



path ICD-O-3
Carcinoma, squamous cell,
keratinizing NOS 8671/3
Carcinoma, squamous cell,
nonkeratinized 8683/3
Site Base of tongue NOS
C61.9

COLLECTED:

RECEIVED:

CLINICAL DATA: Tongue carcinoma.

GROSS DESCRIPTION: A) Received fresh designated "base of the tongue" is a 3.2 x 2.5 x 0.5 cm exophytic, pedunculated soft hemorrhagic mass and underlying mucosa. The specimen has been oriented by the surgeon. The specimen is inked as follows: medial blue, posterior orange, anterior red, lateral green, and deep black. A 0.5 cm in diameter portion of tissue is obtained for research purposes and this area is inked yellow. The specimen is longitudinally sectioned to reveal a white-tan, firm, ill defined mass that appears to extend to the deep black and red inked margins, closely approaches medial and lateral margins and it is located at least 1 cm from the orange inked margin. Representative sections submitted as follows: AFS1 - central portion of the lesion submitted for frozen section then thawed and submitted for permanent section; A2, A3 - central portion of mass longitudinally sectioned; A4 - anterior medial margin perpendicularly sectioned; A5 - posterior medial margin perpendicularly sectioned; A6 - anterior lateral margin perpendicularly sectioned; A7-A8 - posterior lateral margin perpendicularly sectioned. B) Received fresh designated "medial margin" is a 0.7 x 0.6 x 0.3 cm portion of tissue, which is submitted for frozen section, then thawed and resubmitted in cassette BFS1. C) No specimen is received. D) Received fresh designated "anterior lateral margin" is a 1.2 x 0.7 x 0.2 cm portion of tissue that is partially covered by mucosa. The specimen has been oriented by the surgeon: deep margin inked black, the cut side yellow, and free border blue. The specimen is entirely submitted for frozen section, then thawed and resubmitted in cassette DFS1. E) Received fresh designated "anterior medial margin" is a 1.2 x 1.0 x 0.2 cm portion of tissue that is partially covered by mucosa. The true deep margin is inked black, the cut surface yellow, and free border blue. The specimen is entirely submitted for frozen section, then thawed and resubmitted in cassette EFS1. F) Received in formalin designated "right level IIA and level III" is a 7 cm x 3 x 2.5 cm specimen that has been oriented by the surgeon with a double long stitch designated "level IIA superior, single long stitch designated IIA inferior and double short stitch designated level III. The specimen is equally divided in three portions and bluntly dissected to reveal a 2.5 cm in diameter grossly positive lymph node predominantly in level IIA inferior but also involving level III. Additional lymph nodes are identified. Representative sections submitted as follows: F1-F2 - level IIA superior entirely submitted individual lymph node candidates; F3 - grossly positive lymph node predominantly level IIA inferior and level III; F4 - level III entirely submitted. G) Received in formalin designated "right level IV" is a 4 x 1.5 x 0.7 cm portion of adipose tissue which is bluntly dissected to reveal few lymph node candidates. The specimen is entirely submitted in cassettes G1 and G2.

INTRAOPERATIVE CONSULTATION: AFS) Carcinoma fraction of a mm from ink (deep margin in posterior aspect). Medial margin: No carcinoma identified.

DFS) Anterior lateral margin: No carcinoma identified.
No carcinoma identified.

Anterior medial margin:

FINAL DIAGNOSIS:

A) Base of tongue, resection: Invasive squamous cell carcinoma, moderately differentiated, non-keratinizing, with the following features:

1. Size: 3.2 cm in greatest dimension.

TSS submitted dx discrepancy from starting
dx as squamous cell carcinoma, basaloid.

BCR

2. Surgical margins: a. Carcinoma closely approaches deep (black) margin (<0.1 mm) and it is located 0.1 cm from lateral (green) mucosal margin, 0.4 cm from medial (blue) mucosal margin and >1 cm from posterior (orange) mucosal margin (see separately submitted surgical margins - parts B, D and E).

3. Focus suspicious for angiolymphatic invasion identified.

4. No perineural invasion identified.

5. Minimum pathological stage: pT2, pN1 MX (AJCC 6th ed; 2002).

B, D, E) Medial, anterior lateral and anterior medial margins, respectively, biopsies: Squamous mucosa with no carcinoma identified.

F) Lymph nodes, right level IIA and III, dissection:

1. Metastatic carcinoma identified in 1 level IIA inferior/level III lymph node, 2.5 cm in greatest dimension; no extracapsular extension identified.

2. Remaining 10 lymph nodes (7 level IIA superior, 2 level IIA inferior and 1 level III) with no evidence of carcinoma.

G) Lymph nodes, right level IV, dissection: 6 lymph nodes with no evidence of carcinoma (0/6).

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Disease		/
Case is (circle): QUALIFIED / DISQUALIFIED		/
Reviewer Initials	1/28/13	

TCGA Pathologic Diagnosis Discrepancy Form

V4.00

Instructions: The TCGA Pathologic Diagnosis Discrepancy Form should be completed when the pathologic diagnosis documented on the initial pathology report for a case submitted for TCGA is inconsistent with the diagnosis provided on the Case Quality Control Form completed for the submitted case.

Tissue Source Site (TSS): _____ TSS Identifier: _____ TSS Unique Patient Identifier: _____
 Completed By (Interviewer Name on OpenClinica): _____ Completed Date: _____

Diagnosis Information

#	Data Element	Entry Alternatives	Working Instructions
1	Pathologic Diagnosis Provided on Initial Pathology Report	Invasive squamous cell carcinoma, moderately differentiated, non-keratinizing	Provide the diagnosis/ histologic subtype(s) documented on the initial pathology report for this case. If the histology for this case is mixed, provide all listed subtypes.
2	Histologic features of the sample provided for TCGA, as reflected on the CQCF.	squamous cell carcinoma, basaloid type	Provide the histologic features selected on the TCGA Case Quality Control Form completed for this case.

Discrepancy between Pathology Report and Case Quality Control Form

3	Provide the reason for the discrepancy between the pathology report and the TCGA Case Quality Control Form.	The use of "basaloid type" for head and neck cancer was not in use back at the time of this case being accessioned.	Provide a reason describing why the diagnosis on the initial pathology report for this case is not consistent with the diagnosis selected on the TCGA Case Quality Control Form.
4	Name of TSS Reviewing Pathologist or Biorepository Director	_____	Provide the name of the pathologist who reviewed this case for TCGA.

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.

 TSS Reviewing Pathologist or Biorepository Director

 Date

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled. The Attending Pathologist or the Department Chairman has been informed or is aware of the above discrepancy in diagnoses.

 Principal Investigator Signature

 Date