

URG PATH REPORT
COLLECTION DATE/TIME:

FINAL DIAGNOSIS
Pathologist:

1. LEFT TONGUE, DEEP MARGIN (BX.): SKELETAL MUSCLE. NEGATIVE FOR TUMOR.
2-5. ANTERIOR MARGIN, POSTERIOR MARGIN, INFERIOR MARGIN, SUPERIOR MARGIN (BXS.): NEGATIVE FOR TUMOR.

6. LEFT TONGUE (HEMIGLOSSECTOMY): INFILTRATING MODERATELY DIFFERENTIATED KERATINIZING SQUAMOUS CELL CARCINOMA (4.0 CM) EXTENDING TO WITHIN 1 MM OF THE DEEP ASPECT OF THE MEDIAL MARGIN. THE REMAINING MARGINS ARE NEGATIVE FOR TUMOR.

SPECIMEN TYPE:

Resection - Partial glossectomy

TUMOR SITE:

Oral tongue

TUMOR SIZE:

Greatest dimension 4 cm

HISTOLOGIC TYPE:

Squamous cell carcinoma, conventional

HISTOLOGIC GRADE:

Moderately differentiated

EXTENT OF INVASION

PRIMARY TUMOR (pT):

.. Tumor more than 2 cm but not more than 4 cm in greatest dimension

REGIONAL LYMPH NODES (pN):

pN2b: Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension (see part 7)

Specify: Number examined: 51 (see part 7)

Number involved: 3

EXTRACAPSULAR EXTENSION OF NODAL TUMOR:

Present (focal extranodal extension)

DISTANT METASTASIS (pM):

pMX: cannot be assessed

MARGINS:

Margins uninvolved by tumor.

Distance of tumor from closest margin 1 mm (deep aspect of medial margin)

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION:

Present

PERINEURAL INVASION:

Absent

7. SOFT TISSUE, LEFT NECK (NECK DISSECTION LEVEL 1-4): METASTATIC SQUAMOUS CELL CARCINOMA INVOLVING THREE (3) LYMPH NODES:

LEVEL I: SUBMANDIBULAR GLAND WITH NON SPECIFIC PATHOLOGIC CHANGES.

LEVEL II: METASTATIC SQUAMOUS CELL CARCINOMA IN TWO (2) OF TWENTY TWO (22) LYMPH NODES.

*** Unofficial lab results - do not file in patient chart. ***

*** Contact medical records for official chart copy. ***

UNLESS OTHERWISE NOTED ON THE DETAIL PAGE, ALL LAB RESULTS PERFORMED AT:

TCGA-BB-4224

[REDACTED] [REDACTED] [REDACTED]

VEL III: METASTATIC SQUAMOUS CELL CARCINOMA INVOLVING ONE (1) OF SEVENTEEN (17) LYMPH NODES.

LEVEL IV: TWELVE (12) LYMPH NODES, NEGATIVE FOR TUMOR.

NOTE: Focal extranodal extension into perinodal tumor is present.

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