

M

(162.5cm 47.6kg BSA: 1.47m²

Accession:
Specimen Date/Time:

***** MODIFIED REPORT - REVIEW ADDENDUM SECTION *****

DIAGNOSIS

- (A) NECK DISSECTION, LEVEL I "A", MIDLINE :
Three lymph nodes, negative for tumor (0/3).
Fibroadipose tissue and skeletal muscle, negative for tumor.
- (B) LEFT NECK, LEVEL I "B":
Six lymph nodes, negative for tumor (0/6).
Minor salivary glands, negative for tumor.
- (C) LEFT NECK, LEVEL II "A":
Nine lymph nodes, negative for tumor (0/9).
- (D) LEFT NECK, LEVEL II "B":
Five lymph nodes, negative for tumor (0/5).
- (E) LEFT NECK, LEVEL III:
Seven lymph nodes, negative for tumor (0/7).
- (F) LEFT NECK, LEVEL IV:
Five lymph nodes, negative for tumor (0/5).
- (G) RIGHT NECK, LEVEL I "B":
Three lymph nodes, negative for tumor (0/3).
Salivary glands with therapy effect, negative for tumor.
- (H) RIGHT NECK DISSECTION, LEVEL II "A":
Fourteen lymph nodes, negative for tumor (0/14).
- (I) RIGHT NECK DISSECTION, LEVEL III:
Eight lymph nodes, negative for tumor (0/8).
- (J) RIGHT NECK DISSECTION, LEVEL II "B":
Three lymph nodes, negative for tumor (0/3).
- (K) RIGHT NECK DISSECTION, LEVEL IV:
Three lymph nodes, negative for tumor (0/3).
- (L) LEFT FLOOR OF MOUTH MARGIN:
Squamous mucosa, negative for tumor.
- (M) LEFT LATERAL TONGUE, TRUE MARGIN:
Squamous mucosa , negative for tumor.
- (N) DORSAL TONGUE MARGIN:
Squamous mucosa, negative for tumor.
- (O) RIGHT LATERAL TONGUE MARGIN:
Squamous mucosa, negative for tumor.
- (P) RIGHT FLOOR OF MOUTH MARGIN:

ICD-O-3

Carcinoma, squamous
Cell NOS 8070/3

Site Oral cavity C06.9
path Overlapping lesion of
other and unspecified
parts of mouth C06.8
JW 8/9/13

UUID:8FF88887-4E49-4455-98D1-38013FF7C0ED
TCGA-CV-A6JZ-01A-PR Redacted



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Skeletal muscle and minor salivary glands, negative for tumor.

(Q) LEFT ALVEOLUS:

Squamous mucosa with focal chronic inflammation, negative for tumor.

(R) COMPOSITE RESECTION VENTRAL TONGUE, FLOOR OF MOUTH, WITH SEGMENTAL MANDIBULECTOMY
INVASIVE SQUAMOUS CARCINOMA -- Moderately differentiated

Tumor Features:

Gross: Ulcerating

Size: 4 cm in largest dimension

Invasion: Present, depth 1.2 cm into skeletal muscle

Tumor Border: Infiltrative with thick cords > 4 cells

Perineural Invasion: Absent

Vascular Invasion: Absent

Bone / Cartilage Invasion: Pending Decalcification (see addendum)

Minor salivary gland with mucocele, negative for tumor

GROSS DESCRIPTION

(A) NECK DISSECTION, LEVEL IA, MIDLINE STRUCTURE – Received is a fragment of adipose tissue 4.0 x 3.2 x 0.8 cm from which six possible lymph nodes are identified ranging in size from 0.2 to 1.2 cm.

SECTION CODE: A1, three possible lymph nodes; A2, three possible lymph nodes.

(B) LEFT NECK LEVEL IB PERMANENT – One pale gray fibroadipose tissue (5.5 x 4.0 x 1.4 cm) including a pale gray unremarkable submandibular gland (4.5 x 2.0 x 1.7 cm). Multiple lymph nodes are identified ranging from 0.3 x 0.3 x 0.3 cm to 1.5 x 0.7 x 0.6 cm. The lymph nodes are entirely submitted.

SECTION CODE: B1, B2, each containing four possible lymph nodes; B3, three possible lymph nodes; B4, two possible lymph nodes; B5, representative section of the submandibular gland.

