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TCGA-TN-A7HI-01A-PR

Redacted



140-0-3

Carcinoma, squamous cell
non-keratinizing NOS 8072/3
Site @ Tonsil NOS 009.9
9/26/13

Surgical Pathology Report

--- Clinical History ---
Tonsil cancer

ADDENDA:
Addendum added:
Addendum added:

---Final Pathologic Diagnosis---

Lateral margin, biopsy:
Negative for malignancy

Inferior margin, biopsy:
- Focal squamous dysplasia (moderate); negative for invasive
carcinoma

Deep margin, biopsy:
Negative for malignancy

Medial margin, biopsy:
Negative for malignancy

Superior margin, biopsy:
Negative for malignancy

Right tonsil, tonsillectomy:
Invasive non-keratinizing poorly differentiated squamous cell
carcinoma, see synoptic report
- Tumor present at deep and superior soft tissue margins

Lateral and deep margin, re-resection:
Negative for malignancy

Left tonsil, tonsillectomy:
Benign tonsil

- Right neck lymph nodes, Levels II-IV, lymphadenectomy:
Metastatic squamous cell carcinoma in 2 of 18 level II lymph nodes (2/18)
- Additional 13 level III and 18 level IV lymph nodes, negative for metastasis (0/31)

SYNOPTIC REPORT FOR CANCER OF THE PHARYNX:

Specimen type: Right radical tonsillectomy and partial pharyngectomy

Tumor site: Right tonsil

Tumor focality (single focus/multifocal): single

Tumor size: 2.7 x 2.6 x 0.7 cm

Tumor gross configuration: (exophytic, endophytic, diffuse, well-circumscribed): endophytic

Histologic type: non-keratinizing squamous cell carcinoma

Tumor grade: 3 of 3 (poorly differentiated)

Lymphatic/vascular invasion: present

Perineural invasion: negative

Tumor extent:

Intramucosal lesion: none

Adjacent soft tissues and/or bone (primary tumor related):

Margins:

Mucosal margins: negative

Soft tissue margins: positive at deep and superior margins

Distance of tumor to nearest margin: 0 cm

Lymph nodes:

Total number examined: 49

Number positive: 2

Extranodal extension: negative

Size of largest positive lymph node: 4 mm

Additional pathologic findings: none

Neoadjuvant therapy: (Yes: % tumor viability/No/Indeterminate) No

Ancillary Studies: see below

HPV results, (if applicable): p16 diffusely positive and HPV16 negative

(see report an outside case); these studies will be repeated on the present tissue and an addendum will follow.

pTNM: pT2 N2b MX

The above synoptic report complies, in slightly modified form, with the guidelines of the College of American Pathologists Protocols and the AJCC Cancer Staging Manual, 7th edition, 2010, for the reporting of cancer specimens.

For All Carcinomas Excluding Mucosal Malignant Melanoma

Primary Tumor (pT): Oropharynx

___ pT1: Tumor 2 cm or less in greatest dimension

___ pT2: Tumor more than 2 cm but not more than 4 cm in greatest dimension

___ pT3: Tumor more than 4 cm in greatest dimension or extension to lingual surface of epiglottis

___ pT4a: Moderately advanced local disease. Tumor invades larynx, deep/extrinsic muscle of tongue, medial pterygoid muscles, hard palate, or mandible#

___ pT4b: Very advanced local disease. Tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base, or encases

carotid artery

Note: Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not constitute invasion of larynx.

Primary Tumor (pT): Nasopharynx

___ pT1: Tumor confined to nasopharynx, or tumor extends to oropharynx and/or nasal cavity without parapharyngeal extension#

___ pT2: Tumor with parapharyngeal extension#

___ pT3: Tumor invades bony structures of skull base and/or paranasal sinuses

___ pT4: Tumor with intracranial extension and/or involvement of cranial nerves, hypopharynx, orbit, or with extension to the infratemporal fossa/masticator space

Parapharyngeal extension denotes posterolateral infiltration of tumor.

