

[illegible]

Date of Event

Authored by [REDACTED]

Record Status FINAL

PART 1: RIGHT HEMIGLOSSECTOMY

B. VASCULAR AND PERINEURAL INVASION IS PRESENT.

D. PATHOLOGIC STAGE: pT3 N2b.

NO TUMOR SEEN.

NO TUMOR SEEN.

INVASIVE SQUAMOUS CELL CARCINOMA, BASED ON ORIGINAL FROZEN SECTION SLIDES.

NO TUMOR SEEN.

NO TUMOR SEEN.

A. METASTATIC SQUAMOUS CELL CARCINOMA, UP TO 3.5 CM, IN FIVE (5) OF TWENTY-FOUR (24) LYMPH NODES (5/24), INVOLVING LEVELS 1A AND 2.

C. VASCULAR INVASION IS PRESENT.

By Pathologist: [REDACTED]

GROSS DESCRIPTION:

Part 1 is received fixed labeled with the patient's name, initials XXX and "right hemi-glossectomy." It consists of a wedge of tan connective tissue, 5.8 x 3.2 x 1.6 cm, partially covered with an ulcerated gray-white mucosa. Upon cross-sectioning, a 4.2 x 1.6 x 0.9 cm, white, firm lesion is identified. Digital image photographs are taken. Normal tissue and tissue from tumor were banked for [REDACTED] Head and Neck Tissue Bank.

Blue anterior margin

Black all other margins

Red banked area.

Cassette Code:

1AFS anterior and posterior margin, shave
1BFS anterior tongue margin, shave
1CFS posterior tongue margin margin, shave
1DFS anterior floor of mouth margin, shave
1EFS posterior floor of mouth margin, shave
1F-1I representative sections of the tumor.

Part 2 is received fixed labeled with the patient's name, initials XXX and "resection anterior floor of mouth." It consists of a 2.4 x 1.0 x 0.8 cm, tan connective tissue and gray-white mucosa. A suture marks medial margin (inked black) and the true margin was identified by the surgeon (inked blue). After frozen section analysis the specimen is submitted in cassette 2AFS.

Part 3 is received fixed labeled with the patient's name, initials XXX and "resection posterior floor of mouth." It consists of 1.0 x 0.5 x 0.6 cm of tan connective tissue and gray-white mucosa. A suture marks posterior margin (inked black) and the true margin was identified by the surgeon (inked blue). After frozen section analysis, the specimen is submitted in cassette 3AFS.

Part 4 is received fixed labeled with the patient's name, initials XXX and "medial posterior floor of mouth/tongue." It consists of 0.9 x 0.7 x 0.6 cm of tan, connective tissue and mucosa. A suture marks posterior margin (inked black) and the true margin was identified by the surgeon (inked blue). After frozen section analysis, the specimen is submitted in cassette 4AFS.

Part 5 is received fixed labeled with the patient's name, initials XXX and "new posterior margin." It consists of 2.2 x 1.3 x 0.8 cm of tan, connective tissue and mucosa. A suture marks posterior margin (inked black) and the true margin was identified by the surgeon (inked blue). After frozen section analysis the specimen is submitted in cassette 5AFS.

Part 6 is received fixed labeled with the patient's name, initials XXX and "deep muscle margin." It consists of 1.1 x 0.8 x 0.5 cm of tan, brown, connective tissue specimen. After frozen section analysis, the specimen is submitted in cassette 6AFS.

Part 7 is received fixed, labeled with the patient's name, initials, XXX and "right neck dissection, levels 1-4". It consists of a tan-yellow, elongated fibroadipose tissue measuring 15.0 x 7.2 x 2.3 cm with attached submandibular gland measuring 4.0 x 3.0 x 1.7 cm. The specimen is divided into levels 1A, 1B, level 2, level 3 and level 4. Three possible lymph nodes are identified ranging in greatest dimension from 0.8 to 1.3 cm in level 1A. One lymph node is identified measuring in greatest dimension 1.6 cm in level 1B. Four possible lymph nodes are identified ranging in greatest dimension from 0.2 to 3.5 cm in level 2. The largest lymph node is serially cross sectioned revealing a cystic and necrotic cut surfaces. Eight possible lymph nodes are identified ranging in greatest dimension from 0.7 to 2.5 cm in level 3. Four possible lymph nodes are identified ranging in greatest dimension from 0.4 to 1.6 cm in level 4.

