

[REDACTED] [REDACTED] CORRECTED

[REDACTED] [REDACTED]

PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Squamous cell carcinoma,
anterior

floor of mouth plus ventral tongue.

PROCEDURE: Not answered.

SPECIFIC CLINICAL QUESTION: Not answered.

OUTSIDE TISSUE DIAGNOSIS: Yes.

PRIOR MALIGNANCY: No.

CHEMORADIATION THERAPY: No.

ORGAN TRANSPLANT: No.

IMMUNOSUPPRESSION: No.

OTHER DISEASES: No.

CYTOGENETICS:

Dictated by: [REDACTED]

ADDENDA:

Addendum

The in situ hybridization for HPV DNA is negative.

The immunostain p16 is negative.

An EGFR immunostain is 3+

[REDACTED]

[REDACTED]

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

FINAL DIAGNOSIS:

PART 1: FLOOR OF MOUTH, ANTERIOR, BIOPSY

INVASIVE SQUAMOUS CELL CARCINOMA

PART 2: FLOOR OF MOUTH AND MANDIBLE, RADICAL RESECTION OF FLOOR OF
MOUTH,

MARGINAL MANDIBULECTOMY

A. INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED
(2.5
CM), ANTERIOR FLOOR OF MOUTH INVADING INTO SUBLINGUAL GLAND (see
comment).




B. PERINEURAL INVASION PRESENT.

C. NO ANGIOLYMPHATIC INVASION PRESENT.

D. MARGINS ARE FREE OF TUMOR.

E. NO BONE INVASION PRESENT.

F. PATHOLOGIC STAGE pT2 N0.
PART 3: FLOOR OF MOUTH, LEFT, BIOPSY
NO TUMOR PRESENT.
PART 4: FLOOR OF MOUTH, RIGHT LATERAL, BIOPSY
NO TUMOR PRESENT.
PART 5: LYMPH NODES, LEVEL 1A, MODIFIED NECK DISSECTION
SEVEN LYMPH NODES, NO TUMOR PRESENT (0/7).
PART 6: LYMPH NODES, RIGHT 1B, MODIFIED NECK DISSECTION
A. TWO LYMPH NODES, NO TUMOR PRESENT (0/2).
B. SUBMANDIBULAR GLAND WITH NO SIGNIFICANT ABNORMALITIES.
PART 7: LYMPH NODES, LEVEL 2 AND 3, RIGHT, MODIFIED NECK DISSECTION
NINETEEN LYMPH NODES, NO TUMOR PRESENT (0/19).
PART 8: LYMPH NODES, LEVEL 1B, LEFT, MODIFIED NECK DISSECTION
A. THREE LYMPH NODES, NO TUMOR PRESENT (0/3).
B. SUBMANDIBULAR GLAND WITH CHRONIC SIALADENITIS.
PART 9: LYMPH NODES, LEVEL 2 AND 3, LEFT, MODIFIED NECK DISSECTION
TWENTY-ONE LYMPH NODES, NO TUMOR PRESENT (0/21).
PART 10: LYMPH NODES, LEVEL 4, LEFT, MODIFIED NECK DISSECTION
FIVE LYMPH NODES, NO TUMOR PRESENT (0/5).

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

GROSS DESCRIPTION:

The specimen is received fresh in 10 parts.
Part 1 is labeled with the patient's name, initials xx, medical record
number
and "anterior floor of mouth". It consists of multiple soft, white
fragments
ranging from 0.1 to 0.8 cm, frozen in total and the remnants of the
frozen
section are submitted in cassette 1AFS.
Part 2 is labeled with the patient's name, initials xx, medical record
number
and "inferior floor of mouth, mandibular margin, stitch posterior". It
consists of marginal mandibulectomy (4 x 1 x 1 cm) with four tooth
pockets and
one tooth on the left side along with attached floor of mouth tissue
(4.5 x 4
x 1.5 cm). The mucosa of the anterior floor of mouth shows an
ulcero-proliferative tumor of 2.5 x 2.5 x 0.8 cm, which is 0.4 cm from
the
posterior mucosal margin, 0.6 cm from the left lateral margin, 0.2 cm
from the
right lateral margin, 0.6 cm from the mandible and 0.2 cm from the deep
resection margin. The tumor invades about 0.8cm deep from the mucosa
and does
not involve the bone.
Ink code:

Black deep resection margin.

Digital images are taken.

