



## Surgical Pathology Report

DATE OBTAINED:  
DATE RECEIVED:  
DATE REPORTED:

CC:

### DIAGNOSIS

1. LEFT RETROMOLAR TRIGONE, BIOPSY: INVASIVE SQUAMOUS CELL CARCINOMA.

2. LEFT OROPHARYNGEAL TUMOR, EXCISION: INVASIVE SQUAMOUS CELL CARCINOMA OF TONSIL.

Tumor type: Squamous cell carcinoma  
Histologic grade: Grade 2 (Moderately differentiated)  
Tumor size: 2.5  
Tumor location: Oropharynx/Tonsil  
Midline extension: N/A  
Invasion of adjacent structures: Tumor doesn't invade into adjacent structures.  
Level of invasion: Tumor invades the lamina propria  
Vascular invasion: Present  
Perineural invasion: Absent  
Margins: Lateral margin positive, tumor <1mm from posterior/deep margin, and 1mm from superior margin; remaining margins negative and remote. SEE COMMENT.

Lymph nodes: Metastatic carcinoma in one out of twenty three lymph nodes(1/23).  
See specimens #8, #9 and #10.

Other findings: No dysplasia present

AJCC stage: pT2N2a, Stage IVA

*ICDD-3  
Carcinoma, squamous cell NOS  
Site Tonsil NOS  
807013  
C09.9  
JW 6/17/13*

3. LEFT SUPERIOR MARGIN, CLIP MEDIAL, BIOPSY: BENIGN SQUAMOUS MUCOSA, NEGATIVE FOR MALIGNANCY.

4. LEFT MEDIAL MARGIN, CLIP SUPERIOR, BIOPSY: BENIGN SQUAMOUS MUCOSA (BETTER SEEN ON FROZEN SECTION); NEGATIVE FOR MALIGNANCY.

5. LEFT ADDITIONAL RETROTRIOTRIGONE, CLIP INFERIOR, BIOPSY: INVASIVE SQUAMOUS CELL CARCINOMA INVOLVING THE DEEP SOFT TISSUE MARGIN; SURFACE SQUAMOUS EPITHELIUM NEGATIVE FOR MALIGNANCY OR DYSPLASIA. SEE COMMENT.

6. SECOND LEFT RETROMOLAR MARGIN, BIOPSY: SUPERFICIAL SEGMENT OF BENIGN SQUAMOUS MUCOSA AND LAMINA PROPRIA, NEGATIVE FOR MALIGNANCY.

7. THIRD LEFT RETROMOLAR MARGIN, BIOPSY: BENIGN SQUAMOUS MUCOSA AND LAMINA PROPRIA, NEGATIVE FOR MALIGNANCY.

8. LEFT NECK LYMPH NODES, LEVEL (4), REGIONAL RESECTION: EIGHT LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/8).

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**9. LEFT NECK LYMPH NODES, LEVEL (2A/3), REGIONAL RESECTION: METASTATIC CARCINOMA IN ONE OUT OF SEVEN LYMPH NODES, 4.5CM IN GREATEST DIMENSION; EXTRACAPSULAR EXTENSION PRESENT (1/7).**

**10. LEFT NECK LYMPH NODES, LEVEL 2B, REGIONAL RESECTION: EIGHT LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/8).**

\*\*\*Electronically Signed Out\*\*\*

**COMMENT**

Note is made that both in the specimen #2 and the specimen #5 labeled "additional left retrotrigone", the squamous cell carcinoma involves the lateral/deep margin of resection that according to is adjacent to the bone. Elastin stain positivity in one of the blood vessels involved by tumor confirms the presence of lymphovascular invasion, and immunostain for p16 is diffusely positive both in the cytoplasm and nuclei.

88307X4, 88305X6, 88331X4, 88342x1, 88312

**Clinical Diagnosis and History:**

Oral pharynx cancer  
cT2,cN2, cMo, clinical stage 4

**Tissue(s) Submitted:**

- 1: LEFT RETRO MOLAR TRIGONE
- 2: LEFT ORAL PHARYNGEAL TUMOR LONG SUTURE MEDIAL
- 3: LEFT SUPERIOR MARGIN CLIP MEDIAL
- 4: LEFT MEDIAL MARGIN CLIP SUPERIOR
- 5: LEFT ADDITIONAL RETRO TRIGONE CLIP INFERIOR
- 6: 2ND LEFT RETRO MOLAR MARGIN
- 7: 3RD LEFT RETRO MOLAR MARGIN
- 8: LEFT NECK LYMPH NODES LEVEL (4)
- 9: LEFT NECK LYMPH NODES LEVEL 2A/3
- 10: LEFT NECK LYMPH NODES LEVEL 2B

**Gross Description:**

Specimen #1 is received fresh for intraoperative consultation labeled as left retromolar trigone, and consists of a 0.4 x 0.2 x 0.1 cm tan-pink soft tissue covered by mucosa on one aspect. The specimen is submitted in toto for frozen section consultation and subsequently labeled as 1AFS.

