVEL II A NECK DISSECTION". An unoriented skin ellipse 45 x 10mm to a depth of 60mm. Lymph node 30 x 10 x 10mm has been identified at the deep margin. Sectioning of scar shows no abnormality.

- A. One node.
- B. Three lymph nodes.
- C. Scar.
- D. Remainder of lymph node in 4A.

5. "LEVEL II B NECK DISSECTION". Fibro muscular tissue 45 x 50 x 20mm. Half from each of two nodes (10mm across) for tumour banking.

- A. Remainder of one node.
- B. Remainder of the other node.
- C. Four nodes.

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1cd-0-3  
 Melanoma, NOS 8720/3  
 Site: lymph node, neck  
 C77.0  
 9/20/14

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HPV Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Nodules		
Case # (Initial):	708	DISQUALIFIED
Date Reviewed:	9/20/14	
Reviewer Initials:	WJ	ap/11

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## HISTOPATHOLOGY REPORT

- D. Three nodes.
- E. Two nodes.

6. "LEVEL III NECK DISSECTION". Portion of skeletal muscle with some attached fat, 50 x 40 x 30mm. Lymph nodes are present up to 12mm across.

- A. Two lymph nodes.
- B. One node bisected.
- C. One node bisected.

7. "LEVEL IV NECK DISSECTION". Fatty and muscular tissue 57 x 70 x 20mm. Multiple lymph nodes are present up to 5mm across.

- A. Two nodes.
- B. Four nodes.

8. "LEVEL V A NECK DISSECTION PLUS OCCIPITAL". Fibrofatty tissue 70 x 30 x 10mm. Lymph nodes are present up to 4mm across.

- A. Two nodes.
- B. Three nodes.

9. "LEVEL V B NECK DISSECTION". Fatty tissue 65 x 60 x 20mm. Multiple lymph nodes are present up to 10mm across.

- A. Two nodes.
- B. Two nodes.
- C. Four nodes.
- D. One node bisected.

### MICROSCOPIC REPORT

#### 1. "ANTERIOR OCCIPITAL".

The sections show skin with underlying subcutis and skeletal muscle. There is a dermosubcutaneous fibrous scar with associated foreign body type multinucleated giant cells. There is an unremarkable lymph node in the underlying fatty tissue, as well as a round tumour nodule composed of pleomorphic epithelioid cells with high nuclear:cytoplasmic ratio, hyperchromatic nuclei, small nucleoli and numerous mitotic figures. The cells have amphophilic cytoplasm and intracytoplasmic pigment is present. The features are consistent with metastatic melanoma, which may have completely replaced a lymph node.

#### 2. "LEVEL I A NECK DISSECTION".

Three lymph nodes with no evidence of malignancy (0/3).

#### 3. "LEVEL I B NECK DISSECTION".

Five lymph nodes with no evidence of malignancy (0/5).  
The section of salivary gland is unremarkable.

#### 4. "LEVEL II A NECK DISSECTION".

Four lymph nodes with no evidence of malignancy (0/4). The largest node shows reactive changes. The sections of skin show a dermosubcutaneous scar, including a granulomatous reaction to polarisable foreign material.

A Unit

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**HISTOPATHOLOGY REPORT****5. "LEVEL II B NECK DISSECTION".**

Four out of eleven lymph nodes contain metastatic melanoma (4/11). The metastases have a similar morphology to specimen 1, and are composed of epithelioid to spindled cells with high nuclear:cytoplasmic ratio, large, pleomorphic nuclei with prominent nucleoli, numerous mitoses and amphophilic cytoplasm with intracytoplasmic pigment. Areas of necrosis are seen. The tumour cells show strong positive staining for S100, HMB45 and Melan A.

**6. "LEVEL III NECK DISSECTION".**

Four lymph nodes with no evidence of malignancy (0/4).

**7. "LEVEL IV NECK DISSECTION".**

Six nodes with no evidence of malignancy (0/6).

**8. "LEVEL V A NECK DISSECTION PLUS OCCIPITAL".**

Five lymph nodes with no evidence of malignancy (0/5).

**9. "LEVEL V B NECK DISSECTION".**

Nine lymph nodes with no evidence of malignancy (0/9).

**SUMMARY**

1. Anterior occipital lymph nodes - **METASTATIC MELANOMA**, please see report.  
/
2. Neck, level 1A lymph nodes - **No evidence of malignancy in three lymph nodes (0/3)**.  
/
3. Right neck, level 1B lymph nodes - **No evidence of malignancy in five lymph nodes (0/5)**.  
/
4. Right neck, level IIA lymph nodes - **No evidence of malignancy in four lymph nodes (0/4)**.  
/
5. Right neck, level IIB lymph nodes - **METASTATIC MELANOMA IN FOUR OF 11 LYMPH NODES (4/11)**.  
/
6. Right neck, level III lymph nodes - **No evidence of malignancy in four lymph nodes (0/4)**.  
/
7. Right neck, level IV lymph nodes - **No evidence of malignancy in six lymph nodes (0/6)**.  
/
8. Right neck, level VA lymph nodes - **No evidence of malignancy in five lymph nodes (0/5)**.  
/
9. Right neck, level VB lymph nodes - **No evidence of malignancy in nine lymph nodes (0/9)**.

REPORTED BY: Dr.