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TCGA-CN-A641-01A-PR **Redacted**

Pathology R



Report Typ

Date of Ev

Sex M

Authored by

Hosp/Group

Record Status FINAL

ICD-O-3

Carcinoma, squamous
cell keratinizing NOS
8671/3

Site Larynx NOS C32.9

JAD 5/10/13

FINAL DIAGNOSIS:

PART 1: LEFT NECK LEVELS II, III AND IV, DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA, UP TO 1 CM, IN THREE OF THIRTY-SEVEN LYMPH NODES (3/37).

B. EXTRACAPSULAR EXTENSION IS PRESENT.

PART 2: LYMPH NODES, RIGHT NECK LEVELS IIA AND IIB, DISSECTION THIRTY-ONE BENIGN LYMPH NODES (0/31).

PART 3: LARYNX AND BASE OF TONGUE, TOTAL LARYNGECTOMY AND BASE OF TONGUE

RESECTION

A. SUPRAGLOTTIC INVASIVE KERATINIZING SQUAMOUS CELL CARCINOMA,

5.4

CM, MODERATELY DIFFERENTIATED, INVOLVING BASE OF TONGUE, HYOID BONE, GLOTTIS,

AND PYRIFORM SINUSES.

B. THYROID CARTILAGE IS FREE OF CARCINOMA.

C. VASCULAR INVASION IS ABSENT.

D. PERINEURAL INVASION IS PRESENT.

E. ALL MARGINS ARE FREE OF CARCINOMA.

F. TWO BENIGN LYMPH NODES (0/2).

G. STOMA WITH REACTIVE CHANGES.

H. BENIGN THYROID TISSUE.

I. pT4a N2b.

Pathologist:

** Report Electronically Signed Out **

By Pathologist:

My signature is attestation that I have personally reviewed the submitted

material(s) and the final diagnosis reflects that evaluation.

GROSS DESCRIPTION:

The specimen is received fresh in three parts.

Part 1 is labeled with the patient's name, initials XX, medical record number

and "left neck dissection levels 2, 3, 4". It consists of an unoriented

selective left neck dissection (12.8 x 4.9 x 1.1 cm) and shows yellow fibroadipose tissue and several prominent lymph nodes ranging in size from 0.1

to 2.0cm. There is an area of firm, tan-brown skeletal muscle (1.9 x 1.5 x 0.3 cm).

In level 2A there is one prominent lymph node (2.2 x 1.9 x 0.3 cm). Additional

lymph node candidates - 0.2-0.9 cm.
In level 2B there are two prominent lymph nodes (1.9 x 0.4 x 0.1 cm and
2.5 x 0.7 x 0.3 cm), both bisected. Additional lymph node candidates - 0.1-
1.6 cm.

In level 3 there is one prominent lymph node (1.2 x 0.9 x 0.1 cm),
bisected.

Two additional lymph node candidates - 0.4 -0.7 cm.

In level 4 there are lymph node candidates, 0.1 -0.7 cm.

Section code: 1A- Level 2A, one lymph node

1B - 1C- Level 2A, nine lymph nodes

1D- Level 2B, one lymph node, bisected

1E- Level 2B, one lymph node, bisected

1F -1G- Level 2B, eight lymph nodes

1H- Level 3, one lymph node, bisected

1I- Level 3, two lymph nodes

1K-1L- Level 4, thirteen lymph nodes

1J- Representative sections of muscle. Time in formalin: 22 hours.

Part 2 is labeled with the patient's name, initials XX, medical record
number

and "right neck, short stitch level 2A, long stitch level 2B". It
consists of

an oriented selective right neck dissection (12.1 x 3.2 1.5 cm) and
shows

yellow fibroadipose tissue and several prominent lymph nodes.

In level 2A there are two prominent lymph nodes (2.0 x 1.5 x 0.4 cm and
2.0 x

1.3 x 0.5 cm) both are bisected. There are nineteen smaller lymph nodes
ranging in size from 0.1 -0.7 cm in greatest dimension.

In level 2B there is one prominent lymph node (2.0 x 1.2 x 0.3 cm),
bisected.

There are nine smaller lymph nodes ranging in size from 0.1-1.0 cm in
greatest
dimension.

Time in formalin: 22 hours.

Section code:

2A- Level 2B, one lymph node, bisected

2B - 2C- Level 2B, nine lymph nodes

2D- Level 2A, one lymph node, bisected

2E- Level 2A, one lymph node, bisected

2F -2H- Level 2A, nineteen lymph nodes

Part 3 is labeled with the patient's name, initials XX, medical record
number

and "total laryngectomy and base of tongue resection". It consists of
a total

laryngectomy specimen (SI-7.8 cm, AP-7.4 cm, W-6.6 cm) that includes
attached

base of tongue (5.8 x 4.7 x 2.6 cm), right and left pharyngeal tissue,
posterior cricoid tissue, anterior compartment soft tissue and
tracheostomy

stoma with attached skin (1.3 1.3 x 0.9 cm). There is a light tan,
friable,

ulcerated, circumferential mostly supraglottic tumor (5.4 x 5.3 x 2.2
cm)

