

Patient Name: **UUID:8F1134BE-72F0-41C3-95AD-DC3410C8E42D**
TCGA-MZ-A7D7-01A-PR Redacted [REDACTED]

Requested By:
Ordered By:

Report Name:



ICD-0-3
Carcinoma squamous
cell NOS 8070/3
Site Base of tongue NOS
C01.9

JES 9/30/13

Surg Path Case - STATUS: Final

**SEE NOTE

Collect/Perform:

Ordered By:

Ordered Date:

Facility:

Department: PATH

Physician Who Performed Procedure:

Requesting Physician: Not specified

SURGICAL PATHOLOGY,

CASE# [REDACTED]

Attending Pathologist

*****CORRECTED

REPORT*****

This report is issued to correct the AJCC pathology staging. It should read as follows:

CORRECTED REPORT:

- AJCC Pathologic Staging: pT3 N2b M-Not applicable

The rest of the report remains unchanged.

ORIGINAL DIAGNOSIS: (see correction above)

1. Deep lateral base of tongue, margin, biopsy:

- Fibromuscular tissue, negative for carcinoma, (see comment).

COMMENT: The small clusters of detached atypical epithelial cells seen on original frozen sections is not present at the permanent sections. Multiple levels and immunohistochemical stain for cytokeratin (AE1:3) were used to evaluate the biopsy.

2. Medial base of tongue margin, biopsy:

- Fibromuscular tissue with salivary glands and focal marked cauterized

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epithelium.

3. Lateral pharynx margin, biopsy:

- Fibromuscular tissue, negative for carcinoma, (see comment).

COMMENT: The small clusters of detached atypical epithelial cells seen on original frozen sections is not present at the permanent sections. Multiple levels and immunohistochemical stain for cytokeratin (AE1:3) were used to evaluate the biopsy.

4. Medial pharynx margin, biopsy:

- Fibromuscular tissue and separate minute atypical epithelium.

5. Lymph nodes, RIGHT level 2A and 3, excision:

- Metastatic squamous cell carcinoma seen in two of fourteen lymph nodes with extranodal extension (2/14).

6. Lymph nodes, RIGHT level 1B, excision:

- Salivary gland, no lymph node or carcinoma seen.

7. Lesion, tongue, RIGHT partial pharyngectomy:

- Invasive squamous cell carcinoma, moderately to poorly differentiated.
- Metastatic squamous cell carcinoma seen in two of seventy-six lymph nodes with extranodal extension (2/76).
- See synoptic report.

8. Lymph nodes, RIGHT level 4, excision:

- Thirteen lymph nodes, negative for carcinoma (0/13).

9. Lymph nodes, RIGHT level 2B, excision:

- Twenty-one lymph nodes, negative for carcinoma (0/21).

10. Lymph nodes, LEFT level 4, excision:

- Thirteen lymph nodes, negative for carcinoma (0/13).

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11. Lymph nodes, LEFT level 2A, excision:

- Four lymph nodes, negative for carcinoma (0/4).

12. Lymph nodes, LEFT level 3, excision:

- Eleven lymph nodes, negative for carcinoma (0/11).

SYNOPTIC REPORT

Mass, tongue, RIGHT partial pharyngectomy with lymph node dissection:

- Histologic Type: Squamous cell carcinoma
- Histologic Grade: G2 (moderately differentiated) to G3 (poorly differentiated)
- Tumor Size:
Greatest dimension: 4.5 cm; other two dimensions: 2 x 1 cm (microscopic measurement)
- Tumor Site: Base of tongue
- Tumor Focality: Single focus
- Tumor Laterality: Right
- Tumor Configuration: Ulcerated
- Specimen Integrity: Intact
- Tumor Extension: Limited to the tongue
- Margins: Separate submitted deep lateral base of tongue margin, medial base of tongue margin, lateral pharynx margin and medial pharynx margins are negative for carcinoma

Distance of invasive carcinoma from closest margin: Separate submitted deep lateral base of tongue margin, medial base of tongue margin, lateral pharynx margin and medial pharynx margins are negative for carcinoma (In Part 7, the carcinoma is present at inked deep edge, less than 0.1 cm from inked tongue base and medial edge, 0.4cm from inked lateral edge.)

- Perineural Invasion: Absent
- Lymph-Vascular Invasion: Indeterminate (see lymph node status)
- Regional Lymph Nodes: 2/76
Greatest tumor size in lymph nodes: 2.3 cm
Extranodal extension: Present
- Distant Metastasis: Cannot be determined
- Treatment Effect: Not identified
- Additional Pathologic Findings: None identified
- AJCC Pathologic Staging: pT3 N1 M-Not applicable (see CORRECTED REPORT)

COMMENT: None

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This case has been reviewed by one or more pathologists in the

CLINICAL INFORMATION:

Malignant neoplasm of oropharynx.

