

Pathology Report**CORRECTED**

Report Type Pathology Report
Date of Event
Sex M
Authored by
Hosp/Group
Record Status CORRECTED

UUID:3B5F227F-B65D-483A-8BCE-A8C079326510
TCGA-CN-A49B-01A-PR Redacted**ADDENDA:**

Addendum

This case was reviewed at
in
complete concordance with ours.

Their diagnosis is

My signature is attestation that I have personally reviewed the submitted material(s) and the above diagnosis reflects that evaluation.
Addendum
Immunohistochemical staining for p16 is negative. In-situ hybridization for HPV is negative.

ICD-O-3

carcinoma, squamous cell, nos 8070/3
Site: larynx, nos C32.9

*lw
9/29/12*

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

FINAL DIAGNOSIS:

PART 1: LARYNX, BIOPSY
INVASIVE SQUAMOUS CELL CARCINOMA.
PART 2: CAROTID PLAQUE, LEFT, ENDARTERECTOMY
CAROTID PLAQUE, GROSS EXAMINATION ONLY.
PART 3: LYMPH NODE, LEFT LEVEL 2-3, SELECTIVE NECK DISSECTION
TWELVE LYMPH NODES, NO TUMOR PRESENT (0/12).
PART 4: TONGUE, RIGHT BASE, BIOPSY
NO TUMOR PRESENT.
PART 5: TONGUE, LEFT BASE, BIOPSY
NO TUMOR PRESENT.
PART 6: PRE-EPIGLOTTIC SPACE, BIOPSY
NO TUMOR PRESENT.
PART 7: LARYNX AND HYPOPHARYNX, SUPRAGLOTTIC LARYNGECTOMY AND PARTIAL PHARYNGECTOMY

A. INVASIVE SQUAMOUS CELL CARCINOMA, POORLY DIFFERENTIATED, KERATINIZING (3.6 CM), PREDOMINANTLY RIGHT SIDED, INVOLVING:

Criteria	Yes	No
Diagnostic Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIPAA Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior Malignancy History	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dual/Synchronous Primary Malignancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Case is (circle):	<input checked="" type="checkbox"/> CLASSIFIED	<input type="checkbox"/> DISQUALIFIED
Reviewer Initials	BK	Date Reviewed: 8/20/2012

*lw
9/9/12*

i. THE LINGUAL SURFACE OF EPIGLOTTIS
ii. VALLECUAE AND RIGHT PYRIFORM RECESS
iii. BASE OF TONGUE
iv. PRE-EPIGLOTTIC SPACE.
B. NO EPIGLOTTIC CARTILAGE INVASION.
C. NO PERINEURAL INVASION.
D. MARGINS FREE: SEE OTHER PARTS.
E. PATHOLOGIC STAGE: pT3 N1 (see comment).
PART 8: DEEP, MARGIN
NO TUMOR PRESENT.
PART 9: FALSE FOLD, RIGHT, MARGIN
NO TUMOR PRESENT.
PART 10: FALSE FOLD, LEFT, MARGIN
NO TUMOR PRESENT.
PART 11: PHARYNGEAL WALL, RIGHT, MARGIN
NO TUMOR PRESENT.
PART 12: PHARYNGEAL WALL, POSTERIOR, MARGIN
NO TUMOR PRESENT.
PART 13: PHARYNGEAL WALL, LEFT, MARGIN
INVASIVE SQUAMOUS CELL CARCINOMA.
PART 14: ARYTENOID, RIGHT, BIOPSY
NO TUMOR PRESENT.
PART 15: PETIOLE, BIOPSY
NO TUMOR PRESENT.
PART 16: REVISED PHARYNGEAL WALL, LEFT, BIOPSY
NO TUMOR PRESENT.
PART 17: PHARYNGEAL WALL, LEFT, BIOPSY
NO TUMOR PRESENT.
PART 18: FALSE FOLD, RIGHT, BIOPSY
NO TUMOR PRESENT.
PART 19: REVISED FALSE FOLD, RIGHT, BIOPSY
NO TUMOR PRESENT.
PART 20: HYOID TISSUE, RIGHT, BIOPSY
NO TUMOR PRESENT.
PART 21: LYMPH NODE, RIGHT NECK LEVEL 2B, SELECTIVE NECK DISSECTION
THREE LYMPH NODES, NO TUMOR PRESENT (0/3).
PART 22: LYMPH NODE, RIGHT NECK LEVEL 2-4, SELECTIVE NECK DISSECTION
A. METASTATIC SQUAMOUS CELL CARCINOMA IN ONE OF TWENTY-FOUR
LYMPH
NODES, LEVEL 2 (1/24, 2.2 CM) WITH EXTRANODAL EXTENSION.
B. A FEW THYROID FOLLICLES IN ONE LEVEL-4 LYMPH NODE (see comment).

