

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

SPECIMEN INFORMATION	
Collected:	Accession #:
Received:	Acct / Reg #:
Reported:	

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

- A. Right neck, level 2, 3, 4, 5; neck dissection:
No metastatic carcinoma identified in eight lymph nodes (0/8).
- B. Right level 1A lymph nodes; neck dissection:
Metastatic squamous cell carcinoma present in one of three lymph nodes (1/3).
Size of largest metastasis 0.6 cm.
No definitive extracapsular extension of viable tumor.
- C. Right level 1B; neck dissection:
Benign submandibular gland, no tumor identified.
- D. Superior anterior margin:
Benign squamous mucosa, negative for dysplasia or malignancy.
Intraoperative consultation corroborated.
- E. Superior posterior margin:
Benign squamous mucosa, negative for dysplasia or malignancy.
Intraoperative consultation corroborated.
- F. Anterior inferior margin:
Benign squamous mucosa, negative for dysplasia or malignancy.
Intraoperative consultation corroborated.
- G. Inferior posterior margin:
Benign squamous mucosa, negative for dysplasia or malignancy.
Intraoperative consultation corroborated.
- H. Deep tongue:
Benign skeletal muscle, no tumor identified.

I. Right partial glossectomy:

Tumor Characteristics:

1. Histologic type: Invasive squamous cell carcinoma.
2. Tumor histologic grade: Moderately differentiated (G2).
3. Tumor site: Right tongue.
4. Maximal tumor diameter is 2.5 cm.
5. Depth of invasion: 0.6 cm.
6. Bone invasion: Not applicable.
7. Lymphovascular space invasion: Present.
8. Perineural invasion: Not identified.
9. Carcinoma in situ: Present.

Surgical Margins:

1. Mucosal margins: Negative, see specimens D-G for additionally submitted true mucosal margins.
2. Deep soft tissue margin: Negative, 0.1 cm from the tumor.
3. Bone margins: Not applicable.

Lymph Node Status:

1. Total number of lymph nodes examined: Eleven, see specimens A and B.
2. Total number of lymph nodes containing metastatic carcinoma: One level 1A node (1/11).
3. Size of largest metastasis: 0.6 cm.
4. Extracapsular extension: No viable extracapsular extension of tumor, see comment.

Other:

pTNM stage: pT2 N1.

ICD-O-3
Carcinoma, squamous
cell NOS 8070/3
Site Tongue NOS C029
JW 6/12/13

UUID:F86C7648-E509-46B7-8FD3-C74B5D10765A
TCGA-HD-A6HZ-01A-PR Redacted



SPECIMEN INFORMATION**COMMENTS:**

Histologic sections show an invasive squamous cell carcinoma arising from the mucosal surface of the right tongue. The tumor invades deeply into the skeletal muscle and is 0.2 cm from the central aspect of the deep margin of the main resection specimen. The additionally submitted deep margin (specimen H) is negative for tumor. One positive lymph node is noted in level 1A (specimen B). The viable tumor noted within the lymph node does not extend beyond the capsule, however, extensive necrosis as well as reactive fibrosis is present within the adipose tissue and skeletal muscle surrounding the node suggesting the possibility of previous tumor spreading beyond the capsule, however, no viable tumor beyond the capsule is noted within this section.

CLINICAL INFORMATION**CLINICAL HISTORY:**

Preoperative Diagnosis: NONE GIVEN

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Right neck dissection level 2, 3, 4, 5
- B. Right level 1A lymph nodes
- C. Right level 1B neck dissection
- D. Superior anterior margin FS
- E. Superior posterior margin FS
- F. Anterior inferior margin A to P orientation FS
- G. Inferior posterior margin A to P orientation FS
- H. Deep tongue FS
- I. Right partial glossectomy

SPECIMEN DATA**GROSS DESCRIPTION:**

A. Received in formalin labeled _____ and #1 right neck dissection level 2, 3, 4 and 5 is a 5.8 x 2.5 x 0.7 cm irregular fibroadipose tissue. The specimen cannot be oriented. The cut surface consists of multiple irregular tan-yellow firm tissues consistent with probable lymph node ranging from 0.2 x 0.2 x 0.1 cm to 0.7 x 0.4 x 0.3 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: block 1—four whole possible lymph nodes; block 2—two whole possible lymph nodes; blocks 3–6—one possible lymph node, bisected in each. The blocks are labeled