Primary Tumor (pT): Hypopharynx

___ pT1: Tumor limited to one subsite of hypopharynx and/or 2 cm or less in greatest dimension

___ pT2: Tumor invades more than one subsite of hypopharynx or an adjacent site, or measures more than 2 cm but not more than 4 cm in greatest dimension without fixation of hemilarynx

___ pT3: Tumor measures more than 4 cm in greatest dimension or with fixation of hemilarynx or extension to esophagus

___ pT4a: Moderately advanced local disease. Tumor invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, or central compartment soft tissue#

___ pT4b: Very advanced local disease. Tumor invades prevertebral fascia, encases carotid artery, or involves mediastinal structures

#Note: Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat.

Regional Lymph Nodes (pN)

___ pNX: Cannot be assessed

___ pN0: No regional lymph node metastasis

Regional Lymph Nodes (pN): Oropharynx and Hypopharynx#

___ pN1: Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension

___ pN2: Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension, or in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, or in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension

___ pN2a: Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension

___ pN2b: Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension

___ pN2c: Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension

___ pN3: Metastasis in a lymph node more than 6 cm in greatest dimension

Specify: Number examined: ___

Number involved: ___

*Size (greatest dimension) of the largest positive lymph node: ___

Note: Metastases at level VII are considered regional lymph node metastases. Midline nodes are considered ipsilateral nodes.

Regional Lymph Nodes (pN): Nasopharynx#

___ pN1: Unilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa##

___ pN2: Bilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa##

___ pN3: Metastasis in a lymph node greater than 6 cm and/or to supraclavicular fossa##

___ pN3a: Greater than 6 cm in dimension

___ pN3b: Extension to the supraclavicular fossa##

Specify: Number examined: ___

Number involved: ___

*Size (greatest dimension) of the largest positive lymph node: ___

Metastases at level VII are considered regional lymph node metastases. Midline nodes are considered ipsilateral nodes.

Supraclavicular zone or fossa is relevant to the staging of nasopharyngeal carcinoma and is the triangular region defined by three points: (1) the superior margin of the sternal end of the clavicle, (2) the superior margin of the lateral end of the clavicle, (3) the point where the neck meets the shoulder. Note that this would include caudal portions of Levels IV and VB. All cases with lymph nodes (whole or part) in the fossa are considered N3b.

Distant Metastasis (pM)

___ Not applicable

___ pM1: Distant metastasis

*Specify site(s), if known: _____

* Source of pathologic metastatic specimen (specify): _____

For Mucosal Malignant Melanoma

Primary Tumor (pT)

___ pT3: Mucosal disease

___ pT4a: Moderately advanced disease. Tumor involving deep soft tissue, cartilage, bone, or overlying skin.

___ pT4b: Very advanced disease. Tumor involving brain, dura, skull base, lower cranial nerves (IX, X, XI, XII), masticator space, carotid artery, prevertebral space, or mediastinal structures.

Regional Lymph Nodes (pN)

___ pNX: Regional lymph nodes cannot be assessed

___ pN0: No regional lymph node metastases

___ pN1: Regional lymph node metastases present

Distant Metastasis (pM)

___ Not applicable

___ pM1: Distant metastasis present

*Specify site(s), if known: _____

* Source of pathologic metastatic specimen (specify): _____

---Addendum Report---

Addendum

Status: Signed Out

On an order was submitted for additional stains/tests (p16) (HVP High) and the tissue block(s) was submitted to clinical histology laboratory for additional processing and staining.

Addendum

Status: Signed Out

The comment that the deep and superior margins are positive in the synoptic report refers to the tonsillectomy specimen (part F) and not the final margins. Therefore there should be negative margins for this overall procedure.

---INTRAOPERATIVE CONSULTATION DIAGNOSIS:---

- AF1. Lateral margin (Frozen section performed):
 - AF1 #1 and AF1 #2: Negative for malignancy.
- BF1. Inferior margin (Frozen section performed):
 - BF1 #1 and BF1 #2: Focal squamous dysplasia, negative for invasive lesion.
- CF1. Deep margin (Frozen section performed):
 - CF1 #1 and CF1 #2: Negative for malignancy.
- DF1. Medial margin (Frozen section performed):
 - DF1 #1 and DF1 #2: Negative for malignancy.
- EF1. Superior margin (Frozen section performed):
 - EF1 #1 and EF1 #2: Negative for malignancy.

