



~~651~~ ICD-O-3

Carcinoma, squamous cell,  
~~plus~~ basaloid 8083/3  
Carcinoma, squamous cell NOS 8070/3  
Site 10x10 NOS C09.9  
JAN 4/12/13

COLLECTED: RECEIVED:

GROSS DESCRIPTION: A) Received in formalin designated right tonsil is an irregular, unoriented, 2.5 x 2 x up to 1.4 cm in thickness partially mucosa covered portion of multinodular tan white focally firm soft tissue. One side of the specimen is white-tan, somewhat granular and firm. It is probably covered by mucosa. The specimen is serially sectioned perpendicular to the mucosal surface. On cut surface there is an ill-defined, pale tan-white, firm nodule 1.5 x 1.2 x 1.5 cm in greatest dimension. It grossly approaches the deep, inked margin. The specimen is entirely submitted in cassettes A1-A3. B) Received unfixed designated right modified radical neck dissection, double long = level II, double short = level IV is an 18 x 8 x 3 cm in greatest dimensions right neck dissection specimen with surgical sutures designating levels II and IV. The specimen is multinodular with multiple grossly positive lymph nodes in levels II and III including a complex of matted nodes that involves both levels; one node is received cut across. A 10 x 3 x 1.5 cm portion of sternocleidomastoid muscle is identified on the anterior aspect of the specimen. On the medial aspect of the muscle there is a suture-tied on both ends, 7 cm long x 0.5 cm in outer diameter vessel (internal jugular vein). Additional portion of a vessel 3 cm long is present in level I lateral to the salivary gland tissue. The salivary gland in level I measures 5 x 3 x 1 cm and has a smooth tan-pink, lobulated, soft cut surface. The skeletal muscle adjacent to grossly positive lymph nodes in the middle of the specimen, is not involved. The main complex of positive nodes measures 7 cm in greatest dimension and as previously described crosses both levels II and III. Cassette index: B1 - representative section of salivary gland; B2 - level I four probable nodes; B3 - level I one node bisected; B4 - level I one node bisected; B5 - level II section of grossly positive node (2 cm) and three probable nodes; B6 - level II three nodes; B7 - level II one probable node; B8 - representative cross section of matted nodes; B9 - level III representative section of grossly involved necrotic node (2.2 cm); B10 - level III three nodes; B11 - level III three probable nodes; B12 - level III one node bisected; B13 - level IV two nodes one inked blue and bisected; B14 - three probable nodes, level IV; B15 - level IV three probable nodes.

FINAL DIAGNOSIS:

A) Tonsil, right, tonsillectomy: Moderately to poorly differentiated squamous cell carcinoma, at least 2.2cm in greatest dimension (slide A2), extending to inked margin.

B) Lymph nodes, right neck, radical dissection:

1. Level I i. Submandibular gland with no evidence of metastatic carcinoma. ii. Six lymph nodes with no evidence of metastatic carcinoma (0/6).
2. Levels II-III i. Matted lymph nodes positive for metastatic carcinoma spanning both levels. ii. One (2cm) of eight level II nodes positive for metastatic (1/8). iii. One (2.2cm) of eight level III nodes positive for metastatic carcinoma (1/8).
3. Level IV i. Eight lymph nodes with no evidence of metastatic carcinoma (0/8).

Procedures used to establish the diagnosis: Routine

TSS submitted dx discrepancy form  
Stating dx as "squamous cell carcinoma, basaloid"

BCR

Criteria	Yes	No
Diagnosis Discrepancy	3/4/13	
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Node		
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED <input type="checkbox"/> DISQUALIFIED		
Reviewer Initials <u>JW</u>	Date Reviewed: <u>3/11/13</u>	

## TCGA Pathologic Diagnosis Discrepancy Form

V4.00

**Instructions:** The TCGA Pathologic Diagnosis Discrepancy Form should be completed when the pathologic diagnosis documented on the initial pathology report for a case submitted for TCGA is inconsistent with the diagnosis provided on the Case Quality Control Form completed for the submitted case.

Tissue Source Site (TSS): \_\_\_\_\_ TSS Identifier: \_\_\_\_\_ TSS Unique Patient Identifier: \_\_\_\_\_

Completed By (Interviewer Name on OpenClinica): \_\_\_\_\_ Completed Date: \_\_\_\_\_

### Diagnosis Information

#	Data Element	Entry Alternatives	Working Instructions
1	Pathologic Diagnosis Provided on Initial Pathology Report	moderately to poorly differentiated squamous cell carcinoma	Provide the diagnosis/ histologic subtype(s) documented on the initial pathology report for this case. If the histology for this case is mixed, provide all listed subtypes.
2	Histologic features of the sample provided for TCGA, as reflected on the CQCF.	squamous cell carcinoma, basaloid type	Provide the histologic features selected on the TCGA Case Quality Control Form completed for this case.

### Discrepancy between Pathology Report and Case Quality Control Form

3	Provide the reason for the discrepancy between the pathology report and the TCGA Case Quality Control Form.	The use of "basaloid type" for head and neck cancer was not in use back at the time of this case being accessioned.	Provide a reason describing why the diagnosis on the initial pathology report for this case is not consistent with the diagnosis selected on the TCGA Case Quality Control Form.
4	Name of TSS Reviewing Pathologist or Biorepository Director	_____	Provide the name of the pathologist who reviewed this case for TCGA.

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.

\_\_\_\_\_  
TSS Reviewing Pathologist or Biorepository Director

\_\_\_\_\_  
Date

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled. The Attending Pathologist or the Department Chairman has been informed or is aware of the above discrepancy in diagnoses.

\_\_\_\_\_  
Principal Investigator signature

\_\_\_\_\_  
Date