B. Received in formalin labeled _____ and #2 right level A1 lymph node is a 4.8 x 2.4 x 1.1 cm irregular fibroadipose tissue. The specimen cannot be oriented. The cut surface consists of three tan-yellow firm tissues consistent with probable lymph node ranging from 0.6 x 0.4 x 0.2 cm to 2.8 x 2.1 x 1.0 cm. The cut surface of the largest lymph node is white consistent with probable positive lymph node. The specimen is sectioned and representative sections are submitted as labeled: blocks 1 and 2—one lymph node, bisected in each; block 3—representative section of largest lymph node. The blocks are labeled

C. Received in formalin labeled _____ and #3 right level 1B neck dissection is a 4.5 x 2.4 x 1.0 cm ovoid lobulated tan soft tissue consistent with gland. The cut surface consists of lobulated tan soft tissue. No lesions are identified. No attached lymph nodes are identified. The specimen is serially sectioned and a representative section is submitted in one cassette labeled

D. Received labeled _____ and #4 superior anterior is a 1.7 x 0.4 x 0.2 cm irregular tan-yellow soft tissue. The superior half is inked red and the anterior blue. The specimen is submitted in its entirety for frozen section and the frozen section residue is submitted in one cassette labeled

E. Received labeled _____ and #5 superior posterior is a 1.2 x 0.3 x 0.2 cm irregular tan soft tissue. The superior half is inked yellow and the posterior green. The specimen is submitted in toto for frozen section and the frozen section residue is submitted in one cassette labeled

F. Received labeled _____ and #6 anterior inferior margin is a 4.5 x 0.3 x 0.2 cm irregular tan-white soft tissue. The anterior half is inked red and the inferior blue. The specimen is submitted in toto for frozen section and the frozen section residue is submitted in one cassette labeled

G. Received labeled _____ and #7 inferior posterior margin is a 3.2 x 0.2 x 0.2 cm irregular tan-white soft tissue. The inferior half is inked yellow and the posterior green. The specimen is submitted in toto for frozen section and the frozen section residue is submitted in one cassette labeled

H. Received labeled _____ and #8 deep tongue is a 0.8 x 0.5 x 0.3 cm irregular red-brown soft tissue which is submitted in toto for frozen section

SPECIMEN INFORMATION

and the frozen section residue is submitted in one cassette labeled 1.

I. Received labeled [REDACTED] and #9 right partial glossectomy is a 4.5 x 3.8 cm irregular to ovoid portion of gray-white mucosa excised to a depth of 1.5 cm. There is an attached undesignated black suture, which is arbitrarily designated as 12:00.

There is a 2.5 x 1.3 cm raised gray-white to tan area of mucosa between 9 and 12:00, 0.2 cm from the 12:00 margin. Contiguous with this raised area is a 2.8 x 2.5 cm flat granular tan area, 0.2 cm from the 10:00 margin. The cut surface of the lesion is gray-white with a depth of 0.8 cm and focally abuts the deep margin.

The 3:00 half is inked blue and the 9:00 black. All margins are taken perpendicular. Representative sections are submitted as labeled: block 1—lesion to 12:00 margin; block 2—lesion to 2:00 margin; block 3—lesion to 3:00 margin; block 4—lesion to 6:00 margin; block 5—lesion to 9:00 margin; blocks 6-8—lesion to deep margin, in each. The blocks are labeled [REDACTED] Also received in the same container is a green and yellow cassette labeled [REDACTED] for [REDACTED]

INTRA-OPERATIVE CONSULTATION:

FROZEN SECTION DIAGNOSES D-H: No tumor identified per [REDACTED]

Criteria	6/10/13	No.
Diagnostic Discrepancy	✓	
Primary Tumor Site Discrepancy	✓	
HIPAA Discrepancy		
Prior Malignancy History	✓	
Dual/Synchronous Primary Noted	✓	
Cave in (circle):	QUALIFIED / DISQUALIFIED	
Reviewed by:	Date Reviewed:	6/10/13