Note: AF-EF reported to

Examining pathologist:

---SPECIMEN(S) RECEIVED:---

A: Surgical margin
 B: Surgical margin
 C: Surgical margin
 D: Surgical margin
 E: Surgical margin
 F: Tonsil, resection for tumor
 G: Surgical margin
 H: Tonsil, tonsillectomy, Not tumor
 I: Lymph node, dissection

---GROSS DESCRIPTION:---

The specimens are received in nine properly labeled containers with the patient's name and accession number, five of which are frozen sections.

- A. The specimen is designated "lateral margin" and consists of a 1.0 x 0.5 x 0.3 cm portion of tissue. Tissue was exhausted at frozen section.
- B. The specimen is designated "inferior margin" and consists of a 1.1 x 0.5 x 0.5 cm aggregate of tissue. Tissue was exhausted at frozen section.
- C. The specimen is designated "deep margin" and consists of a 0.6 x 0.4 x 0.3 cm portion of tissue. Tissue was exhausted at frozen section.
- D. The specimen is designated "medial margin" and consists of a 0.8 x 0.5 x 0.2 cm portion of tissue. Tissue was exhausted at frozen section.
- E. The specimen is designated "superior margin" and consists of a 0.7 x 0.3 x 0.3 cm portion of tissue. Tissue was exhausted at frozen section.
- F. The specimen is designated "right tonsil" and consists of a 4.3 x 3.8 x 1.3 cm tonsil that is oriented with one staple = superior, two staples = medial, three staples = lateral and four staples = base of tongue. The margins are inked as follows: superior = blue, inferior = green, lateral = yellow, medial = orange and deep = black. The mucosa is red-pink with a deeply ulcerated pale tan to dark red mass with elevated borders. The mass is 2.7 x 2.6 x 0.7 (thickness) cm. The mass abuts the deep margin and deep-lateral margin and superior-deep margin. The mass is located 0.4 cm from the medial margin, 0.9 cm from the inferior margin, 0.5 cm from the superior and lateral mucosal margins. The mass has focal areas of hemorrhage and is composed of white rubbery tissue. (P)

Summary of Cassettes: F1-2, superior and deep margins (perpendicular); F3, inferior margin, perpendicular; F4, medial and deep margin, perpendicular; F5-6, lateral and deep margin (perpendicular)

G. The specimen is designated "re-resection of lateral and deep margin" and consists of a portion of tan-pink soft tissue measuring 1.7 x 1.2 x 0.4 cm that is partially surfaced by a pink mucosa. There is a staple designating the new lateral margin. The new lateral margin is inked black. The specimen is serially sectioned perpendicular to the new lateral margin.

No tumor is identified.

H. The specimen is designated "left tonsil" and consists of a 2.0 x 1.9 x 0.9 cm tonsil. The specimen is not oriented and the margins are inked black. The mucosa is red-pink with an area of disruption measuring 0.5 x 0.4 cm that is 0.2 cm from the mucosal margin. The specimen is serially sectioned revealing submucosal hemorrhage within the area of disruption. The remainder of the cut surface is pink-tan and rubbery.

I. The specimen is designated "right neck dissection levels 2-4" and consists of a 12.8 x 4.6 x 2.1 cm fragment of tan-pink to yellow soft tissue that is oriented with two stitches on Level II and one stitch on Level IV. Multiple lymph nodes are identified ranging from less than 0.1 up to 2.6 cm in greatest dimension.

Summary of Cassettes: I1-2, each contain six small Level II lymph nodes; I3, five Level II lymph nodes; I4, one bisected Level II lymph node; I5, one bisected Level III lymph node; I6-7, each contain six possible small Level III lymph nodes; I8-9, each contain six small Level IV lymph nodes; I10, seven Level IV lymph nodes

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Notes		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	MC	Date reviewed 8/30/13