

ICD-O-3

NOS

Pathology Report

FINAL

Report Type Pathology Report
Date of Event
Sex

Authored by

Hosp/Group

Record Status FINAL

Carcinoma, squamous cell
8070/3

Site Larynx NOS
C32.9

JW 8/2/13

FINAL DIAGNOSIS:

PART 1: TONGUE BASE, BIOPSY

INVASIVE SQUAMOUS CELL CARCINOMA.

PART 2: LYMPH NODES, RIGHT NECK LEVELS 2-4, SELECTIVE DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA IN THREE OF TWENTY-THREE LYMPH

NODES (3/23); POSITIVE LYMPH NODES IN LEVELS 2 AND 3.

B. LARGEST LYMPH NODE 5.5 CM (MATTED) LEVEL 2 WITH EXTRANODAL EXTENSION.

PART 3: LYMPH NODES, LEFT NECK LEVELS 2-4, SELECTIVE DISSECTION

A. FOURTEEN LYMPH NODES, NO SQUAMOUS CELL CARCINOMA PRESENT (0/14).

B. METASTATIC PAPILLARY THYROID CARCINOMA IN ONE LEVEL 4 LYMPH NODE; NO

EXTRANODAL EXTENSION.

PART 4: BASE OF TONGUE, RIGHT MARGIN, EXCISION
NO TUMOR PRESENT.

PART 5: LARYNX, TOTAL LARYNGECTOMY

A. INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY TO POORLY DIFFERENTIATED, SUPRAGLOTTIC (4.5 CM), LEFT AND RIGHT WITH PRE-EPIGLOTTIC

SPACE AND VALLELOCULAR INVOLVEMENT.

B. PERINEURAL INVASION PRESENT.

C. MARGINS FREE (SEE ALSO OTHER PARTS).

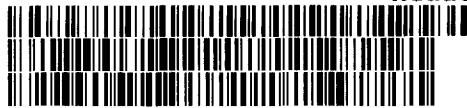
D. PATHOLOGIC STAGE: pT3 N2b.

PART 6: PYRIFORM, RIGHT, EXCISION
NO TUMOR PRESENT.

UUID:A7817114-11F4-45C4-9559-7BE392A40505

TCGA-CN-A6V3-01A-PR

Redacted



Pathologist:

** Report Electronically Signed **

By Pathologist: -

My signature is attestation that I have personally reviewed the submitted material(s) and the final diagnosis reflects that evaluation.

GROSS DESCRIPTION:

Specimen is received unfixed in six parts.

Part 1 is labeled with patient's name, initials XX and "tongue base biopsy".

It consists of a 1.5 x 0.6 x 0.2 cm tan-red soft tissue evaluated intraoperatively. The remainder of the specimen is submitted labeled 1AFS.

Formalin exposure time: 34 hours

Part 2 is labeled with the patient's name, initials XX and "right levels 2 thru 4". It consists of a 13.0 x 4.5 x 1.0 cm portion of soft, yellow-red, hemorrhagic and focally cauterized fibroadipose tissue exhibiting one bulging nodule (5.5 x 3.5 x 1.5 cm) present within level II. The cut surface is firm, tan-white, lobular and solid.

The specimen is divided into levels 2 thru 4. In addition to the dominant level II nodule, multiple soft to moderately firm, tan-gray to pink-red lymph nodes ranging 0.3 to 2.0 cm in greatest dimension are identified on dissection.

Representative dominant level II nodule submitted to the

Ink Code:

Green- external surface of suspicious nodule

Section code:

2A-C- level II, dominate nodule, representative sections

2D-F- lymph nodes, level II

2G- level III lymph node, (1 bisected)

2H-J- level III lymph nodes

2K- level IV lymph nodes

Formalin exposure time: 30 hours

Part 3 is labeled with the patient's name, initials XX and "left neck dissection levels 2 thru 4". It consists of an unoriented 8.0 x 3.7 x 0.9 cm

portion of yellow and lobular fibroadipose tissue and red-brown muscle.

