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TCGA-CN-A63W-01A-PR

Redacted



CORRECTED

Report Type Pathology Report
Date of Event
Sex F
Authored by
Hosp/Group
Record Status CORRECTED

ICD-O-3
Carcinoma, squamous
cell NOS 8070/3
Site: Larynx NOS C32.9.
JW 5/10/13

COMPREHENSIVE THERANOSTIC SUMMARY

IMMUNOHISTOCHEMISTRY:
p16:

RESULTS
NEGATIVE

IN SITU HYBRIDIZATION / FISH:
HPV:

RESULTS
NEGATIVE

**See Special Procedure reports below for additional details and background on

In situ/FISH and/or Molecular Anatomic Pathology testing as pertinent**

Pathologist:

** Report Electronically Signed Out **

By Pathologist:

My signature is attestation that I have personally reviewed the submitted material(s) and the above diagnosis reflects that evaluation.

FINAL DIAGNOSIS:

PART 1: LYMPH NODES, LEFT NECK LEVELS 2 THROUGH 4, SELECTIVE DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA IN FOUR OF THIRTY-TWO LYMPH NODES (4/32).

B. EXTRANODAL EXTENSION PRESENT.

C. POSITIVE LYMPH NODES IN LEVEL 3 (LARGEST: 1.5 CM).

PART 2: LYMPH NODES, RIGHT NECK LEVELS 2 THROUGH 5, SELECTIVE DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA IN SOFT TISSUE (6.0 CM) EXTENDING FROM LEVEL 2 THROUGH LEVEL 4 INVOLVING ADVENTITIA OF LARGE VEIN AS WELL AS INVOLVING SKELETAL MUSCLE (CONSIDERED ONE POSITIVE LYMPH NODE WITH EXTRANODAL EXTENSION FOR STAGING PURPOSES).

B. THIRTY-TWO ADDITIONAL LYMPH NODES, NO TUMOR PRESENT (TOTAL: 1/33).

C. MARGINS OF NECK DISSECTION FREE OF TUMOR.

PART 3: THYROID, RIGHT, EXCISION (695 MG)
 CHRONIC LYMPHOCYTIC THYROIDITIS.
 PART 4: TONGUE, LEFT BASE DEEP MARGIN
 NO TUMOR PRESENT.
 PART 5: TONGUE, RIGHT BASE DEEP MARGIN
 NO TUMOR PRESENT.
 PART 6: LARYNX, TONGUE, AND RIGHT THYROID (6 GRAMS), LARYNGECTOMY,
 PARTIAL
 GLOSSECTOMY,
 THYROID LOBECTOMY
 A. INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED
 (6.5
 CM), MIDLINE SUPRAGLOTTIC WITH BASE OF TONGUE AND HYPOPHARYNGEAL
 EXTENSION.
 B. PERINEURAL INVASION PRESENT, ANGIOLYMPHATIC INVASION
 PRESENT.
 C. TUMOR EXTENDS INTO SOFT TISSUE INCLUDING BASE OF TONGUE
 MUSCULATURE.
 D. MARGINS FREE, SEE ALSO OTHER PARTS (CLOSEST MARGIN: 0.5 CM,
 RIGHT
 ARYEPIGLOTTIC FOLD/PYRIFORM SINUS).
 E. ONE CENTRAL COMPARTMENT (LEVEL 6) LYMPH NODE, NO TUMOR PRESENT
 (0/1).
 F. PATHOLOGIC STAGE pT4a N2c.
 G. THYROID WITH CHRONIC LYMPHOCYTIC THYROIDITIS.
 PART 7: BASE OF TONGUE, MARGIN, EXCISION
 NO TUMOR PRESENT.

Pathologist:
 ** Report Electronically Signed Out **
 By Pathologist:

My signature is attestation that I have personally reviewed the
 submitted
 material(s) and the final diagnosis reflects that evaluation.

GROSS DESCRIPTION:

The specimen is received unfixed in seven parts.
 Part 1 is labeled with the patient's name, initials XXX and "left neck
 level
 2-4". The specimen consists of a 9.0 x 4.0 x 2.2 cm selective neck
 dissection. The specimen is arbitrarily divided into 3 equal levels
 and
 potential lymph nodes are dissected out.
 Level 2: 16 lymph nodes are dissected are ranging in size from
 0.3 x 0.3
 x 0.2 cm to 1.0 x 0.8 x 0.4 cm.
 Level 3: 7 lymph nodes are dissected out ranging in size from 0.4
 x 0.5
 x 0.3 cm to 1.5 x 1.5 to 1.0 cm.
 Level 4: 8 lymph nodes are dissected are ranging in size from 0.3
 x 0.2
 x 0.2 cm to 0.8 x 0.4 x 0.3 cm.
 Remainder of the tissue consists of tan-yellow, lobular adipose tissue
 intermixed with muscle and vessels.
 Section code:

1A-1D - level 2 lymph nodes
1E, 1F - trisected largest lymph node from level 3
1G - remaining level 3 lymph nodes
1H, 1I - level 4 lymph nodes
Formalin exposure time: 28 hours
Part 2 is labeled with the patient's name, initials XXX and "right neck stitch at top of skull base". The specimen consists of a 11.5 x 10.0 x 4.5 cm selective neck dissection. There is a suture present designating the top of skull base. The specimen is are truly divided into 4 equal levels and potential lymph nodes are dissected out:
Level 2: Nine lymph nodes are dissected out ranging in size from 0.3 x 0.2 x 0.2 cm to 1.2 x 1.0 x 0.4 cm.
Level 3: Nine lymph nodes are dissected are ranging in size from 0.5 x 0.3 x 0.3 cm to 1.2 x 1.0 x 0.4 cm.
Level 4: Seven lymph nodes are dissected out ranging in size from 0.2 x 0.2 x 0.2 cm to 0.6 x 0.5 x 0.3 cm.
Level 5: Five lymph nodes are dissected out ranging in size from 0.2 x 0.2 x 0.1 cm to 0.4 x 0.3 x 0.2 cm.
There is a 6.0 x 2.5 x 2.5 cm tan-gray, firm thinly encapsulated slightly cystic lesion present which extends from level 2 through level 4. The lesion extends to within less than 0.1-cm of the wall of an adjacent vessel. The remainder of the tissue consists of tan-brown, soft to firm muscle with adherent vessel and adipose tissue. Digital images are taken.
Section code:
2A-2C - lesion with vessel
2D-2F - lymph nodes from level 2
2G, 2H - lymph nodes from level 3
2I - lymph nodes from level 4
2J - lymph nodes from level 5
Formalin exposure time: 28 hours
Part 3 is labeled with the patient's name, initials XXX and "right thyroid". The specimen consists of a tan-gray, soft to firm fragment of tissue measuring 1.5 x 1.0 x 0.6 cm and weighing 695 mg. The specimen is bisected and entirely submitted on cut surface following frozen section consult in cassette labeled 3AFS.
Formalin exposure time: 28 hours
Part 4 is labeled with the patient's name, initials XXX and "left tongue base deep margin". The specimen consists of a tan-pink, soft to firm fragment of tissue measuring 1.0 x 0.9 x 0.4 cm. Following frozen section consult the specimen is entirely submitted in cassette labeled 4AFS.
Formalin exposure time: 28 hours

Part 5 is labeled with the patient's name, initials XXX and "right tongue base deep margin". The specimen consists of a 1.0 x 0.5 x 0.4-cm tan-gray, soft to firm portion of tissue. Following frozen section consult the specimen is entirely submitted in cassette labeled 5AFS. Formalin exposure time: 28 hours

Part 6 is labeled with the patient's name, initials XXX and "larynx and tongue". The specimen consists of a total thyroidectomy specimen measuring 11.0 x 7.5 x 2.8 cm overall with a 4.0 x 3.5 x 2.0 cm portion of base of tongue. There is a 4.0 x 1.0 x 0.6 cm portion of hyoid bone present. There is a 3.5 x 1.5 x 1.0 cm right thyroid lobectomy present weighing 6 g. There is a supraglottic 6.5 x 5.0 x 2.0 cm tan-gray, firm, fungating ulcerated lesion present at the base of tongue. The lesion extends to within 0.3 cm of the left base of tongue edge, 0.4 cm of the medial base of tongue edge, 0.3 cm of the right base of tongue edge. The lesion extends into the right pyriform sinus and comes to within 0.5 cm of the margin. The lesion also at the left pyriform sinus and comes to within 1 cm of the sinus margin. The lesion extends to within 0.5 cm of the right false cord and 1.0 cm of the left false cord. The lesion comes within 5 cm of the distal tracheal margin. The lesion grossly extends through the muscle and comes to within 0.4 cm of the inked anterior soft tissue margin. The lesion comes to within 0.1-cm the entire bone bed. The epiglottis is almost entirely obliterated by the lesion. The lesion grossly does not extend to either the right or left false cords and the cartilage is grossly uninvolved. The right false cord mucosa is slightly granular with no lesion is grossly identified. The vocal cords and remaining laryngeal mucosa is tan-gray, soft and grossly unremarkable. The right thyroid cut surface is tan-brown, soft and firm and diffusely nodular with a tan-yellow, firm circumscribed nodule present. Six potential lymph nodes are dissected out ranging in size from 0.3 x 0.2 x 0.1 cm to 0.7 x 0.3 x 0.3 cm. Digital images are taken and Tissue is procured for the head and neck spore tissue bank

