

SURGICAL PATHOLOGY REVISED REPORT

Case Number:

Diagnosis:

FSA: Posterior floor of mouth margin, biopsy

- Benign squamous mucosa and submucosa, no dysplasia or carcinoma identified

FSB: Anterior floor of mouth margin, biopsy

- Benign squamous mucosa and submucosa, no dysplasia or carcinoma identified

FSC: Deep tongue margin, biopsy

- Skeletal muscle, no invasive carcinoma identified

FSD: Anterior deep margin, biopsy

- Skeletal muscle, no invasive carcinoma identified

E: Lymph node, right neck level 1B, dissection

- No metastatic carcinoma identified (0/1)
- Submandibular gland, no invasive carcinoma identified

F: Lymph nodes, midline level 1A, dissection

- No metastatic carcinoma identified (0/4)

G: Lymph node, left neck level 1B, dissection

- No metastatic carcinoma identified (0/1)
- Submandibular gland, no invasive carcinoma identified

H: Lymph nodes, left level 2B, dissection

- No metastatic carcinoma identified (0/5)

I: Lymph node, left neck level 2A, dissection

- No metastatic carcinoma identified (0/9)

J: Lymph nodes, left neck level 3, dissection

- No metastatic carcinoma identified (0/7)

K: Lymph nodes, left neck level 4, dissection

- No metastatic carcinoma identified (0/8)

L: Lymph nodes, right neck level 2B, dissection

- No metastatic carcinoma identified (0/8)



ICD-6-3
Carcinoma, squamous cell
keratinizing NOS 80713
Site ~~cleft~~ Tongue NOS C02.9
path ~~cleft~~ Tongue, larynx & other
and unspecified parts of mouth
J06.8
At 5/21/13

M: Tongue, right, partial glossectomy

Tumor histologic type: invasive squamous cell carcinoma

Histologic grade: moderately differentiated

Primary site: right lateral tongue and floor of mouth

Tumor focality: unifocal

Tumor size: 3.4 x 2.5 cm diameter grossly, 0.9 cm deep
microscopically (M4)

Extent of invasion:

Vascular: not identified

Perineural: not identified

Bone: n/a

Ancillary studies: pending (block M7)

P16, IHC studies:

HR, HPV ISH status:

Carcinoma in situ: not identified

Surgical margins: negative

- 0.4 cm to superior medial (M3)
- 0.5 cm to inferior medial (M4)
- 0.6 cm to inferior lateral (M6)
- 1.7 cm to inferior (M4)

Lymph nodes: separately submitted

Other significant findings: none

AJCC Pathologic Stage (oral cavity): pT2 pN0 pMx

NOTE: This pathologic stage assessment is based on information available at the time of this report, and is subject to change pending clinical review and additional information.

N: Lymph nodes, right neck level 4, dissection

- No metastatic carcinoma identified (0/10)

O: Lymph nodes, right neck level 2A, dissection

- No metastatic carcinoma identified (0/10)

P: Lymph nodes, right neck level 3, dissection
- No metastatic carcinoma identified (0/10)

Intraoperative Consult Diagnosis:

A frozen section is requested by Dr. on from at

FSA1: Posterior floor of mouth margin, biopsy
- Negative for malignancy
- Floater present, suspicious for previous case

FSB1: Anterior floor of mouth margin, biopsy
- Negative for malignancy

FSC1: Deep tongue margin, biopsy
- Negative for malignancy

FSD1: Anterior deep margin, biopsy
- Negative for malignancy

Drs. at

Frozen Section Pathologist:

Clinical History:

The patient is a year-old female with a clinical diagnosis of tongue cancer. Per the patient has a stage 3 squamous cell carcinoma of the right lateral oral tongue.
(Invasive moderately differentiated keratinizing squamous cell carcinoma)

Gross Description:

Specimen A is additionally labeled "posterior floor of mouth margin" and holds a 1.4 x 0.4 x 0.3 cm red/tan soft tissue fragment. The specimen is totally submitted in block FSA1,

Specimen B is additionally labeled "anterior floor of mouth margin" and holds a 1.5 x 0.5 x 0.3 cm red/tan soft tissue fragment, totally submitted in block FSB1,

Specimen C is additionally labeled "deep tongue margin" and holds a 1.5 x 1.7 x 0.9 cm aggregate of red/tan soft tissue fragments. The specimen is totally submitted in block FSC1,

Specimen D is additionally labeled "anterior deep margin" and holds a 1.2 x 1.3 x 0.4 cm red/tan soft tissue fragment. The

specimen is totally submitted in block FSD1, Specimen E is additionally labeled "right neck level 1B" and is a 4.3 x 3.2 x 1.8 cm salivary gland with a minimal amount of attached fat. Sectioning the salivary gland reveals a lobulated glandular architecture. No discrete mass or nodule is identified.

Also received within the container is a 1.4 x 1.0 x 0.4 cm lymph node candidate.

Block Summary:

- E1 - Representative section from salivary gland
- E2 - One lymph node candidate, bisected

Specimen F is labeled "midline level 1A" and is a 4.8 x 3.2 x 1.2 cm aggregate of yellow/tan fibrofatty tissue, dissected for lymph node candidates. Four lymph node candidates up to 0.6 cm in greatest dimension are identified.

Block Summary:

- F1 - Three lymph node candidates
- F2 - One lymph node candidate, bisected

Specimen G is labeled "left neck level 1B" and is a 5.6 x 3.8 x 1.5 cm salivary gland with a small amount of attached fibrofatty tissue. Sectioning the salivary gland reveals a lobulated glandular architecture with no discrete lesion identified. The surrounding fat is dissected for lymph node candidates.

One lymph node candidate is identified in the surrounding fat and is 1.4 cm.