COMMENT:

Part 7: Immunohistochemical staining for p16 will be performed and results reported as an addendum. HPV testing will be performed and results reported as an addendum.

Part 22: These thyroid follicles do not have overt features of papillary carcinoma, but still may represent an occult metastasis from a well differentiated thyroid carcinoma. Please correlate with clinical and radiologic findings.

Pathologist:

** Report Electronically Signed Out **

By Pathologist:

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

GROSS DESCRIPTION:

Specimen is received in 22 parts

Part 1 is received fresh labeled with the patient's name, initials XX and

"larynx mass". Received are multiple irregular, soft, tan, tissue pieces ranging from 0.2 cm to 1.2 cm in greatest dimension. A frozen section is performed with an intraoperative diagnosis completed. The specimen is entirely submitted in a cassette labeled 1AFS.

Part 2 is received fresh labeled with the patient's name, initials XX and

"carotid plaque". Received are 4 tan-yellow, firm cylindrical pieces of tissue. The specimen is a gross diagnosis only.

Part 3 is received fresh labeled with the patient's name, initials XX and

"left neck levels 2 and 3". Received is a tan-yellow, soft, fibrofatty piece of tissue (7.8 x 6 x 1.6 cm). Multiple possible lymph nodes are found in each level (range 0.2 to 0.7 cm).

Section code:

3A 2 possible level II lymph nodes

3B 4 possible level II lymph nodes

3C-3D addition level II tissue

3E-3G level III lymph nodes

Part 4 is received fresh labeled with the patient's name, initials XX and

"right base of tongue". Received is multiple fragments of tan-brown tissue

ranging from 0.1 cm to 0.7 cm. A frozen section is performed with an intraoperative diagnosis completed. The specimen is entirely submitted for

processing in a cassette labeled 4AFS.

Part 5 is received fresh labeled with the patient's name, initials XX and

"left base of tongue". Received is a single, irregular, soft, pink-tan,

0.7-cm tissue biopsy. A frozen section is performed with an intraoperative

diagnosis completed. The specimen is entirely submitted for processing in a cassette labeled 5AFS.

Part 6 is received fresh labeled with the patient's name, initials XX and

"preepiglottic space". Received are two, irregular, soft, pink-tan, 0.3 and

0.4-cm tissue biopsies. A frozen section is performed with an intraoperative

diagnosis completed. The specimen is entirely submitted for processing in a cassette labeled 6AFS.

Part 7 is received fresh labeled with the patient's name, initials XX and

"supraglottic mass". Received is a 4.3 x 4.4 x 3.5 cm supraglottic specimen.

There is a tan-brown, firm mass (3.6 x 3.5 x 2.8 cm) that involves the vallecula and right pyriform sinus and extends to the deep tissue. The remaining mucosa is tan and smooth with no other lesions. Tissue is banked

INK CODE:

Blue deep tissue

Red tissue bank

Gross photographs take.

Section code:

7A Right aryepiglottic fold and tumor

7B epiglottis and tumor

7C Left aryepiglottic fold

7D-7E tumor to deep

7F unininvolved mucosa

Part 8 is received fresh labeled with the patient's name, initials XX and

"deep margin". Received is a single, irregular, soft, pink-tan, narrow, 1.6 x

0.2 x 0.1 cm, tissue biopsy. A frozen section is performed with an intraoperative diagnosis completed. The specimen is entirely submitted for

processing in a cassette labeled 8AFS.

Part 9 is received fresh labeled with the patient's name, initials XX and

"right false fold margin". Received is a single, irregular, soft, tan, cauterized, 0.4 x 0.1 x 0.1 cm, tissue biopsy. A frozen section is performed

with an intraoperative diagnosis completed. The specimen is entirely submitted for processing in a cassette labeled 9AFS.