Ink code:
Blue- right pyriform sinus margins
Green- left pyriform sinus margin

Black- anterior soft tissue margin

Red- area banked

orange-hyoid bone bed

Section code:

6A - distal tracheal ring

6B - right pyriform sinus margin

6C - left pyriform sinus margin

6D - right false and true cords with lesion

6E - left true and false cords with lesion

6F - anterior commissure with lesion

6G - lesion and anterior soft tissue with hyoid bone bed

6H - lesion and anterior soft tissue

6I - and representative cross sections of right thyroid lobe

6J - potential lymph nodes

Formalin exposure time: 28 hours

Part 7 is labeled with the patient's name, initials XXX and "tongue base

margin". The specimen consists of a 2.0 x 0.5 x 0.3 cm tan-gray, soft to firm

portion of tissue. Following frozen section consult the specimen is entirely

submitted in cassette labeled 7AFS.

Formalin exposure time: 28 hours

GROSSED BY:

INTRAOPERATIVE CONSULTATION:

3 AFS: THYROID, RIGHT, BIOPSY (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. DEFER.

C. FAVOR CHRONIC LYMPHOCYTIC THYROIDITIS

4 AFS: TONGUE, LEFT BASE, DEEP MARGIN, EXCISION (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. BENIGN.

C. NO TUMOR SEEN

5 AFS: TONGUE, RIGHT BASE, DEEP MARGIN, EXCISION (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. BENIGN.

C. NO TUMOR SEEN

7 AFS: TONGUE, BASE, MARGIN, EXCISION (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. BENIGN.

C. NO TUMOR SEEN

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis.

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

the CLIA

Department of Pathology, as required by

'88 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 1988 ("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 - LARYNX RESECTIONS

TYPE OF LARYNGECTOMY: Extended
TUMOR LATERALITY: Midline
ATTACHED STRUCTURES: Base of tongue, Thyroid
TUMOR LOCATION/SEGMENT: Supraglottic
TUMOR SIZE: Maximum dimension: 6.5 cm
HISTOLOGIC TYPE OF TUMOR: Squamous cell carcinoma
HISTOLOGIC GRADE: Moderately differentiated
STRUCTURES INVOLVED BY TUMOR: False cord, Epiglottis, A-E Fold -
Both
surfaces, Vallecula-base of tongue, Pre-epiglottic space,
Extralaryngeal soft
tissue
LYMPH NODES: Lymph nodes positive, Right: 1
Total number of right sided lymph nodes examined: 33
Lymph nodes positive, Left: 4
Total number of left sided lymph nodes examined: 32
Site of 'other' lymph nodes: level VI
Lymph nodes positive, 'other': 0
Total number of 'other' lymph nodes examined: 1

EXTRACAPSULAR SPREAD OF LYMPH NODE METASTASES

Yes

INTRA-PERINEURAL INVASION: Present
VASCULAR INVASION: Yes
SURGICAL MARGIN INVOLVEMENT: Free (2 mm or more)
T STAGE, PATHOLOGIC: Supraglottis, pT4a
N STAGE, PATHOLOGIC: pN2c
M STAGE, PATHOLOGIC: pMX

PATIENT HISTORY:

CHIEF COMPLAINT/PRE-OP/POST-OP DIAGNOSIS: Larynx cancer
PROCEDURE: Bilateral neck dissection, laryngectomy
SPECIFIC CLINICAL QUESTION: Not answered
OUTSIDE TISSUE DIAGNOSIS: Not answered
PRIOR MALIGNANCY: Not answered
CHEMOTHERAPY: Not answered
ORGAN TRANSPLANT: Not answered
IMMUNOSUPPRESSION: Not answered
OTHER DISEASES: Not answered
HISTO TISSUE SUMMARY/SLIDES REVIEWED:
Part 1: Neck Dissection, Levels 2-4

Stain/	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

Part 2: Right Neck Dissection

Stain, 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

Part 3: Thyroid, Right

Stain, Block
H&E x 1 AFS

Part 4: Tongue, Left Base Deep Margin

Stain/ Block
H&E x 1 AFS

Part 5: Tongue, Right Base Deep Margin

Stain/ Block
H&E x 1 AFS
Part 6: Larynx and Tongue

Stain/ 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
ANEG Mouse x 1 G
HCOM x 1 G
ISHBNK x 1 G
ISHBNK x 1 G
H&E x 1 G
HPV x 1 G
IISH x 1 G
P16 x 1 G
H&E x 1 H
H&E x 1 I
H&E x 1 J

Part 7: Tongue, Base Margin

Stain Block
H&E x 1 AFS
TC1

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	DTA	Date Reviewed: 3/28/13