

Sex: Male  
D.O.B.:  
MRN #  
Ref Physician:

SPECIMEN

Collected:  
Received:  
Reported:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

A. Left buccal mucosa, excision:  
Squamous mucosa with acute and chronic inflammation, ulceration, and mild atypia.  
No evidence of high-grade dysplasia or malignancy.  
Frozen section diagnosis confirmed.

B. Left submandibular gland, resection:  
Benign salivary gland.  
No evidence of malignancy.

C. Lymph nodes, left level 2B, biopsy:  
One benign lymph node (0/1).

D. Lymph nodes, left neck, dissection:  
Lymph Node Status:

1. Total number of lymph nodes examined: 44.
2. Total number of lymph nodes containing metastatic carcinoma: 1 (Level 2 node).
3. Size of largest metastasis: 1.4 cm.
4. Extracapsular extension: Not identified.

E. Lymph nodes, Level 1, dissection:  
Two benign lymph nodes (0/2).

F. Lymph node, left submandibular triangle, biopsy:  
One benign lymph node (0/1).  
Frozen section diagnosis confirmed.

G. Lymph node, left submandibular triangle number two, biopsy:  
One benign lymph node (0/1).

H. Anterior mandibular marrow margin, excision:  
Few atypical spindle cells, favor reactive.  
Frozen section diagnosis confirmed.

I. Proximal left inferior alveolar nerve margin, excision:  
Benign nerve and vascular tissue.  
Frozen section diagnosis is confirmed.

J. Portion of left mandible, composite resection:  
Tumor Characteristics:

1. Histologic type: Invasive squamous cell carcinoma.
2. Tumor histologic grade: Well-differentiated (G1), keratinizing.
3. Tumor site: Left oral mucosa.
4. Maximal tumor diameter is 8.9 cm.
5. Depth of invasion: 2.6 cm.
6. Bone invasion: Present.
7. Lymphovascular space invasion: Not identified.
8. Perineural invasion: Present.
9. Carcinoma in situ: Present.

ICD-O-3

Carcinoma, squamous cell  
Keratinizing NOS 8071/3

Site: Oral mucosa C06.9

JW 6/12/13

UUID:DAFE2E5D-C366-4682-85D1-5138E518877D  
TCGA-HD-A6I0-01A-PR

Redacted



#### DIAGNOSIS

##### Surgical Margins:

1. Mucosal margins: Negative for carcinoma.
2. Soft tissue margins: Negative for carcinoma.
3. Bone margins: Negative for carcinoma.

##### Lymph Node Status:

1. Total number of lymph nodes examined: 1.
2. Total number of lymph nodes containing metastatic carcinoma: 0.
3. See other parts.

##### Other:

1. pTNM stage: pT4aN1.

K. Anterior mandibular margin, re-excision:  
Negative for malignancy.

#### Electronic Signature:

#### CLINICAL INFORMATION

##### CLINICAL HISTORY:

Preoperative Diagnosis: None given

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

##### SPECIMENS:

- A. Left buccal mucosa
- B. Left submandibular gland
- C. Left level 2 B
- D. Left neck contents, stitch at level 2
- E. B level 1
- F. Left submandibular triangle lymph node
- G. Left submandibular triangle lymph node #2
- H. Anterior mandibular marrow margin
- I. Proximal left inferior alveolar nerve margin
- J. Left composite resection
- K. Re-excision anterior mandibular margin, ink = new margin

#### SPECIMEN DATA

##### GROSS DESCRIPTION:

The specimen is received in eleven containers all labeled with the patient's name

A. Container A is additionally labeled 1. Received fresh and placed in formalin after frozen section analysis is an approximately 0.4 x 0.3 x 0.1 cm aggregate of white tan tissue, submitted entirely for frozen section analysis. The residual frozen section tissue is received free floating within the specimen container and partially within a white tissue cassette.