Part 10 is received fresh labeled with the patient's name, initials XX and

"left false fold margin". Received are two, irregular, soft, tan, cauterized, 0.2 x 0.1 x 0.1 cm, tissue biopsies. A frozen section is performed

with an intraoperative diagnosis completed. The specimen is entirely submitted for processing in a cassette labeled 10AFS.

Part 11 is received fresh labeled with the patient's name, initials XX and

"right pharyngeal wall margin". Received is a single irregular, soft, tan,

2.1 x 0.2 x 0.1 cm, tissue biopsy. A frozen section is performed with an

intraoperative diagnosis completed. The specimen is entirely submitted for

processing in a cassette labeled 11AFS.

Part 12 is received fresh labeled with the patient's name, initials XX and

"posterior pharyngeal margin". Received is a single, irregular, soft,

pink-tan, 1.5 x 0.6 x 0 .4 cm, tissue biopsy. A frozen section is performed with an intraoperative diagnosis completed. The specimen is entirely submitted for processing in a cassette labeled 12AFS.

Part 13 is received fresh labeled with the patient's name, initials XX and "left pharyngeal wall margin". Received are multiple, irregular, soft, pink-tan, tissue biopsies in aggregate diameter of 0.7 cm. A frozen section is performed with an intraoperative diagnosis completed. The specimen is entirely submitted for processing in a cassette labeled 13AFS.

Part 14 is received fresh labeled with the patient's name, initials XX and "right arytenoid". Received are two, irregular, soft, pink-tan, 0.6 x 0.5 x 0.4 cm and 0.3 x 0.3 x 0.2 cm tissue biopsies. A frozen section is performed with an intraoperative diagnosis completed. The specimen is entirely submitted for processing in a cassette labeled 14AFS.

Part 15 is received fresh labeled with the patient's name, initials XX and "petiole". Received are multiple, irregular, soft, pink-tan, tissue biopsies in aggregate diameter of 0.5 cm. A frozen section is performed with an intraoperative diagnosis completed. The specimen is entirely submitted for processing in a cassette labeled 15AFS.

Part 16 is received fresh labeled with the patient's name, initials XX and "revised left pharyngeal wall". Received is a single, irregular, soft, pink, 0.5 x 0.1 x 0.1 cm tissue biopsy. A frozen section is performed with an intraoperative diagnosis completed. The specimen is entirely submitted for processing in a cassette labeled 16AFS.

Part 17 is received fresh labeled with the patient's name, initials XX and "left pharyngeal wall". Received are multiple fragments of tan-brown soft tissue ranging from 0.6 cm to 1.7 cm. The specimen is entirely submitted for processing in a cassette labeled 17A.

Part 18 is received fresh labeled with the patient's name, initials XX and "right false fold". Received a 0.6 x 0.5 x 0.2 cm tan-pink, soft fragment of tissue. The specimen is entirely submitted for processing in a cassette labeled 18A.

Part 19 is received fresh labeled with the patient's name, initials XX and "revised right false fold". Received are two, irregular, soft, hemorrhagic pink, 0.15-cm tissue biopsies. A frozen section is performed with an intraoperative diagnosis completed. The specimen is entirely submitted for

processing in a cassette labeled 19AFS.

Part 20 is received fresh labeled with the patient's name, initials XX and

"right hyoid tissue". Received are three tan-pink, soft fragments of tissue

(range 0.2 cm to 0.3 cm). The specimen is entirely submitted for processing in a cassette labeled 20A.

Part 21 is received fresh labeled with the patient's name, initials XX and

"right neck dissection 2B". Received is a tan-yellow fibrofatty tissue (3.5 x

2 x 1 cm). Multiple possible lymph nodes are submitted in cassettes labels

21A and 21B.

Part 22 is received fresh labeled with the patient's name, initials XX and

"right neck dissection level 2-3". Received is a 13.4 x 6.5 x 2.2 cm tan-yellow fibrofatty tissue with multiple tan-brown firm nodules (range 0.2

to 2.2 cm). Tissue is banked

Ink code:

Red banked tissue

Cassette code:

22A-22C one large level II lymph node (2.2 cm, banked), trisected.

22D one level II lymph node, bisected.