Cassette code:

2AFS deep margin, perpendicular

2BFS left lateral mucosal shave margin

2CFS right lateral mucosal shave margin

2DFS posterior mucosal shave margin

2E anterior soft tissue and mucosal shave margin

2F/2G tumor in anteroposterior section, including deep margin

2H/2I tumor with floor-of-mouth mucosa, left lateral

2J tumor with deep resection margin

2KDR bony margin, left lateral

2LDR bony margin, right lateral

2MDR bone nearest to the tumor.

Part 3 is labeled with the patient's name, initials, medical record number and

"left floor of mouth". It consists of a soft tissue fragment of 2.0 x 0.2 x

0.2 cm, frozen in total. The remnants of the frozen section are submitted in

cassette 3AFS.

Part 4 is labeled with the patient's name, initials, medical record number and

"right lateral floor of mouth". It consists of two fragments of soft tissue

(2.6 x 0.9 x 0.4 cm and 0.5 x 0.5 x 0.4 cm), frozen in total and the remnants

of the right section are submitted in cassette 4AFS.

Part 5 is labeled with the patient's name, initials, medical record number and

"level 1A". It consists of a soft tissue fragment (4 x 4 x 0.8 cm) and multiple lymph nodes are dissected ranging from 0.3 to 0.8 cm and submitted in

cassette 5A to 5C.

Part 6 is labeled with the patient's name, initials, medical record number and

"right 1B". It consists of a submandibular gland, of 20.1 grams and 5 x 4 x

1.8 cm. The submandibular gland parenchyma is unremarkable and an enlarged

node (1.2 x 0.7 x 0.5 cm) adherent with it.

Ink code:

Outer surface of the gland along with the lymph node black.

Cassette code:

6A representative section of submandibular gland

6B/6C single attached lymph node entirely submitted.

Part 7 is labeled with the patient's name, initials, medical record number and

"right 2 + 3". It consists of an unoriented fatty tissue, of 7.5 x 3 x 1 cm.

The specimen is divided into two halves and multiple lymph nodes are dissected

from both halves, ranging from 0.4 cm to 1 cm in one half and from 0.3 cm to

1.1 cm in other half.

Cassette code:

7A single lymph node entirely submitted from one-half

7B/7C multiple possible lymph nodes entirely submitted from the same half
7D single lymph node entirely submitted from the other half
7E/7F multiple possible lymph nodes from the other half.
Part 8 is labeled with the patient's name, initials, medical record number and "left 1B". It consists of a submandibular gland (5 x 3 x 2 cm) and of 20.2 grams. The submandibular gland parenchyma is slightly firm and multiple possible lymph nodes are attached to it ranging from 0.4 to 1.2 cm. Ink code: Black outer surface of the gland. Cassette code: 8A representative section of the submandibular gland 8B - single lymph node, entirely submitted 8C other possible lymph nodes. Part 9 is labeled with the patient's name, initials, medical record number and "left 2 and 3". It consists of fibrofatty tissue (12 x 3 x 1 cm). The specimen is divided into two halves and multiple lymph nodes are dissected from both halves, ranging from 0.4 cm to 0.9 cm in one half and from 0.4 cm to 1.3 cm in the other half. Cassette code: 9A single lymph node entirely submitted, from one-half 9B single lymph node entirely submitted, from one-half 9C single lymph node entirely submitted, from one-half 9D/9E multiple potential lymph nodes from the other half. 9F/9G multiple potential lymph nodes from the other half. Part 10 is labeled with the patient's name, initials, medical record number and "left level 4". It consists of soft, fatty tissue (5 x 2.5 x 0.8 cm) and multiple lymph nodes are identified ranging from 0.5 to 1 cm and submitted in

[REDACTED]
[REDACTED] E CONSULTATION:

1AFS: ANTERIOR FLOOR OF MOUTH (frozen section)

A. MALIGNANT.

B. INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED ([REDACTED])

[REDACTED] 2AFS: DEEP MARGIN, PERPENDICULAR (frozen section)

A. BENIGN.

B. NO TUMOR SEEN ([REDACTED])

2BFS: LEFT LATERAL MARGIN (frozen section)

A. BENIGN.

B. NO TUMOR SEEN ([REDACTED])

2CFS: RIGHT LATERAL MARGIN (frozen section)

A. BENIGN.

B. NO TUMOR SEEN ([REDACTED])

2DFS: POSTERIOR MARGIN (frozen section)

A. BENIGN.
B. NO TUMOR SEEN ([REDACTED]).
3AFS: LEFT FLOOR OF [REDACTED] DICULAR MARGIN (frozen section)
A. BENIGN.
B. NO TUMOR SEEN [REDACTED]
4AFS: RIGHT FLOOR [REDACTED] LAR MARGIN (frozen section)
A. BENIGN.
[REDACTED]
[REDACTED]

roscopic examination substantiates the above diagnosis.
[REDACTED]