The

specimen is arbitrarily divided into segments A, B and C. Multiple tan-pink to gray, soft lymph nodes ranging 0.3 to 2.3 cm in greatest dimension are identified on dissection.

Section code:

3A-B- lymph nodes, segment A

3C- lymph nodes, segment B

3D-E- lymph nodes, segment C (each one bisected)

3F- lymph nodes, segment C

Formalin exposure time: 30 hours

Part 4 labeled with the patient's name, initials XX and "right base of tongue". It consists of a 3.5 x 0.4 x 0.3 cm tan-red soft tissue

evaluated

intraoperatively. The remaining tissue is submitted labeled 4AFS.

Formalin exposure time: 30 hours

Part 5 is labeled with the patient's name, initials XX and "total larynx". It

consists of a total laryngectomy 9.7 x 7.2 x 4.5 cm, 4.6 x 1.3 x 0.9 cm attached hyoid bone, three tracheal rings and a moderate amount of anterior

soft tissue and muscle.

There is a 4.5 x 2.3 x 1.8 cm (depth), well-defined, moderately firm, tan-white, focally hemorrhagic, exophytic supraglottic lesion involving the

right aspect of epiglottis, base of the epiglottis, right false vocal cord and anterior commissure. The ventricle is compressed but grossly the right true vocal cord is unininvolved. On cross-section the lesion penetrates through the epiglottis invading the para epiglottic fat, coming to within 0.8 cm of the base of tongue mucosal resection margin, 1.0 cm from the anterior soft tissue margin, 0.3 cm from the right aryepiglottic mucosal margin and 4.0 cm from the third tracheal ring margin. The left false and true vocal cords are smooth, soft, pliable and grossly unininvolved. The remaining laryngeal mucosa is smooth, tan-pink-red and mildly edematous in the glottic region. The thyroid cartilage is unremarkable. Digital images are taken. The right supraglottic lesion is procured for the clinical tissue bank.

Ink code:

Black- anterior soft tissue surgical resection

Yellow- soft tissue underlying hyoid bone

Green- base of tongue mucosal margin

Red- banked area

Section code:

5AFS- radial mid line base of tongue, frozen section

5B-tracheal ring margin

5C- right aryepiglottic mucosal margin, shave

5D- base of tongue

5E- anterior soft tissue margin, shave

5F- left aryepiglottic mucosal margin, shave

5G- supraglottic lesion in relation to tip of epiglottis

5HDR- lesion in relation to anterior commissure

5I-5L-lesion in relation to right false cord, ventricle and true vocal cord
(midline to lateral)

5M- left false and true vocal cords, unininvolved

Formalin exposure time: 30 hours

Part 6 is labeled with the patient's name, initials XX and "right pyriform".

It consists of a 1.8 x 0.8 x 0.4 cm smooth, pink-gray, soft mucosa and underlying soft tissue entirely submitted labeled 6A.

Formalin exposure time: 30 hours

GROSSED BY:

INTRAOPERATIVE CONSULTATION:

1AFS: TONGUE BASE BIOPSY (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. MALIGNANT

C. INVASIVE NON-KERATINIZING SQUAMOUS CELL CARCINOMA

D. /

4AFS: RIGHT BASE OF TONGUE MARGIN, BIOPSY (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. BENIGN

C. NO TUMOR

5AFS: LARYNX, LARNGECTIONY (RADIAL MIDLINE BASE OF TONGUE) (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. MALIGNANT

C. MARGIN IS FREE

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis.

The following statement applies to all immunohistochemistry, Insitu Hybridization Assays (ISH & FISH), Molecular Anatomic Pathology, and Immunofluorescent Testing:

The testing was developed and its performance characteristics determined by

the as required by
the CLIA

'88 regulations. The testing has not been cleared or approved for the specific use by the U.S. Food and Drug Administration, but the FDA has determined such approval is not necessary for clinical use. Tissue fixation

ranges from a minimum of 2 to a maximum of 84 hours.