22E-22F multiple possible level II lymph nodes

22G-22I multiple possible level III lymph nodes

22J-22K multiple possible level IV lymph nodes

INTRAOPERATIVE CONSULTATION:

1AFS: LARYNX MASS, BIOPSY (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. MALIGNANT

C. INVASIVE SQUAMOUS CELL CARCINOMA

4AFS: RIGHT BASE OF TONGUE, BIOPSY (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. BENIGN

C. NO TUMOR PRESENT

5AFS: LEFT BASE OF TONGUE, BIOPSY (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. BENIGN

C. NO TUMOR PRESENT

6AFS: PREEPIGLOTTIC SPACE, BIOPSY (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES

B. BENIGN

C. NO TUMOR PRESENT

8AFS: DEEP MARGIN, SHAVE, BIOPSY (frozen section)-

A. SUFFICIENT FOR ANCILLARY STUDIES
B. BENIGN:
C. NO TUMOR PRESENT

9AFS: RIGHT FALSE FOLD MARGIN, SHAVE, BIOPSY (frozen section)-
A. MORE LETTER TISSUE NEEDED
B. DEFER
C. CRUSHED ATYPICAL EPITHELIUM
D. POSSIBLE MODERATE DYSPLASIA

10AFS: LEFT FALSE FOLD MARGIN, SHAVE, BIOPSY (frozen section)-
A. SUFFICIENT FOR ANCILLARY STUDIES
B. BENIGN
C. NO TUMOR PRESENT

11AFS: RIGHT PHARYNGEAL WALL MARGIN, SHAVE, BIOPSY (frozen section)-
A. SUFFICIENT FOR ANCILLARY STUDIES
B. BENIGN
C. NO TUMOR PRESENT

12AFS: POSTERIOR PHARYNGEAL MASS, SHAVE MARGIN, BIOPSY (frozen section)-
A. SUFFICIENT FOR ANCILLARY STUDIES
B. BENIGN
C. NO TUMOR PRESENT

13AFS: LEFT PHARYNGEAL WALL, SHAVE MARGIN, BIOPSY (frozen section)-
A. SUFFICIENT FOR ANCILLARY STUDIES
B. MALIGNANT
C. SQUAMOUS CELL CARCINOMA

14AFS: RIGHT ARYTENOID, SHAVE MARGIN, BIOPSY (frozen section)-
A. SUFFICIENT FOR ANCILLARY STUDIES
B. BENIGN
C. NO TUMOR PRESENT

15AFS: PETIOLE, SHAVE MARGIN, BIOPSY (frozen section)-
A. SUFFICIENT FOR ANCILLARY STUDIES
B. BENIGN
C. NO TUMOR PRESENT

16AFS: REVISED LEFT PHARYNGEAL WALL, BIOPSY (frozen section)-
A. SUFFICIENT FOR ANCILLARY STUDIES
B. BENIGN
C. NO TUMOR PRESENT

19AFS: REVISED RIGHT FALSE FOLD, BIOPSY (frozen section)-
A. SUFFICIENT FOR ANCILLARY STUDIES
B. BENIGN:
C. NO TUMOR PRESENT

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis.

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 by

the Department of Pathology, as required by
the CLIA

'88 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 1988 ("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 - LARYNX RESECTIONS

TYPE OF LARYNGECTOMY: Supraglottic

TUMOR LATERALITY: Right

ATTACHED STRUCTURES: Pyriform sinus, Base of tongue

TUMOR LOCATION/SEGMENT: Supraglottic

TUMOR SIZE: Maximum dimension: 3.6 cm

HISTOLOGIC TYPE OF TUMOR: Squamous cell carcinoma

HISTOLOGIC GRADE: Poorly differentiated/Undifferentiated

STRUCTURES INVOLVED BY TUMOR: Epiglottis, Vallecula-base of tongue,

Pyriform sinus, Pre-epiglottic space

LYMPH NODES: Lymph nodes positive, Right: 1

Total number of right sided lymph nodes examined: 27

Lymph nodes positive, Left: 0

Total number of left sided lymph nodes examined: 12

EXTRACAPSULAR SPREAD OF LYMPH NODE METASTASES

Yes

INTRA-PERINEURAL INVASION: Absent

VASCULAR INVASION: Yes

SURGICAL MARGIN INVOLVEMENT: Free (2 mm or more)

T STAGE, PATHOLOGIC: Supraglottis, pT3

N STAGE, PATHOLOGIC: pN1

M STAGE, PATHOLOGIC: pMX

PATIENT HISTORY:

CHIEF COMPLAINT/PRE-OP/POST-OP DIAGNOSIS: Laryngeal cancer.