Block Summary:

- G1 - Representative section from salivary gland
- G2 - One lymph node candidate, bisected

Specimen H is labeled "left neck level 2B" and is a 2.6 x 2.5 x 1.4 cm aggregate of cauterized yellow/tan fibrofatty tissue, dissected for lymph node candidates. Six lymph node candidates up to 0.9 cm in greatest dimension are identified.

Block Summary:

- H1 - Four lymph node candidates
- H2 - Two lymph node candidates

Specimen I is labeled "left neck level 2A" and is a 4.8 x 3.7 x 1.0 cm aggregate of yellow/tan fibrofatty tissue, dissected for lymph node candidates. Lymph node candidates up to 1.3 cm in greatest dimension are identified.

Block Summary:

I1 - Six lymph node candidates
I2-I3 - Two lymph node candidates
I4 - One bisected lymph node candidate
Tissue remains in formalin.

Specimen J is labeled "left neck level 3" and is a 5.8 x 2.7 x 1.2 cm fragment of yellow/tan fibrofatty tissue, dissected for lymph node candidates. Lymph node candidates up to 1.4 cm in greatest dimension are identified.

Block Summary:

J1 - Three lymph node candidates
J2 - Two lymph node candidates
J3 - One bisected lymph node candidate
J4 - One sectioned lymph node candidate
Tissue remains in formalin.

Specimen K is labeled "left neck level 4" and is a 4.3 x 2.9 x 1.3 cm aggregate of yellow/tan fibrofatty tissue, dissected for lymph node candidates. Lymph node candidates up to 0.8 cm in greatest dimension are identified.

Block Summary:

K1 - Three lymph node candidates
K2 - Three lymph node candidates
K3 - Two lymph node candidates
Tissue remains in formalin.

Specimen L is labeled "right neck level 2B" and is a 3.6 x 2.5 x 0.9 cm cauterized fragment of yellow/tan fibrofatty tissue, dissected for lymph node candidates. Lymph nodes up to 0.4 cm in greatest dimension are identified.

Block Summary:

L1 - Three lymph node candidates
L2 - Four lymph node candidates
L3 - One bisected lymph node candidate
Tissue remains in formalin.

Specimen M is additionally labeled "right glossectomy, stitch anterior." It holds a 5.3 cm anterior to posterior x 4.7 cm superior to inferior x 1.7 cm medial to lateral right glossectomy. The mucosa along the superior aspect of the tongue is velvety, gray/tan. There is a 3.4 cm anterior to posterior x 2.5 cm superior to inferior ulcerated lesion along the lateral tongue/floor of mouth. This lesion has well demarcated indurated edges and central ulceration. It comes within 0.5 cm of the inferior mucosal margin, 1.3 cm from the anterior mucosal margin, 2.4 cm from the medial mucosal margin,

0.5 cm from the posterior mucosal margin. The specimen is inked as follows: superior/medial=blue, inferior/medial=black, inferior edge=red, and lateral/inferior mucosal margin=green. The specimen is sectioned from anterior towards posterior to reveal the lesion to have a verrucoid cut surface with a maximum thickness of 1.2 cm. It comes within 0.4 cm of the closest medial soft tissue margin. It is located 1.2 cm from the posterior margin. Tumor is given to

Block summary:

(Inking: superior/medial=blue, inferior/medial=black, inferior edge=red, lateral/mucosal margin=green)

M1-M2 - bisected section, anterior edge of tumor

M3-M4 - bisected section

M5-M6 - bisected section with closest medial soft tissue margin

M7-M8 - bisected section, posterior edge of tumor

M9 - perpendicular sections of posterior margin

Oriented tissue remains in formalin.

Specimen N is labeled "left neck level 4" and is a 5.6 x 3.2 x 1.2 cm aggregate of yellow/tan fibrofatty tissue, dissected for lymph node candidates. Lymph node candidates up to 0.9 cm in greatest dimension are identified.

Block Summary:

N1 - Five lymph node candidates

N2 - Four lymph node candidates

N3 - Two lymph node candidates

Tissue remains in formalin.

Specimen O is labeled "right neck level 2A" and is a 4.7 x 3.6 x 1.2 cm aggregate of yellow/tan fibrofatty tissue, dissected for lymph node candidates. Lymph node candidates up to 1.3 cm in greatest dimension are identified.

Block Summary:

O1 - Seven lymph node candidates

O2 - One bisected lymph node candidate

O3 - One bisected lymph node candidates

O4 - One sectioned lymph node candidate

Tissue remains in formalin.

Specimen P is labeled "right neck level 3" and is a 3.4 x 2.8 x 1.2 cm aggregate of yellow/tan fibrofatty tissue, dissected for lymph node candidates. Lymph node candidates up to 0.5 cm in greatest dimension are identified.

Block Summary:

P1 - Five lymph node candidates

P2 - Four lymph node candidate

P3 - Three lymph node candidates
Tissue remains in formalin.

Light microscopic examination performed by Dr.

The frozen section diagnoses are confirmed. HPV test results will be reported in an addendum.

Addendum

Addendum for inclusion of HPV testing results.

Addendum Comment

Following case finalization, HPV tests were received. Sections on block M7 were studied, and are negative for P16 by immunohistochemistry, and are negative for high risk HPV by in situ hybridization, both with appropriate external controls.

Criteria	lw 5/15/13	Yes	No
Diagnosis Discrepancy		✓	
Primary Tumor Site Discrepancy		✓	
HIPAA Discrepancy		✓	
Prior Malignancy History		✓	
Dual/Synchronous Primary Needed			
Case is (circle):	QUALIFIED / DISQUALIFIED		
Reviewer initials:	Date Reviewer:	5/15/13	5/15/13