The submandibular gland is serially cross sectioned revealing a lobular tan-yellow unremarkable parenchyma.

Cassette code:

7A one lymph node, bisected, level 1A
7B two lymph nodes, level 1A
7C one lymph node, level 1B
7D representative of submandibular gland
7E 7F representative of largest lymph node, level 2
7G three possible lymph nodes, level 2
7H two possible lymph nodes, level 3
7I 7J three possible lymph nodes in each, level 3
7K four possible lymph nodes, level 4

7L three possible lymph nodes, level 4

7M one possible lymph node (received as a separate fragment from the main specimen).

Dictated by: [REDACTED]

INTRAOPERATIVE CONSULTATION:

PART 1AFS: ANTERIOR AND POSTERIOR MARGINS, SHAVE (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.
- C. NO TUMOR PRESENT ([REDACTED]).

PART 1BFS: ANTERIOR TONGUE MARGIN, SHAVE (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.
- C. NO TUMOR PRESENT ([REDACTED]).

PART 1CFS: POSTERIOR TONGUE MARGIN, SHAVE (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.
- C. NO TUMOR PRESENT ([REDACTED]).

PART 1DFS: ANTERIOR FLOOR OF MOUTH MARGIN, SHAVE (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. MALIGNANT.
- C. MICROSCOPIC FOCUS OF INVASIVE CLEAR CELL CARCINOMA AND SKELETAL MUSCLE ([REDACTED]).

PART 1EFS: POSTERIOR FLOOR OF MOUTH MARGIN, SHAVE (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. MALIGNANT.
- C. MICROSCOPIC FOCUS OF INVASIVE SQUAMOUS CELL CARCINOMA.
- D. SUBMUCOSAL SOFT TISSUE ([REDACTED]).

PART 2AFS: ANTERIOR FLOOR OF MOUTH MARGIN (frozen section) -

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.
- C. NO TUMOR PRESENT, NO MUCOSA ([REDACTED]).

PART 3AFS: POSTERIOR FLOOR OF MOUTH (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.
- C. NO TUMOR PRESENT ([REDACTED]).

PART 4AFS: MEDIAL POSTERIOR FLOOR OF MOUTH/TONGUE (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. MALIGNANT.
- C. INVASIVE SQUAMOUS CELL CARCINOMA ([REDACTED]).

PART 5AFS: NEW POSTERIOR MARGIN (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.
- C. NO TUMOR PRESENT ([REDACTED]).

PART 6AFS: DEEP MUSCLE MARGIN (frozen section)

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.
- C. NO TUMOR PRESENT ([REDACTED]).

Dictated by: [REDACTED]

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis.

caa

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 [REDACTED] Department of Pathology, as required by the CLIA [REDACTED] 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 [REDACTED] ("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 - PRIMARY UPPER AERODIGESTIVE TRACT AND SALIVARY GLAND TUMORS

SPECIMEN TYPE: Resection: Right hemiglossectomy

TUMOR SITE: Oral Cavity

TUMOR SIZE: Greatest dimension: 4.2 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G2

PRIMARY TUMOR (pT): pT3

REGIONAL LYMPH NODES (pN): pN2b

Number of regional lymph nodes examined: 24

Number of regional lymph nodes involved: 5

DISTANT METASTASIS (pM): pMX

MARGINS: Cannot be assessed

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L):

Present

PERINEURAL INVASION: Present

PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: T3 M2 of right oral/tongue.

PROCEDURE: Hemi-glossectomy and neck dissection.

SPECIFIC CLINICAL QUESTION: Margins and nodes.

OUTSIDE TISSUE DIAGNOSIS: Yes, squamous cell carcinoma.

PRIOR MALIGNANCY: No.

CHEMORADIATION THERAPY: No.

ORGAN TRANSPLANT: No.

IMMUNOSUPPRESSION: No.

OTHER DISEASES: No.

Dictated by: [REDACTED]

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Right Hemi Glossectomy

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 F

H&E x 1 G

H&E x 1 H

H&E x 1 I

H&E x 1 AFS

H&E x 1 BFS

H&E x 1 CFS

H&E x 1 DFS

H&E x 1 EFS

Part 2: Anterior floor of mouth

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 3: Posterior floor of mouth

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 4: Medial posterior floor of mouth

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 5: New posterior margin

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 6: Deep muscle margin

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 7: Right Neck Dissection

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt 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

H&E x 1 M

TC1