PROCEDURE: Neck dissection.

SPECIFIC CLINICAL QUESTION: Not answered.

OUTSIDE TISSUE DIAGNOSIS: Not answered.

PRIOR MALIGNANCY: Not answered.

CHEMORADIATION: Not answered.

ORGAN TRANSPLANT: Not answered.

IMMUNOSUPPRESSION: Not answered.

OTHER DISEASES: Not answered.

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Larynx Mass

Taken:

Stain Block

H&E Recut x 1 AFS

HCOM x 1 AFS

H&E x 1 AFS
Part 2: Carotid Plaque
Taken:
Part 3: Left Neck Level 2-3
Taken:
Stain/ Block
H&E Recut x 1 A
H&E x 1 A
H&E Recut x 1 B
H&E x 1 B
H&E Recut x 1 C
H&E x 1 C
H&E Recut x 1 D
H&E x 1 D
H&E Recut x 1 E
H&E x 1 E
H&E Recut x 1 F
H&E x 1 F
H&E Recut x 1 G
H&E x 1 G
Part 4: Right Base of Tongue
Taken:
Stain, Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 5: Left Base of Tongue
Taken:
Stain Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 6: Pre-Epiglottic Space
Taken:
Stain, Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 7: Supraglottic Mass
Taken:
Stain/ Block
H&E Recut x 1 A
HCOM x 1 A
H&E x 1 A
ANEK x 1 B
H&E Recut x 1 B
HCOM x 1 B
ISHBNK x 1 B
ISHBNK x 1 B
H&E x 1 B
HPV x 1 B
IISH x 1 B
IISH x 1 B
P16 x 1 B
H&E Recut x 1 C
H&E x 1 C
H&E Recut x 1 D
H&E x 1 D
H&E Recut x 1 E
H&E x 1 E

H&E Recut x 1 F
H&E x 1 F
Part 8: Deep Margin
Taken:
Stain' Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 9: Right False Fold Margin
Taken:
Stain' Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 10: Left False Fold Margin
Taken:
Stain' Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 11: Right Pharyngeal Wall Margin
Taken:
Stain' Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 12: Posterior Pharyngeal Wall Margin
Taken:
Stain' Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 13: Left Pharyngeal Wall Margin
Taken:
Stain' Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 14: Right Arytenoid
Taken:
Stain' Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 15: Petiole
Taken:
Stain' Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 16: Revised Left Pharyngeal Wall
Taken:
Stain' Block
H&E Recut x 1 AFS
H&E x 1 AFS
Part 17: Left Pharyngeal Wall
Taken:
Stain' Block
H&E Recut x 1 A
H&E x 1 A
Part 18: Right False Fold
Taken:
Stain' Block
H&E Recut x 1 A
H&E x 1 A

Part 19: Revised Right False Fold

Taken:

Stain, Block
H&E Recut x 1 AFS

H&E x 1 AFS

Part 20: Right Hyoid Tissue

Taken:

Stain/ Block
H&E Recut x 1 A

H&E x 1 A

Part 21: Right Neck Dissection 2B

Taken:

Stain/ Block
H&E Recut x 1 A
H&E x 1 A
H&E Recut x 1 B
H&E x 1 B

Part 22: Right Neck Dissection Level 2-4

Taken:

Stain/ Block
H&E Recut x 1 A
HCOM x 1 A
H&E x 1 A
H&E Recut x 1 B
HCOM x 1 B
H&E x 1 B
H&E Recut x 1 C
H&E x 1 C
H&E Recut x 1 D
H&E x 1 D
H&E Recut x 1 E
H&E x 1 E
H&E Recut x 1 F
H&E x 1 F
H&E Recut x 1 G
H&E x 1 G
H&E Recut x 1 H
H&E x 1 H
H&E Recut x 1 I
H&E x 1 I
H&E Recut x 1 J
H&E x 1 J
H&E Recut x 1 K
H&E x 1 K

TC1