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

the [REDACTED], Department of Pathology, as required by the

[REDACTED] 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 [REDACTED] ("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 - PRIMARY UPPER AERODIGESTIVE TRACT AND SALIVARY GLAND

TUMORS

SPECIMEN TYPE: Resection: radical resection of floor of mouth & marginal mandibulectomy

TUMOR SITE: Oral Cavity

TUMOR SIZE: Greatest dimension: 2.5 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G2

PRIMARY TUMOR (pT): pT2

REGIONAL LYMPH NODES (pN): pN0

Number of regional lymph nodes examined: 57

Number of regional lymph nodes involved: 0

DISTANT METASTASIS (pM): pMX

MARGINS: Margins uninvolved by tumor

Distance of tumor from closest margin: 2 mm

Margin: deep margin & right lateral margin

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L):

Absent

PERINEURAL INVASION: Present

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

of M

HHE x 1 AFS
H&E x 1 AFS

of M

H&E x 1 E
H&E x 1 F
H&E Recut x 1 G
IHPV x 1 G
cmet x 1 G
IEGFR x 1 G
IBNKNC x 1 G
IBNKNC x 1 G
IBNKNC x 1 G
IBNKNC x 1 G
IBNKNC x 1 G
IBNKNC x 1 G
H&E x 1 G
IISH x 1 G
IISH x 1 G
P16 x 1 G
V-EGFR x 1 G
H&E x 1 H
H&E x 1 I
H&E x 1 J
H&E x 1 AFS
H&E x 1 BFS
H&E x 1 CFS
H&E x 1 DFS
H&E x 1 Kdr
H&E x 1 Ldr
H&E x 1 Mdr

Mouth

H&E x 1 AFS

Floor

H&E x 1 AFS

S
H&E x 1 A
H&E x 1 B
H&E x 1 C

S
H&E x 1 A
H&E x 1 B

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 A
H&E x 1 B
H&E x 1 C

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 A
H&E x 1 B

TC1

SPECIAL Procedures:

In Situ Procedure

Interpretation

BE: LSI EGFR/CEP7 Dual-Color Probe (

ogenetic Location: 7p12 / 7p11.1-q11.1

EGFR FISH STUDIES PERFORMED ON THE SQUAMOUS CELL CARCINOMA ARE
NEGATIVE.

Number of cells analyzed: 42

Ratio EGFR/CEP7: 1.54

High Polysomy: 0%

SNR (signal to nucleus ratio): 3.2

Low Polysomy: 15(35.7%)

Trisomy: 12(28.6%)

Disomy: 15(35.7%)

PROBE: c-MET*/CEP7

Cytogenetic Location: 7q31.2 / 7p11.1-q11.1

C-MET FISH STUDIES PERFORMED ON THE SQUAMOUS CELL CARCINOMA ARE
NEGATIVE FOR
AMPLIFICATION.

Number of cells analyzed: 61

Ratio c-MET/CEP7: 1.06

SNR (signal to nucleus ratio): 2.1

High Polysomy: 0%

Low Polysomy: 0%

Trisomy: 14(23.0%)

Disomy: 47(77

*RP11-163C9,

EGFR FISH analysis was manually performed and quantitatively assessed by analysis of a minimum of 60 cells using the EGFR SpectrumOrange and the CEP7

SpectrumGreen probes.

C-MET FISH analysis was manually performed and quantitatively assessed by analysis of a minimum of 60 cells using the c-MET SpectrumOrange and the CEP7 SpectrumGreen (c

Pathologist: [REDACTED]

My signature [REDACTED] station that I have personally reviewed the submitted material(s) and the above diagnosis reflects that evaluation.

Results

EGFR FISH positive:

High Polysomy: > four gene copies in > 40% of cells

Gene Amplification: Ratio gene/chromosome more than two or > 15 gene copies in

> 10% of cells

EGFR FISH negative:

Disomy: < two gene copies in more than 90% of the cells

Trisomy: three gene copies in more than 10% of cells

Low Polysomy: > four gene copies in more than 10% but less than 40% of cells

c-MET FISH positive:

Gene Amplification: Ratio gene/chromosome more than two or > 15 gene copies in

> 10% of cells

c-MET FISH negative:

Ratio gene/chromosome less than two or < 15 gene copies in < 10% of the

[REDACTED]

[REDACTED]