This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") as qualified to perform high-complexity clinical

testing. Pursuant to the requirements of CLIA, ASR's used in this laboratory

have been established and verified for accuracy and precision.

Additional

information about this type of test is available upon request.

CASE SYNOPSIS:

SYNOPTIC DATA - LARYNX RESECTIONS

TYPE OF LARNGECTIONY: Total

TUMOR LATERALITY: Right, Left, Midline

TUMOR LOCATION/SEGMENT: Supraglottic

TUMOR SIZE: Maximum dimension: 4.5 cm

HISTOLOGIC TYPE OF TUMOR: Squamous cell carcinoma

HISTOLOGIC GRADE: Poorly differentiated/Undifferentiated

STRUCTURES INVOLVED BY TUMOR: False cord, Epiglottis, Vallecula-base of tongue, Pre-epiglottic space

LYMPH NODES: Lymph nodes positive, Right: 3

Total number of right sided lymph nodes examined: 23

Lymph nodes positive, Left: 0

Total number of left sided lymph nodes examined: 14

EXTRACAPSULAR SPREAD OF LYMPH NODE METASTASES

Yes

INTRA-PERINEURAL INVASION: Present

VASCULAR INVASION: Yes

SURGICAL MARGIN INVOLVEMENT: Free (2 mm or more)

T STAGE, PATHOLOGIC: Supraglottis, pT3

N STAGE, PATHOLOGIC: pN2b

M STAGE, PATHOLOGIC: pMX

Comment: one left level IV lymph node shows metastatic papillary thyroid carcinoma

Per TSS - thyroid cancer was a synchronous finding.
No known prior thyroid cancer or treatment, prior
to TCGA tumor procurement. OCR

PATIENT HISTORY:

CHIEF COMPLAINT/PRE-OP/POST-OP DIAGNOSIS: Laryngeal cancer.

PROCEDURE: Total laryngectomy.

SPECIFIC CLINICAL QUESTION: Not answered.

OUTSIDE TISSUE DIAGNOSIS: Not answered.

PRIOR MALIGNANCY: Not answered.

CHEMORADIATION: Not answered.

ORGAN TRANSPLANT: Not answered.

IMMUNOSUPPRESSION: Not answered.

OTHER DISEASES: Not answered.

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Tongue Base Biopsy

Taken: Received:

Stain, Block

HHE x 1 AFS

H&E x 1 AFS

Part 2: Right Levels 2-4

Taken: Received:

Stain/ Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

H&E x 1 F

H&E x 1 G

H&E x 1 H

H&E x 1 I

H&E x 1 J

H&E x 1 K

IMSU x 1 (none)

Part 3: Left Neck Dissection Levels 2-4

Taken: Received:

Stain, Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

H&E x 1 F

Part 4: Right Base of Tongue Margin

Taken: Received:

Stain/ Block

H&E x 1 AFS

Part 5: Total Larynx

Taken: Received:

Stain/ Block

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

H&E x 1 F

H&E x 1 G

H&E x 1 I

H&E x 1 J

H&E x 1 K

H&E x 1 L

H&E x 1 M
H&E x 1 AFS
Decal x 1 HDR
H&E x 1 HDR
IMSU x 1 (none)
Part 6: Right Piriform
Taken: Received:
Stain/ Block
H&E x 1 A
TC1

Criteria	7/19/13	Yes	No
Diagnosis Discrepancy			✓
Primary Tumor Site Discrepancy			✓
HIPAA Discrepancy			✓
Prior Malignancy History			✓
Dual/Synchronous Primary Notes	7/19/13	✓	
Case is Tumor	QUALIFIED	DISQUALIFIED	
Reviewer Initials	RTH	Date Reviewed:	7/3/2013