

PATIENT [REDACTED]

AGE/SEX: /F
REG DR: [REDACTED]Received:
Copies to:

Collected: [REDACTED]

UUID:70AAF737-589D-454E-B779-1BB44691E0D3
TCGA-IQ-A61L-01A-PR

Redacted



SPECIMEN ID:

- A. LYMPH NODE - RIGHT NECK DISSECTION LEVEL 1A, 1B, 2A, 3, 4;
- B. LYMPH NODE - RIGHT NECK DISSECTION LEVEL 2B,
- C. TONGUE - COMPOSITE RESECTION PARTIAL GLOSSECTOMY AND TONSILECTOMY,
- D. TONGUE - ADDITIONAL DEEP POSTERIOR TONGUE RIGHT SIDE,
- E. TONGUE - ADDITIONAL RIGHT POSTERIOR DEEP TONGUE FS,
- F. FLOOR OF MOUTH, NOS - RIGHT ANTERIOR FLOOR OF MOUTH MARGIN CLIP SUPERIOR FS,
- G. TONGUE - RIGHT ANTERIOR DORSAL TONGUE MARGIN CLIP SUPERIOR FS,
- H. TONGUE - MIDDLE DORSAL TONGUE MARGIN FS, I. TONGUE - ANTERIOR DEEP TONGUE MARGIN FS,
- J. TONGUE - RIGHT POSTERIOR DORSAL TONGUE MARGIN FS,
- K. FLOOR OF MOUTH, NOS - POSTERIOR FLOOR OF MOUTH MUCOSA MARGIN FS,
- L. TONGUE - POSTERIOR DEEP TONGUE MARGIN FS,
- M. MOUTH - ADDITIONAL POSTERIOR FLOOR OF MOUTH

*** FINAL DIAGNOSIS **

- A. RIGHT NECK DISSECTION LEVEL 1A, 1B, 2A, 3, 4;

Thirty lymph nodes, negative for carcinoma (0/30).

- B. RIGHT NECK DISSECTION LEVEL 2B:

Twelve lymph nodes, negative for carcinoma (0/12).

- C. COMPOSITE RESECTION PARTIAL GLOSSECTOMY AND TONSILLECTOMY:

INVASIVE SQUAMOUS CELL CARCINOMA, keratinizing, 3.8 cm, right lateral tongue.

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ICD-O-3

Carcinoma, squamous cell, keratinizing NOS
8071/3

Site Tongue NOS C02.9

JW 5/14/13

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*** FINAL DIAGNOSIS *** (Continued)

The tumor is 1.5 cm in depth.

Tumor has focal necrosis with abscess formation.

Inked margins are focally positive for tumor (posterior margin "C4").

Medial margins are negative for tumor.

Negative for lymphovascular invasion.

Negative for perineural invasion.

AJCC: pT2, pN0, pMx

See Cancer Case Summary.

Note: For final posterior resection margin, see other specimens received.

D. ADDITIONAL DEEP POSTERIOR TONGUE RIGHT SIDE:

INVASIVE SQUAMOUS CELL CARCINOMA, keratinizing, 0.1 cm, within fibroadipose tissue.

Inked margins negative for carcinoma.

Lymphoid tissue and squamous mucosa, negative for carcinoma.

E. ADDITIONAL RIGHT POSTERIOR DEEP TONGUE:

Skeletal muscle and minor salivary gland, negative for carcinoma.

F. RIGHT ANTERIOR FLOOR OF MOUTH:

Squamous mucosa, negative for carcinoma.

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*** FINAL DIAGNOSIS *** (Continued)

G. RIGHT ANTERIOR DORSAL TONGUE:

Squamous mucosa and skeletal muscle, negative for carcinoma.

H. MIDDLE DORSAL TONGUE MARGIN:

Skeletal muscle, negative for carcinoma.

I. ANTERIOR DEEP TONGUE MARGIN:

Skeletal muscle and nerve, negative for carcinoma.

J. RIGHT POSTERIOR DORSAL TONGUE MARGIN:

Skeletal muscle and fragment of squamous mucosa, negative for carcinoma.

K. POSTERIOR FLOOR OF MOUTH MUCOSA MARGIN:

Cauterized fragment of fibroconnective tissue and fragment of squamous mucosa, negative for carcinoma.