extending 1.0 cm into the left glottic region. It involves the left
false

vocal cord and abuts the right true vocal cord, right and left pyriform sinus,
anterior commissure, hyoid bone and base of tongue. The tumor is located 0.9
cm from the left laryngeal margin and 0.2 cm from the base of tongue deep
margin. The tumor does not grossly involve the thyroid or cricoid cartilage.
One candidate lymph node (0.4 cm) is dissected from the anterior compartment
soft tissue. The tracheal stoma is uninvolved by tumor.
INK CODE: Red deep margin
Green hyoid bone region
Blue base of tongue
Black anterior surface
CASSETTE CODE: 3AFS Deep margin, designated by surgeon, shave
3BFS Left lateral pharyngeal margin, shave
3CFS Right lateral pharyngeal margin, shave
3D Tracheal margin, shave
3E Hyoid bone with tumor
3F-3G Base of tongue, shave margin
3H Posterior cricoid region, shave margin
3I Anterior compartment, shave
3J Deep base of tongue, additional shave margin
3K Representative section of right pyriform sinus
3L Representative section of left pyriform sinus
3M Anterior commissure
3N Right true and false vocal cords
3O Left true and false vocal cords
3P Thyroid cartilage and adjacent grossly normal tissue
3Q Stoma, submitted entirely
3R Base of tongue with tumor at deepest level of involvement
(perpendicular section)
3S One lymph node, level VI. Time in formalin: 22 hours. DICTATED BY:

INTRAOPERATIVE CONSULTATION:

3AFS: DEEP MARGIN (SHAVE) (frozen section)
A. SUFFICIENT FOR ANCILLARY STUDIES.
B. BENIGN.
C. NO TUMOR PRESENT

3BFS: LEFT LATERAL PHARYNGEAL MARGIN (SHAVE) (frozen section)
A. SUFFICIENT FOR ANCILLARY STUDIES.
B. BENIGN.

C. NO TUMOR PRESENT

3CFS: RIGHT LATERAL PHARYNGEAL MARGIN (SHAVE) (frozen section)
A. SUFFICIENT FOR ANCILLARY STUDIES.

B. BENIGN.

C. NO TUMOR PRESENT

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 Department of Pathology, 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 LARYNGECTOMY: Total

TUMOR LATERALITY: Bilateral

ATTACHED STRUCTURES: Pyriform sinus, Base of tongue, Thyroid, Skin

TUMOR LOCATION/SEGMENT: Supraglottic

TUMOR SIZE: Maximum dimension: 5.4 cm

HISTOLOGIC TYPE OF TUMOR: Squamous cell carcinoma

HISTOLOGIC GRADE: Moderately differentiated

STRUCTURES INVOLVED BY TUMOR: Anterior commissure, False cord, Ventricle,

Epiglottis, Vallecula-base of tongue, Pyriform sinus, Other: hyoid bone Epiglottis, Vallecula-base of tongue, Pyriform sinus, Other: hyoid bone

LYMPH NODES: Lymph nodes positive, Right: 0

Total number of right sided lymph nodes examined: 31

Lymph nodes positive, Left: 3

Total number of left sided lymph nodes examined: 37

Site of 'other' lymph nodes: level VI

Lymph nodes positive, 'other': 0

Total number of 'other' lymph nodes examined: 2

EXTRACAPSULAR SPREAD OF LYMPH NODE METASTASES

Yes

INTRA-PERINEURAL INVASION: Present

VASCULAR INVASION: No

SURGICAL MARGIN INVOLVEMENT: Free (2 mm or more)

T STAGE, PATHOLOGIC: Supraglottis, pT4a

N STAGE, PATHOLOGIC: pN2b

M STAGE, PATHOLOGIC: pMX

PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Supraglottic carcinoma.

PROCEDURE: Total laryngectomy.

SPECIFIC CLINICAL QUESTION: Not answered.

OUTSIDE TISSUE DIAGNOSIS: Not answered.

PRIOR MALIGNANCY: Not answered.

CHEMORADIATION THERAPY: Not answered.

ORGAN TRANSPLANT: Not answered.

IMMUNOSUPPRESSION: Not answered.
OTHER DISEASES: Not answered.
CYTOGENETIC TESTS: Not answered.

HISTO TISSUE SUMMARY/SLIDES REVIEWED:
Part 1: Left Neck Dissection Levels 2-4

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
H&E x 1 L

Part 2: Right Neck

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

Part 3: Total Laryngectomy and Base of Tongue Resection

Stain, Block

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
H&E x 1 L
H&E x 1 M
H&E x 1 N
H&E x 1 O
H&E x 1 P
H&E x 1 Q
H&E x 1 R
H&E x 1 S
H&E x 1 T
H&E x 1 U
H&E x 1 V
H&E x 1 AFS
H&E x 1 BFS
H&E x 1 CFS
H&E x 1 DDR

Criteria	4/2/13	Yes	No
Diagnosis Discrepancy			
Primary Tumor Site Discrepancy			
HIPAA Discrepancy			
Prior Malignancy History			
Dual/Synchronous Primary Notes			
Case is [circle]:	QUALIFIED	DISQUALIFIED	
Reviewer Initials	B.T.	Date Reviewed:	3/28/13