All tissue is submitted for permanent sections in cassettes labeled as follows: A1—residual frozen section tissue is received within a white tissue cassette; A2—tissue received free floating within the container.

B. Container B is labeled #2. Received in formalin is a 10.3 gram, 4.1 x 3.6 x 1.6 cm yellow tan, hemorrhagic, lobular portion of soft tissue consistent with salivary gland; inked in blue. Sectioning reveals that the cut surfaces are diffusely yellow tan, lobular normal salivary gland parenchyma without masses or other lesions. Representative sections are submitted in cassettes B1-B5 labeled

C. Container C is labeled #3. Received in formalin is a 2.4 x 1.7 x 1.2 cm piece of focally cauterized yellow tan lobular fibroadipose tissue. On cut section, the cut surfaces are yellow tan, lobular, centrally fibrotic, without discrete lymph nodes or mass lesions. All tissue is submitted in cassettes C1-C2 labeled

D. Container D is labeled #4. Received in formalin is a 9.9 x 7.6 x 2.6 cm portion of yellow brown, lobular fibroadipose tissue. There is a suture to designate level 2. The specimen is divided into three parts, with part 1 designated by the suture and further designated as the second part (mid portion) and third part (distal to the suture). Careful sectioning within the sutured section/level 2 section reveals multiple tan brown firm possible lymph nodes ranging from 0.2 to 3.0 cm in greatest dimension. The largest lymph node is soft, dark brown on cut section, and involved by a 1.4 x 0.7 x 0.7 cm focus

of white tan likely tumor. Careful sectioning through the mid portion reveals multiple tan pink to brown tan, firm likely lymph nodes ranging from 0.2 to 1.8 cm in greatest dimension. Careful sectioning through the distal one-third from the suture reveals multiple gray tan to pink tan firm possible lymph nodes ranging from 0.2 to 1.4 cm in greatest dimension.

Representative sections are submitted in cassettes labeled follows, level 2/sutured area: D1—three intact lymph nodes; D2—five intact lymph node; D3 to D9—one bisected lymph node in each cassette; D10 to D12—one trisected lymph node in each cassette; D13—one section of largest tumor-involved lymph node; mid portion: D14—six intact lymph nodes; D15 and D16—three intact lymph nodes in each cassette; D17—two intact lymph nodes; D18—two intact lymph nodes; D19—one lymph node bisected; D20—one lymph node sectioned and submitted entirely; D21—one lymph node sectioned and submitted entirely; distal one-third: D22—four intact lymph nodes; D23—three intact lymph nodes; D24—two intact lymph nodes; D25 to D29—one lymph node bisected in each cassette; D30—largest lymph node sectioned and submitted entirely.

E. Container E is labeled #5. Received in formalin is a 2.9 x 2.1 x 1.6 cm portion of yellow tan lobular fatty fibroadipose tissue. Sectioning reveals three pink tan firm possible lymph nodes ranging from 0.6 to 1.2 cm in greatest dimension.

All possible lymph node tissue is submitted in cassettes labeled follows: E1—one lymph node sectioned and submitted entirely; E2—one lymph node, trisected; E3—one lymph node, bisected.

F. Container F is labeled #6. Received fresh and placed in formalin after frozen section analysis is a 2.1 x 1.1 x 0.2 cm piece of yellow tan fibroadipose tissue submitted entirely for frozen section analysis. The residual frozen section tissue is received within a white tissue cassette and is resubmitted for permanent sections in cassette F1 labeled

G. Container G is additionally labeled #7. Received in formalin is a 2.6 x 1.9 x 1.2 cm focally cauterized, hemorrhagic portion of tan yellow lobular fibroadipose tissue. Sectioning reveals a single 0.4 cm in greatest dimension firm possible lymph node and a 1.8 cm in greatest dimension tan pink firm lymph node. Each of these tissues are sectioned and submitted entirely in cassettes labeled as follows: G1—possible lymph node, bisected; G2 and G3—large lymph node, sectioned and submitted entirely.

