



Operative Procedure:
Direct laryngoscopy

Pre-Operative Diagnosis:
Right tonsil cancer

Post-Operative Diagnosis:
Right tonsil cancer

Specimen Received:
A: Right tonsil (FS)
B: Right tonsil
C: Right level 1 neck dissection
D: Right neck dissection level 2,3 and 4

Final Pathologic Diagnosis:
Oropharynx, incisional biopsy with right level 1-4 neck dissection:
Focally keratinizing squamous cell carcinoma,
moderately differentiated.

Histologic type: Focally keratinizing squamous cell carcinoma

Histologic grade: Moderately differentiated
Tumor size: Cannot be determined, incisional biopsy
Depth of invasion: Cannot be determined, incisional biopsy
Lymph-vascular invasion: Present
Perineural invasion: Not identified
Tumor site: Oropharynx, palatine
Tumor laterality: Right
Tumor focality: Single focus
Margins: Cannot be determined, incisional biopsy
Lymph nodes: Right level 1-4 lymph node dissection,
metastatic squamous cell carcinoma (2/31 lymph nodes positive, maximal dimension
3.8 cm, extracapsular extension not identified).

Pathologic Staging (pTNM):
Primary tumor (pT): pTX
Regional lymph nodes (pN): pN2b
Size of the largest positive lymph node: 3.8 cm greatest dimension
Distant metastasis (pM): pMX

Additional pathologic findings: None

Ancillary studies:
Human papillomavirus associated carcinoma (p16):
Positive

ICD-O-3
Carcinoma squamous cell
keratinizing NOS 8071/3
C66.9
Site Tonsil C09.9
path
Palatine tonsil C09.9
JAS 8/22/13

HPV high risk (16/18):

Positive

Specimen: Oropharynx
Received: In formalin
Procedure: Incisional biopsy with right level 1-4 neck
dissection
Specimen size: Maximal dimension 5.2 x 5.0 x 3.9 cm
Specimen laterality: Right

A. Right tonsil, biopsy:

Focally keratinizing squamous cell carcinoma, moderately differentiated,
frozen section diagnosis confirmed.

B. Right tonsil, biopsy:

Focally keratinizing squamous cell carcinoma, moderately differentiated.

C. Right level 1 neck dissection:

No evidence of malignancy (0/5 lymph nodes positive).

Submandibular gland without pathologic change.

D. Right neck dissection levels 2-4:

Metastatic squamous cell carcinoma, (2/26 lymph nodes positive,
maximal dimension 3.8 cm, extracapsular extension not identified).

The examination of this case material and the preparation of this report were
performed by the staff pathologist.

Intraoperative Consult Diagnosis:

FSA: Right tonsil:

Invasive keratinizing squamous cell carcinoma.

Specimen received:

Specimen reported:

Gross Description:

A. Received without fixative, labeled "right tonsil" are
two tan, irregular soft tissues, 0.5 x 0.4 x 0.2 cm and 0.9 x 0.5 x 0.2 cm,
submitted in toto for frozen section microscopy, now in cassette A.

B. Received in formalin, labeled and "right tonsil permanent
and HPV" is a 0.5 x 0.5 x 0.2 cm aggregate of tan, irregular soft tissue,
submitted in toto in one cassette.

C. Received in formalin, labeled and "right Level I neck
dissection HPV of tonsil not positive" is a 4.7 x 2.5 x 1.8 cm tan, lobulated,
irregular submandibular gland with minimal attached and detached fat. There are
five tan-pink, rubbery lymph nodes identified up to 1.6 cm.

Representative sections are submitted as follows:

- 1 submandibular gland;
- 2 one whole lymph node bisected;
- 3 one whole lymph node bisected;
- 4 one whole lymph node bisected;
- 5 one whole lymph node bisected;
- 6 one whole lymph node bisected.

D. Received in formalin, labeled and "right neck dissection

Level II, III, IV HPV if tonsil not positive" is a 5.2 x 5.0 x 3.9 cm tan, lobulated, irregular fatty tissue. Sectioning reveals multiple tan-pink, rubbery to firm lymph nodes up to 3.8 x 2.2 x 2.1 cm.

Representative sections are submitted as follows:

- 1-4 multiple whole lymph nodes;
- 5 representative section from one lymph node;
- 6 representative section from one lymph node.

Microscopic Description:

Histologic examination reveals a right tonsil biopsy and right neck level 1-4 dissection. The right tonsil prominently demonstrates an invasive focally keratinizing squamous cell carcinoma that is moderately differentiated. The neck dissection demonstrates two nodes positive for metastatic squamous cell carcinoma. P16 immunohistochemistry and HPV in situ hybridization for high risk type 16 and 18 are positive. Controls stain appropriately.

END OF REPORT

Taken: DOB: (Age: Gender: M

HOLD per NEI. Study closed 7/1/13		8/9/13
Criteria	Yes	No
Diagnosis Discrepancy	HPV+	
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary/Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	ME	Date Reviewed: 8/9/13