(C) LEFT NECK LEVEL IIA PERMANENT – One pale gray fibroadipose tissue (4.0 x 2.5 x 2.3 cm) with multiple possible lymph nodes ranging from 0.3 x 0.4 x 0.3 cm to 1.0 x 0.7 x 0.7 cm. The lymph nodes are entirely submitted.

SECTION CODE: C1, C2, each containing four possible lymph nodes; C3, two possible lymph nodes; C4, one possible lymph node serially sectioned.

(D) LEFT NECK LEVEL IIB – One pale gray fibroadipose tissue (3.5 x 2.0 x 1.5 cm) with multiple possible lymph nodes ranging from (0.2 x 0.2 x 0.2 cm to 1.2 x 0.6 x 0.5 cm). The lymph nodes are entirely submitted.

SECTION CODE: D1, four possible lymph nodes; D2, two possible lymph nodes; D3, one possible lymph node trisected.

(E) LEFT NECK LEVEL III – One pale gray fibroadipose tissue (3.0 x 2.2 x 1.5 cm) with multiple possible lymph nodes ranging from (0.4 x 0.4 x 0.4 cm to 0.8 x 0.4 x 0.4 cm), entirely submitted.

SECTION CODE: E1, four lymph nodes; E2, three possible lymph nodes.

(F) LEFT NECK LEVEL IV – One pale gray fibroadipose tissue (3.5 x 3.0 x 1.5 cm). There are five possible lymph nodes ranging from (0.4 x 0.4 x 0.3 cm to 0.6 x 0.5 x 0.4 cm). The lymph nodes are entirely submitted.

SECTION CODE: F1, four possible lymph nodes; F2, one possible lymph node bisected.

(G) RIGHT NECK LEVEL IB – Received is a 5.5 x 3.5 x 2.0 cm fragment of fibroadipose tissue and salivary gland. The salivary gland measures 3.3 x 2.0 x 1.8 cm. Three possible lymph nodes are identified ranging in size from 1.0 to 1.5 cm. Sectioning of the salivary gland reveals unremarkable lobulated pink to gray parenchyma.

SECTION CODE: G1, three possible lymph nodes; G2, representative salivary gland.

(H) RIGHT NECK DISSECTION, LEVEL II A – A portion of fibroadipose tissue (4.5 x 2.8 x 0.6 cm). Multiple lymph nodes are identified.

SECTION CODE: H1, three possible lymph nodes; H2-H7, remainder of specimen.

(I) RIGHT NECK DISSECTION, LEVEL III – A portion of fibroadipose tissue (3.5 x 3.5 x 1 cm). Three possible nodes are

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identified.

SECTION CODE: I1, one lymph node; I2, two lymph nodes; I3-I6, remainder of specimen.

(J) RIGHT NECK DISSECTION, LEVEL II B – A portion of fibroadipose tissue (2.5 x 2.3 x 0.7 cm), two possible lymph nodes are identified.

SECTION CODE: J1, two possible lymph nodes; J2-J4, remainder of specimen.

(K) RIGHT NECK DISSECTION, LEVEL IV – A portion of fibroadipose tissue (3 x 3 x 0.7 cm). Three possible lymph nodes are identified.

SECTION CODE: K1, three lymph nodes; K2-K5, remainder of specimen.

(L) LEFT FLOOR OF MOUTH MARGIN, TRUE MARGIN INKED – One pale-gray fibroadipose tissue (0.8 x 0.7 x 0.4 cm) with one side inked blue to mark the true margin. The specimen is entirely submitted in A for frozen section evaluation ink side down.

*FS/DX: NEGATIVE FOR CARCINOMA.

(M) LEFT LATERAL TONGUE TRUE MARGIN INKED – One pale-gray-pink soft tissue fragment (2.0 x 0.4 x 0.3 cm) with one side inked to mark the true margin. The specimen is entirely submitted in M for frozen section evaluation, ink side down.

*FS/DX: NEGATIVE FOR CARCINOMA.

(N) DORSAL TONGUE MARGIN, TRUE MARGIN INKED – One pale-gray-pink soft tissue fragment (2.8 x 0.4 x 0.4 cm) with one side inked to mark the true margin. The specimen entirely submitted in N for frozen section evaluation, ink side down.