H. Container H is labeled #8. Received fresh and placed in formalin after frozen section analysis is a 0.4 cm in greatest dimension yellow tan wispy tissue fragment received free floating in the specimen container. Also received in the container is an empty white tissue cassette. The tissue fragment is submitted for permanent sections between sponges in cassette H1 labeled

I. Container I is labeled #9. Received fresh and placed in formalin after frozen section analysis is a 0.7 x 0.6 x 0.2 cm yellow tan soft tissue fragment. Submitted entirely for frozen section analysis. The residual frozen section tissue is received within a white tissue cassette and is resubmitted for permanent sections between sponges in cassette I1 labeled

J. Container J is labeled #10. Received fresh and placed in formalin after genomic tissue collection and intraoperative inking and orientation, is a portion of the left mandible with attached soft tissue that is 8.9 cm from anterior to posterior, 4.1 cm laterally, and 4.6 cm from superior to inferior. Superiorly, the specimen is surfaced by an irregular area of tan gray mucosa, 4.2 x 2.9 cm. The mucosal surface is centrally depressed/ulcerated and remarkable for an ill defined 3.2 x 1.4 cm tan roughened to friable tumor that is raised 1.1 cm from the surrounding mucosal surfaces. The surgical margins have been previously inked as follows: inferior alveolar foramen on posterior/superior mandible - red; medial soft tissue margin - black, and lateral soft tissue margin - yellow. Representative sections are submitted for genomic research and are received in yellow and green tissue cassettes, labeled with the patient's name and respectively.

The specimen is transversely sectioned in an anterior to posterior fashion to reveal that the anterior 1.1 cm of the ragged ulcerated lesion consists of exposed bone. The cut surfaces show white tan papillary tumor in the area of the mucosal mass and extending into the soft tissues on the lateral side. Overall, the mass is 8.9 x 3.1 x 2.6 cm. Tumor grossly extends to the inferior alveolar foramen on the posterior/superior mandible margin, grossly extends to the lateral soft tissue margin posteriorly, extends to the medial soft tissue margin grossly, and is 0.7 cm from the deep margin on the more medial aspect. The bone frankly invades the majority of the bone throughout the specimen.

The mass, hemorrhagic portions at the exposed ulcerated bone, also extend to the anterior bone and soft tissue margin.

No lymph nodes or additional discrete masses are identified on section.

Representative sections are submitted in cassettes labeled follows: J1—inferior alveolar foramen and posterior/superior mandibular margin, shaved, bisected and submitted inked down; J2—medial mucosal margin, shaved; J3—medial-most portions of the soft tissue margin, shaved; J4—lateral-most portion of soft tissue margin in perpendicular sections; J5—mass to nearest lateral soft tissue margin; J6—mass to nearest medial soft tissue margin; J7—mass to nearest deep soft tissue margin; J8—anterior-most portion of ulcerated, hemorrhagic bone, en-face; J9 and J10—one full cross section to show mass invading the bone, bisected; J11 to J14—one full cross section to show mass invading the bone, quadrisectioned. Blocks J1, J8, J9, J10, J13 and J14 are following decalcification.

K. Container K is labeled #11. Received in formalin is a 4.4 x 1.6 x 1.2 cm shave of indurated, hemorrhagic bone with some attached ragged soft tissue with blue ink to mark the new margin. This piece is grossly consistent with the anterior margin of mandible from the previous portion of this case. Along one aspect, there is a portion of gray tan mucosa, 0.9 x 0.9 x 0.2 cm with the adjacent bone involved by brown roughened tissue; the rough area is 2.5 x 0.9 x 0.4 cm. Additional blue ink is applied to the new margin. The new margin is sectioned en-face, bisected and submitted in cassettes K1-K2 labeled following decalcification.

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
Immunohistochemistry		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Nodules		✓
Case is (re)classified	QUALIFIED	DISQUALIFIED
Reviewer Initials	DATE REVIEWED	

6/10/13

6/11/13