Marked chronic inflammation.

L. POSTERIOR DEEP TONGUE MARGIN:

Skeletal muscle, negative for carcinoma.

M. ADDITIONAL POSTERIOR FLOOR OF MOUTH:

Squamous mucosa with marked keratosis and chronic inflammation.

Skeletal muscle and minor salivary gland, negative for carcinoma.

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*** FINAL DIAGNOSIS *** (Continued)

Surgical Pathology Cancer Case Summary

Specimen: Lateral border of tongue, right

Received: In formalin

Procedure: Resection

Glossectomy: (right hemiglossectomy)

Specimen Integrity: Intact

Specimen Size:

Greatest dimension: 6 x 3.2 x 2.4 cm

Specimen Laterality: Right

Tumor Site: Lateral border of tongue

Tumor Focality: Single focus

Tumor Size:

Greatest dimension: 3.8 cm

Additional dimensions: 3.2 x 1.5 cm

Tumor Thickness: 15 mm

Tumor Description:

Endophytic

Ulcerated

Histologic Type: Squamous cell carcinoma, conventional, keratinizing

Histologic Grade: G1: Well differentiated

Margins:

Margins uninvolved by invasive carcinoma (resection specimen only)

Distance from closest margin: 7 mm

Specify margin: Medial

Margins involved by invasive carcinoma

Specify margin: Posterior (resection specimen only)

Treatment Effect: Indeterminate

Lymph-Vascular Invasion: Not identified

Perineural Invasion: Not identified

Pathologic Staging (pTNM):

Primary Tumor (pT):

pT2: Tumor more than 2 cm but not more than 4 cm in greatest dimension

Regional Lymph Nodes (pN):

pN0: No regional lymph node metastasis

Number of Lymph Nodes Examined: 42

Number of Lymph Nodes Involved: 0

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***** FINAL DIAGNOSIS *** (Continued)**

Distant Metastasis (pM):
Not applicable

Additional Pathologic Findings: Inflammation: Peritumoral lymphocytic infiltrate
[REDACTED]

CLINICAL HISTORY-

PRE-OP DX: Not provided

PROCEDURE: Right hemiglossectomy, right neck dissection, tracheotomy and direct laryngoscopy.

RELEVANT CLINICAL HX: Not provided

GROSS DESCRIPTION:

- A. Received in formalin and labeled "Right neck dissection, levels IA, IB, IIA, III and IV" is an unoriented, tan-brown, fibrofatty tissue fragment, 5.0 x 3.5 x 2.4 cm. There is a salivary gland, 4.0 x 2.5 x 1.4 cm. On sectioning, there is a soft, tan-yellow, lobulated gland. No suspicious lesions are grossly identified. Representative sections are submitted as follows:

Cassette #1: Representative sections of the salivary gland
Cassette #2: Five possible lymph nodes
Cassette #3: Five possible lymph nodes
Cassette #4: Five possible lymph nodes
Cassette #5: Three possible lymph nodes
Cassette #6: Five possible lymph nodes
Cassette #7: Three possible lymph nodes
Cassette #8: Four possible lymph nodes

- B. Received in formalin and labeled "Right neck dissection, level IIB" is a tan-brown fibrofatty tissue fragment, 4.4 x 1.5 x 1.4 cm. The specimen is unoriented. The largest lymph node measures 2.0 x 1.5 x 0.5 cm. The specimen is submitted as follows:

Cassette #1: Largest lymph node bisected in toto
Cassette #2: Eight possible lymph nodes
Cassette #3: Three possible lymph nodes

- C. Received in formalin and labeled "Composite resection of partial glossectomy,

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GROSS DESCRIPTION: (Continued)

tonsillectomy, stitch and tongue base" is a right hemiglossectomy specimen, 6.0 x 3.2 x 2.4 cm. The specimen is oriented with one stitch at tongue base. Attached to it, there is a tonsil, 2.2 x 1.8 x 1.0 cm. There is a 3.8 x 3.2 cm, white, firm nodular lesion at the lateral aspect of the specimen. A 0.5 x 1.0 x 0.5 cm block of tissue seems to have been taken away, likely for Tumor Bank. The firm, tan-white lesion has irregular borders. The specimen has been inked as follows: anterior margin inked yellow, medial margin inked red, posterior margin inked black, tumoral surface on the lateral side inked orange, inferior margin inked green. The tumor is 0.8 cm from the inked anterior area of the specimen, 1.0 cm from the closest medial margin, 1.0 cm from the closest inferior margin and extends 1.5 cm in depth. Representative sections are submitted as follows:

Cassette #1:	Perpendicular section in relation to anterior margin and tumor
Cassettes #2&3:	Full composite section of tumor showing relationship of the tumor with the medial margin and inferior margin
Cassette #4:	Perpendicular section of tumor in relation to inferior margin and deep margin
Cassette #5:	Representative section of tumor showing connection to adjacent tonsil
Cassette #6:	Tumor in relation to tonsil
Cassette #7:	Representative section of tumor
Cassette #8:	Representative section of tonsil (three fragments)
Cassette #9:	Additional sections of tumor

- D. Received in formalin and labeled "Additional deep posterior tongue, right side" is a 2.1 x 1.1 x 0.8 cm, tan-brown, firm tissue fragment. The specimen is unoriented. The specimen has been inked black and submitted in toto in three cassettes.
- E. Received fresh and labeled "Additional right posterior deep tongue" is a 2.0 x 0.5 x 0.3 cm, tan-brown soft tissue fragment. Submitted in toto in one cassette for frozen section.
- F. Received fresh and labeled "Right anterior floor of mouth margin" is a 1.0 x 0.4 x 0.1 cm, tan-white soft tissue fragment. Submitted in toto in one cassette for frozen section.
- G. Received fresh and labeled "Right anterior dorsal tongue margin" is a 2.0 x 1.8 x 0.1 cm, tan-white soft tissue fragment. Submitted in toto in one cassette for frozen section.

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GROSS DESCRIPTION: (Continued)

- H. Received fresh and labeled "Middle dorsal tongue margin" is a 1.2 x 0.9 x 0.2 cm, tan-white soft tissue fragment. Submitted in toto in one cassette for frozen section.
- I. Received fresh and labeled "Anterior deep tongue margin" is a 1.0 x 0.4 x 0.2 cm, tan-brown soft tissue fragment. Submitted in toto in one cassette for frozen section.
- J. Received fresh and labeled "Right posterior dorsal tongue margin" is a 1.7 x 1.0 x 0.3 cm, tan-brown soft tissue fragment. Submitted in toto in one cassette for frozen section.
- K. Received fresh and labeled "Posterior floor of mouth mucosa margin" are multiple tan-white soft tissue fragments, 1.4 x 1.6 x 0.1 cm . Submitted in toto in one cassette for frozen section.
- L. Received fresh and labeled "Posterior deep tongue margin" is a 0.7 x 0.4 x 0.1 cm, tan-brown soft tissue fragment. Submitted in toto in one cassette for frozen section.
- M. Received in formalin and labeled "Additional posterior floor of mouth" is a 2.0 x 0.3 x 0.1 cm, tan-pink soft tissue fragment. Submitted in toto in one cassette.

OPERATING ROOM CONSULT(FS-CYT)

EFS. Additional right posterior deep tongue: Negative for tumor.

FFS. Right anterior floor of mouth: Negative for tumor.

GFS. Right anterior dorsal tongue: Negative for tumor.

HFS. Middle distal tongue margin: Negative for tumor.

IFS. Anterior deep tongue margin: Negative for tumor.

JFS. Right posterior dorsal tongue margin: Negative for tumor.

KFS. Posterior floor of mouth mucosa margin: Keratosis and mild dysplasia.
Negative for carcinoma.

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OPERATING ROOM CONSULT (FS-CYT): (Continued)

LFS. Posterior deep tongue margin: Negative for tumor.

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Criteria	4/9/13	Yes	No
Diagnosis Discrepancy		/	/
Primary Tumor Site Discrepancy		/	/
HIPAA Discrepancy		/	/
Prior Malignancy History			
Dual/Synchronous Primary Noted			
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED <input type="checkbox"/> DISQUALIFIED			
Reviewer Initials: MC	Date Reviewed: 4/3/13		