GROSS DESCRIPTION:

1. The specimen is received fresh for intraoperative consult and labeled "deep lateral base of tongue margin". It consists of a 0.5 x 0.3 x 0.2 cm soft tissue. The specimen is entirely submitted for frozen section in one cassette labeled 1AFSC.

INTRAOOPERATIVE CONSULT:

"Fibromuscular tissue negative for carcinoma; small cluster of detached atypical epithelial cells which cannot be further characterized." as per

Reported to

2. The specimen is received fresh for intraoperative consult and labeled "medial base of tongue margin". It consists of a 1.5 x 1 x 0.2 cm soft tissue. The specimen is trisectioned and entirely submitted for frozen section in one cassette labeled 2AFSC.

INTRAOOPERATIVE CONSULT:

"Fibromuscular tissue with salivary glands with focal markedly cauterized atypical squamous epithelium which cannot be definitively characterized; cannot exclude dysplasia/in situ carcinoma." as per Case discussed with

3. The specimen is received fresh for intraoperative consult and labeled "lateral pharynx margin". It consists of a 1 x 0.4 x 0.2 cm soft tissue. The specimen is trisectioned and entirely submitted for frozen section in one cassette labeled 3AFSC.

INTRAOOPERATIVE CONSULT:

"Fibromuscular tissue negative for carcinoma; small cluster of detached atypical epithelial cells which cannot be further characterized." as per

Reported to

4. The specimen is received fresh for intraoperative consult and labeled

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"medial pharynx margin". It consists of a 1.3 x 0.5 x 0.2 cm soft tissue. The specimen is trisected and entirely submitted for frozen section in one cassette labeled 4AFSC.

INTRAOPERATIVE CONSULT:

"Fibromuscular tissue with salivary glands, negative for carcinoma. Small detached atypical epithelial cells which cannot be further characterized." as per [REDACTED] Reported to [REDACTED]

5. The specimen is received in formalin, labeled "right level 2A and 3". It consists of multiple irregular yellow-brown soft tissue fragments aggregating to 5.8 x 5.0 x 3.5 cm. Multiple possible lymph nodes are identified, ranging from 0.2 cm to 2.5 cm in greatest dimension. The nodes are submitted as follows:

5A: One node, bisected

5B-5C: One node, trisected

5D: One possible grossly positive node, representative

5E: Five possible lymph nodes

5F: Three possible lymph nodes

5G: Five possible lymph nodes

6. The specimen is received in formalin, labeled "right level 1B". It consists of a 3.4 x 2.5 by 1.6 cm unoriented irregular portion of tan-yellow adipose tissue in which a piece of tan-pink, lobulated glandular tissue (2.5 x 2.4 x 1.9 cm) is identified. Representative sections of the glandular tissue are submitted in three cassettes, labeled 6A-6C.

7. The specimen is in formalin, labeled "right partial pharyngectomy, short superior, 1 long lateral, 2 long tongue base". It consists of a 4.9 x 3.3 by 1.1 cm roughly elliptical portion of tan-brown soft tissue in which one surface is covered by gray-purple and focally nodular and eroded mucosa. Ink code: blue- superior, red- tongue base, green- lateral, orange- medial, black- deep margin. The specimen is serially sectioned from superior to tongue base and entirely and sequentially submitted in 7A-7M (7A: Superior margin, perpendicular; 7M: tongue base margin, perpendicular).

8. The specimen is received in formalin, labeled "right level 4". It consists of multiple irregular of tan-yellow fragments of adipose tissue, 3.6 x 2.8 x 1.2 cm. Multiple possible lymph nodes are identified (ranging from 0.3 cm to 1.0 cm in greatest dimension) and submitted as follows:

8A: One node, bisected

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- 8B: One node, bisected
8C: One node, trisected
8D: One intact node
8E: Five possible lymph nodes
8F: Four possible lymph nodes

9. The specimen is received in formalin, labeled "right level 2B". It consists of a 3.1 x 2.7 x 1.0 cm unoriented portion of tan-yellow adipose tissue. Multiple possible lymph nodes are identified (ranging from 0.1 cm to 0.7 cm in greatest dimension) and submitted as follows:

- 9A: Four possible lymph nodes
9B: Five possible lymph nodes
9C: One intact node (inked black) and one bisected node
9D: Three possible nodes
9E: Two intact lymph nodes
9F: Three possible lymph nodes

10. The specimen is received in formalin, labeled "left level 4". It consists of multiple irregular tan-yellow fragments of adipose tissue aggregating to 4.4 x 3.5 x 2.1 cm. Multiple possible lymph nodes are

This is a Partial Report. Call [REDACTED] for Full Report

Criteria	W 8/23/13	Yes	No
Diagnosis Discrepancy		✓	
Primary Tumor Site Discrepancy		✓	
HIPAA Discrepancy		✓	
Prior Malignancy History		✓	
Dual/Synchronous Primary	QUALIFIED	/ DISQUALIFIED	
Case is (Circle):	QUALIFIED	/ DISQUALIFIED	
Reviewer Initials:	[Signature]	Date Reviewed:	8/23/2013