

## SURGICAL PATHOLOGY REPORT

Accession number: [REDACTED]

Final Report

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### DIAGNOSIS:

1) ORAL CAVITY, ANTERIOR CANCELLOUS MARGIN, BIOPSY: BONE WITH ACUTELY INFLAMED ATTACHED SOFT TISSUE; NEGATIVE FOR TUMOR.

2) ORAL CAVITY, POSTERIOR MANDIBULAR MARGIN, BIOPSY: NEGATIVE FOR TUMOR.

3) ORAL CAVITY, POSTERIOR BUCCAL MARGIN, EXCISION: NEGATIVE FOR DYSPLASIA OR CARCINOMA (SEE COMMENT).

COMMENT: Permanent sections do not confirm presence of dysplasia or carcinoma in situ. The focus of concern on the frozen section may represent basal layer with frozen artifact.

4) ORAL CAVITY, ANTERIOR BUCCAL MARGIN, EXCISION: NEGATIVE FOR TUMOR.

5) ORAL CAVITY, NEW POSTERIOR BUCCAL MARGIN, EXCISION: NEGATIVE FOR DYSPLASIA OR CARCINOMA.

6) LYMPH NODES, LEFT NECK LEVEL 2 AND 3, EXCISION: 11 LYMPH NODES, NEGATIVE FOR TUMOR (0/11).

7) LYMPH NODES, NECK DISSECTION LEVEL 1A, EXCISION: 5 LYMPH NODES, NEGATIVE FOR TUMOR (0/5).

8) PAROTID, TAIL, EXCISION: 1 LYMPH NODE, NEGATIVE FOR TUMOR (0/1).

9) SOFT TISSUE, BUCCAL FAT, EXCISION: BENIGN ADIPOSE TISSUE.

10) ORAL CAVITY, LEFT MANDIBULAR GINGIVAL, RESECTION: INVASIVE MODERATELY DIFFERENTIATED SQUAMOUS CELL CARCINOMA, 2.3 CM IN GREATEST EXTENT, INVOLVING FLOOR OF MOUTH AND INVADING INTO MANDIBLE; TUMOR IS 0.2 CM FROM CLOSEST (LATERAL) SURGICAL MARGIN; 1 OF 3 LYMPH NODES INVOLVED BY METASTATIC SQUAMOUS CELL CARCINOMA (1/3); ASSOCIATED CARCINOMA IN SITU (SEE [REDACTED]; SEE COMMENT).

COMMENT: The findings correspond to AJCC pathologic stage IVA (pT4aN1).

Upper Aerodigestive Tract and Minor Salivary Glands Carcinoma

Summary of Findings:

Specimen Type: left mandibular resection

Tumor Site: gingiva and floor of mouth

[REDACTED]

Tumor Size: 2.3 cm

Histologic Type: squamous cell carcinoma

Histologic Grade: moderately

Pathologic Staging (pTMN)

Primary tumor (pT): pT4a

Regional Lymph Nodes (pN): 1

Number examined: 19

Numbered involved: 1

Extracapsular extension: No

Perineural invasion: (Select one) No

Bony/Cartilage Invasion: (Select one) Yes

HPV testing ordered: Yes (performed on oral cavity and oropharyngeal squamous cell carcinomas)

\*\*Electronically Signed Out by

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#### CLINICAL DATA

Clinical Features: unspecified

Operator: Dr.

Operation: unspecified

Operative Findings: unspecified

Operative Diagnosis: unspecified

Tissue Submitted: 1) anterior cancellous margin; 2) posterior mandible; 3) posterior buccal margin; 4) anterior buccal margin; 5) new posterior buccal margin; 6) left neck level 2 and 3; 7) neck dissection level 1A; 8) tail of parotid; 9) buccal fat; 10) left mandibular gingival cancer stitch marks anterior

#### GROSS DESCRIPTION:

##### 1) SOURCE: Anterior Cancellous Margin

Received fresh for frozen section diagnosis in a container labeled "anterior cancellous margin" are two fragments of soft tissue that in aggregate measure 0.1 x 0.1 x 0.1 cm. The specimen is entirely submitted for frozen section diagnosis. It is then put in a teabag and submitted for frozen section control in cassette 1AFSC.

Summary of sections: 1AFSC, 2/1.

##### 2) SOURCE: Posterior Mandible

Received fresh for frozen section diagnosis in a container labeled "posterior mandible" are two fragments of soft tissue that in aggregate measure 0.2 x 0.2 x 0.2 cm. The specimen is entirely submitted for frozen section diagnosis. It is then placed in a teabag and submitted for frozen section control in cassette 2AFSC.  
Summary of sections: 2AFSC, 2/1.

3) SOURCE: Posterior Buccal Margin

Received fresh for frozen section diagnosis in a container labeled "posterior buccal margin" are two fragments of soft tissue that in aggregate measure 5.0 x 0.3 x 0.3 cm. The specimen is entirely submitted for frozen section diagnosis and frozen section control and is submitted in cassette 3AFSC.  
Summary of sections: 3AFSC, 2/1.

4) SOURCE: Anterior Buccal Margin

Received fresh for frozen section diagnosis in a container labeled "anterior buccal margin" is one fragment of mucosal soft tissue that measures 6.0 x 0.4 x 0.3 cm. Specimen is entirely submitted for frozen section diagnosis and the frozen section control is submitted in cassette 4AFSC.  
Summary of sections: 4AFSC, 2/1.