Specimen #2 is received fresh labeled as left oral pharyngeal tumor, long suture medial and short suture inferior, and consists of a 4.0 cm (superior to inferior) x 3.5 cm (medial to lateral) x 2.0 cm (anterior to posterior) tan-pink soft tissue covered by mucosa on anterior aspect. Specimen is oriented by a surgeon with a long suture designated as medial and a short suture designated as inferior. The mucosal aspect displays two small ulcers measuring 0.5 cm and 0.6 cm in diameter, located 0.1 cm and 0.3 cm from the superior margin. The specimen is inked as per protocol: red-medial, yellow-lateral, blue-superior, green-inferior and black-posterior. The specimen is serially sectioned from superior to inferior into nine slices. Ulcers are present in slices 1 and 2. The remainder of the cut surface displays a 2.5 x 2.5 x 1.5 cm tan-white firm tumor abutting the lateral, posterior and inferior margins. The tumor is 0.2 cm and 1.0 cm from superior and medial margins respectively. Tissue is partially submitted for TCGA studies. Superior and inferior margins (slices 1 and 9) are sectioned perpendicularly. The specimen is entirely submitted and subsequently labeled as:

- 2A: superior margin, perpendicular sections (slice 1)
- 2B: slice 2, bisected
- 2C: slice 3, bisected
- 2D: slice 4, bisected
- 2E: slice 5 (medial half)
- 2F: slice 5 (lateral and posterior margins)
- 2G: slice 6, medial margin

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- 2H: slice 6, lateral margin
- 2I: slice 6, lateral and posterior margins
- 2J: slice 7, bisected
- 2K: slice 8, bisected
- 2L: inferior margin, perpendicular sections (slice 9).

Specimen #3 is received fresh for intraoperative consultation labeled as left superior margin clip medial, and consists of a 2.0 cm strip of tan-pink mucosal tissue. Orange ink on medial aspect. The specimen is submitted in toto for frozen section and subsequently labeled as 3AFS.

Specimen #4 is received fresh for intraoperative consultation labeled as left medial margin, slice superior, and consists of a 2.0 cm strip of tan-pink tissue. Orange ink on superior aspect. The specimen is submitted in toto for frozen section consultation and subsequently labeled as 4AFS.

Specimen #5 is received in formalin labeled as left additional retro trigone margin, and consists of a 1.2 x 1.0 x 0.5 cm tan-pink tissue covered by mucosa on one aspect. The tissue is submitted in toto labeled as 5A.

Specimen #6 is received in formalin labeled as second left retromolar margin, and consists of a 0.8 x 0.2 x 0.1 cm tan-pink soft tissue which is submitted in toto labeled as 6A.

Specimen #7 is received fresh for intraoperative consultation labeled as third left retromolar margin, and consists of a 1.0 x 0.3 x 0.2 cm tan-pink tissue covered by mucous on one aspect. The specimen is submitted in toto for frozen section consultation and labeled as 7AFS.

Specimen #8 is received in formalin, labeled left neck lymph nodes level 4, and consists of two irregular portions of fibrofatty tissue measuring 4.5 x 3.5 x 1.5 cm and 2.5 x 1.5 x 1.2 cm. The lymph nodes are submitted in their entirety as follows:

- 8A-8B: lymphoid tissue bisected
- 8C: four lymph nodes
- 8D: two lymph nodes bisected inked respectively
- 8E: one lymph node bisected
- 8F: three lymph nodes

Specimen #9 is received fresh, labeled left neck lymph node level 2A/3, and consists of a 6 x 4.8 x 3 cm aggregate of fibrofatty tissue and lymph node in which each lymph nodes are identified ranging from 0.2 cm up to 4.5 x 3.8 x 2.5 cm. The largest lymph node is sectioned to reveal tan-pink rubbery-to-indurated to soft somewhat friable and cystic cut surfaces consistent with tumor. The lymph nodes are submitted in their entirety (with the exception of the largest grossly positive lymph node) as follows:

- 9A: three lymph nodes
- 9B: two lymph nodes
- 9C: one lymph node bisected
- 9D: one lymph node bisected
- 9E-9G: representative sections of largest positive lymph node

Please note a small portion of the largest lymph node is submitted for TCGA studies.

Specimen #10 is received in formalin, labeled left neck lymph node level 2B, and consists of a 3.0 x 2.2 x 1.5 cm irregular portion of fibrofatty tissue which contains 9% of lymph nodes. The lymph nodes are ranging from 0.5 cm to 1.2 cm in greatest dimension. The lymph nodes are submitted as follows:

- 10A: five lymph nodes
- 10B: two lymph nodes
- 10C: two lymph nodes

### Intraoperative Consult Diagnosis

- 1A/FSDX: POSITIVE FOR SQUAMOUS CARCINOMA, FAVOR INVASION.
- 3A/FSDX: NEGATIVE FOR TUMOR.
- 4A/FSDX: REACTIVE ATYPIA, NO IN-SITU OR INVASIVE SQUAMOUS CARCINOMA.
- 7A/FSDX: SQUAMOUS MUCOSA, NO TUMOR.

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Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HI/AA Discrepancy		✓
Prior Malignancy history		✓
Dual/Synchronous primary cancer		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BTU	DSG Reviewed: 5/21/2013

END OF REPORT