*FS/DX: NEGATIVE FOR CARCINOMA.

(O) RIGHT LATERAL TONGUE MARGIN, TRUE MARGIN INKED - One pale-gray soft tissue fragment (1.8 x 0.5 x 0.4 cm) with one side inked to mark the true margin. The specimen entirely submitted in O for frozen section evaluation, ink side down.

*FS/DX: NEGATIVE FOR CARCINOMA.

(P) RIGHT FLOOR OF MOUTH MARGIN, TRUE MARGIN INKED – One pale-gray-pink soft tissue (2.0 x 0.5 x 0.4 cm) with one side inked to mark the true margin. The specimen entirely submitted in P for frozen section, ink side down.

*FS/DX: NEGATIVE FOR CARCINOMA.

(Q) LEFT ALVEOLUS – Received is a 1.7 x 0.3 cm mucosal lined soft tissue excised to a depth of 0.5 cm. Specimen submitted entirely in toto for frozen section evaluation in FSQ1.

*FS/DX: NEGATIVE FOR CARCINOMA.

(R) COMPOSITE RESECTION VENTRAL TONGUE, FLOOR OF MOUTH, WITH SEGMENTAL MANDIBULECTOMY – Received is a segment of central mandible measuring 6.5 x 3.5 x 1.0 cm. Two metallic implants are identified and no teeth are present. Attached to the mandible is a portion of anterior tongue and anterior floor of mouth tissue measuring 6.5 x 5.0 x 2.0 cm overall. Bilateral salivary glands are identified, the left measuring 2.5 x 1.5 x 1; the right measuring 2.8 x 1.6 x 0.8 cm. The mass involves the ventral surface of the tongue and the anterior floor of mouth. The ventral surface of the tongue has an ulcerated area which measures 3.5 x 1.3 cm. The soft tissue from the floor of mouth is detached from the mandible and the specimen is serially sectioned to reveal a mass (4.0 x 3.1 cm with a thickness of 1.2 cm). The tumor is pale-white, glistening, and infiltrates the skeletal muscle tissue of the tongue and is 0.5 cm from the deep margin, 2.5 cm from the right lateral bone margin 3.1 cm from the left lateral bone margin and 1 cm from the posterior resection margin. The tumor anteriorly abuts the bone but there is no evidence of invasion. A portion of the tumor is submitted for tumor bank. The remainder of the tongue and the floor of mouth tissue is unremarkable. No lymph nodes are identified. The bone is submitted for decalcification.

SECTION CODE: R1-R3, full thickness sections divided in three cassettes; R4-R7, full thickness section divided in four cassettes; R8, representative submandibular gland.

CLINICAL HISTORY**SNOMED CODES**

T-53000, M-80703, M-43000

Some tests reported here may have been developed and performance characteristics determined by specifically cleared or approved by the U.S. Food and Drug Administration

These tests have not been

Entire report and diagnosis completed by:

Accession:

Specimen Date/Time:

ADDENDUM

This modified report is being issued to provide additional information/results.

Addendum completed by

DIAGNOSIS

(R) COMPOSITE RESECTION VENTRAL TONGUE, FLOOR OF MOUTH, WITH SEGMENTAL MANDIBULECTOMY:
Bone/ bone margins, no tumor present.

SQUAMOUS CARCINOMA IN ADJACENT FIBROCONNECTIVE TISSUE.

GROSS DESCRIPTION

(R) COMPOSITE RESECTION VENTRAL TONGUE FOM WITH SEGMENTAL MANDIBULECTOMY – The bone is serially sectioned and no evidence of invasion is identified.

INK CODE: Blue – left bone margin; orange – right bone margin.

SECTION CODE: R9, left bone margin, en face; R10, right bone margin, en face; R11, area of bone closest to tumor.
R9-R11 is submitted after decalcification.

Entire report and diagnosis completed by:

-----END OF REPORT-----

Criteria	W 6/19/13	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>	
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>	
HIPAA Discrepancy		<input checked="" type="checkbox"/>	
Prior Malignancy History		<input checked="" type="checkbox"/>	
Dual/Synchronous Primary Mets		<input checked="" type="checkbox"/>	
Case is (circle):	QUALIFIED / DISQUALIFIED		
Reviewer Initials	M	Date Reviewed:	6/12/13