5) SOURCE: New Posterior Buccal Margin

Received fresh for frozen section diagnosis is a 3.7 x 0.6 x 0.3 cm mucosal portion of tan-pink soft tissue that is submitted entirely for frozen section diagnosis. The frozen section control is submitted in cassette 5AFSC.  
Summary of sections: 1/1.

6) SOURCE: Neck Dissection, Left, Levels 2 and 3

Received fresh in a container labeled "left neck level 2 and 3" is one fragment of fibrofatty tissue that measures 16.0 x 4.5 x 1.0 cm. Specimen is palpated to reveal multiple possible lymph nodes. Four very tiny possible lymph nodes are submitted entirely in cassette 6A. One possible lymph node is bisected and submitted in cassette 6B. One possible lymph node is bisected and submitted in cassette 6C. One possible lymph node is bisected and submitted in cassette 6D. One possible lymph node is bisected and submitted in cassette 6E, and one possible lymph node is bisected and submitted in cassette 6F.  
Summary of sections: 6A, 5/1; 6B-6F, 2/1, each.

7) SOURCE: Neck Dissection, Level 1A

Received fresh in a container labeled "neck dissection level 1" is one fragment of fibrofatty tissue that measures 8.0 x 4.0 x 0.5 cm. The specimen is searched for lymph nodes, and three very tiny lymph nodes are palpated and submitted entirely in cassette 7A. The remainder of the specimen is submitted entirely in cassettes 7B-7F.  
Summary of sections: 7A, 3/1; 7B, 2/1; 7C-7F, 1/1, each.

8) SOURCE: Tail of Parotid

Received fresh in a container labeled "tail of parotid gland" is a 3.5 x 2.0 x 0.7 cm fragment of tan-pink soft tissue. The specimen is inked entirely in black. The specimen is serially sectioned to reveal a uniform tan-pink cut surface. The specimen is entirely submitted in cassettes 8A-8C.

Summary of sections: 8A, 1/1; 8B, 2/1; 8C, 1/1.

9) SOURCE: Buccal Fat

Received fresh in a container labeled "buccal fat" is one fragment of fibroadipose tissue that measures 10.0 x 2.5 x 0.5 cm. The specimen is entirely submitted in cassettes 9A-9D.

Summary of sections: 1/1, each.

10) SOURCE: Mouth, Left Mandibular Gingival Cancer

Received fresh in a container labeled "left mandibular gingival cancer, stitch anterior" is a specimen that consists of a left lower jaw with attached soft tissue. The specimen is oriented by the surgeon with a stitch denoting anterior. The specimen is inked as follows: anterior yellow, posterior green, medial blue, lateral black and inferior orange. The specimen measures 8.0 cm from anterior to posterior, 7.0 cm from superior to inferior, and 3.5 cm from medial to lateral. There is a portion of mandible that can be seen anteriorly and posteriorly. There are also 5 attached teeth; three molars and two incisors. Lateral to the last molar on the gingival surface there is a raised, firm mass that measures 2.0 cm x 1.5 cm. A gross photograph of the specimen is taken. Representative sections of soft tissue associated with the anterior portion of the specimen are submitted in cassette 10A. Representative sections of lateral soft tissue to tumor are submitted in cassette 10B-10D. The tumor appears to be 0.7 cm away from the lateral soft tissue margin. A representative section of the posterior soft tissue margin to tumor is submitted in cassette 10E. A representative section of medial soft tissue margin to tumor is submitted in cassette 10F. The inferior portion of the tumor exhibits a salivary gland that measures 2.7 cm in greatest extent and appears uninvolved by tumor. A representative section is submitted in cassette 10G. The inferior muscular soft tissue appears completely uninvolved by tumor. A representative section is submitted in 10H. Another representative section of lateral margin to tumor is submitted in cassette 10I. Another representative section of tumor is submitted in cassette 10J. A representative section of posterior mandibular margin is submitted in cassette 10K. Representative sections of the anterior mandibular margin are submitted in cassettes 10L and 10M. The bone grossly appears to be involved by tumor. Representative sections of this are submitted in cassettes 10N and 10O. Sections 10K-10O are submitted following decalcification. Summary of sections: 10A, 2/1; 10B-10N, 1/1, each; 10O, 2/1.

Dictated by

[REDACTED]

Slides and report reviewed by Attending Pathologist.

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## SURGICAL PATHOLOGY INTRAOPERATIVE CONSULTATION

1) SOURCE: Anterior Cancellous Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

2) SOURCE: Posterior Mandible

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

3) SOURCE: Posterior Buccal Margin

FROZEN SECTION DIAGNOSIS: SINGLE FOCUS SUSPICIOUS FOR CARCINOMA IN SITU.  
[REDACTED]

4) SOURCE: Anterior Buccal Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

5) SOURCE: New Posterior Buccal Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

Electronically signed by: [REDACTED] Attending  
Pathologist

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The following special studies were performed on this case and the interpretation is incorporated in the diagnostic report above:

5xDECALCIFICATION OF BLOCK

In some tests, analyte specific reagents (ASRs) are used. In the case of an ASR, this test was developed and its performance characteristics determined by this laboratory. It has not been cleared or approved by the US Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of [REDACTED] (CLIA [REDACTED]) as qualified to perform high complexity clinical laboratory testing.