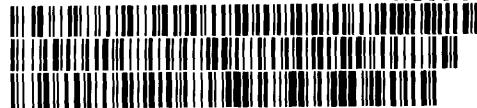


Pathology Report

CORRECTED

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

UUID:B8B2DBED-8CF3-46AD-A9F0-2DE5511B6251
 TCGA-CN-A499-01A-PR Redacted



ADDENDA:

COMPREHENSIVE THERANOSTIC SUMMARY

IMMUNOHISTOCHEMISTRY
 p16:

POSITIVE

IN SITU HYBRIDIZATION / FISH

HPV:
 subtypes
 16, 18, 6, 11

16b-0-3

POSITIVE;

(8071/3)

Carcinoma, squamous cell, mixed keratinizing, nos and
 non-keratinizing, nos (8072/3) - code to

highest = 8073/3

Pattern:
 Punctate

Site: Tonsil, nos C09.4

mu
9/29/12

MOLECULAR ANATOMIC PATHOLOGY

**See Special Procedure reports below for additional details and background
 on In situ/FISH and/or Molecular Anatomic Pathology
 testing**

SXC1

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

FINAL DIAGNOSIS:

- PART 1: RIGHT TONSILLECTOMY
- A. INVASIVE SQUAMOUS CELL CARCINOMA, MIXED KERATINIZING AND NON-KERATINIZING, 2.6 CM.
- B. PERINEURAL INVASION AND LYMPHOVASCULAR INVASION ARE ABSENT.
- C. CARCINOMA EXTENDS TO SUPERIOR TISSUE EDGE AND IS 0.1 CM FROM THE DEEP TISSUE EDGE. INFERIOR, ANTERIOR AND POSTERIOR EDGES ARE FREE OF CARCINOMA.
- D. SEE OTHER PARTS FOR FINAL MARGINS.
- E. pT2 N0.
- PART 2: POSTERIOR PHARYNGEAL MARGIN, BIOPSY
 NO TUMOR SEEN.
- PART 3: RIGHT PHARYNGEAL WALL, BIOPSY
 NO TUMOR SEEN.
- PART 4: SOFT PALATE MARGIN, BIOPSY

Criteria	Yes	No
Diagnosis 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Dual/Synchronous Primary Tumors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED // <input type="checkbox"/> DISQUALIFIED		
Reviewer Initials: GJ	Date Reviewed: 8/20/12	12/20/12

SQUAMOUS MUCOSA WITH FOCAL MILD DYSPLASIA, NO TUMOR SEEN.
PART 5: BASE OF TONGUE, BIOPSY
NO TUMOR SEEN.
PART 6: DEEP MARGIN, BIOPSY
NO TUMOR SEEN.
PART 7: LYMPH NODES, RIGHT LEVELS 2-4, NECK DISSECTION
THIRTY-SEVEN BENIGN LYMPH NODES (0/37).
PART 8: NEW SOFT PALATE MARGIN, BIOPSY
NO TUMOR SEEN

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 unfixed in eight parts.
Part 1 is labeled with the patient's name, initials XX and "right tonsillectomy". It consists of an oriented 4.5 x 2.6 x 2.3 cm intact, ovoid palatine tonsil with a roughened, focally hemorrhagic and cauterized surgical resection margin. Stitch marks soft palate margin (superior). There is a well demarcated moderately firm, tan-gray, exophytic, papillary appearing lesion 2.6 x 1.8 x 1.5 cm, coming to within 0.2 cm of the superior aspect (site of attached stitch), 1.1 cm of the inferior aspect, abutting the anterior aspect and 0.6 cm of the posterior aspect. On cross section the lesion is smooth, tan-white and solid penetrating 1.5 cm in depth abutting the deep soft tissue aspect. The mucosa surrounding the lesion is soft and red-gray. Digital images are taken. Representative tumor and normal is procured for the head and neck spore tissue bank.

Ink Code:

Yellow- superior aspect
Orange-inferior aspect
Blue- anterior aspect
Green- posterior aspect
Black- deep aspect
Red- banked area

Section code:

1A- superior aspect, radial sections
1B- inferior aspect, radial sections
1C-II- full thickness cross sections of lesion anterior to posterior from superior aspect to inferior aspect
Part 2 is labeled with the patient's name, initials XX and "posterior

pharyngeal margin". It consists of a 1.2 x 0.6 x 0.5 cm tan to red-brown soft tissue evaluated intraoperatively. The remaining frozen section tissue is submitted labeled 2AFS.

Part 3 is labeled with the patient's name, initials XX and "right pharyngeal wall margin". It consists of a 2.0 x 0.3 x 0.3 cm strip of tan-yellow focally cauterized soft tissue evaluated intraoperatively. The remainder of frozen section tissue submitted labeled 3AFS.

Part 4 is labeled with the patient's name, initials XX and "soft palate margin". It consists of a 2.4 x 0.4 x 0.3 cm strip of gray-yellow focally cauterized soft tissue evaluated intraoperatively. The remainder of the frozen section tissue is submitted labeled 4AFS.

Part 5 is labeled with the patient's name, initials XX and "base of tongue".

It consists of a 1.0 x 0.6 x 0.3 cm tan-red focally cauterized soft tissue evaluated intraoperatively. The remainder of frozen section tissue is submitted labeled 5AFS.

Part 6 is labeled with the patient's name, initials XX and "deep margin". It consists of a 1.1 x 0.7 x 0.3 cm tan-pink cauterized soft tissue evaluated intraoperatively. The remainder of the frozen section tissue submitted labeled 6AFS.

Part 7 is labeled with the patient's name, initials XX and "right neck dissection L 2-4". It consists of an unoriented 14.0 x 5.0 x 1.3 cm portion of soft, yellow-pink, lobular, focally hemorrhagic and cauterized fibroadipose tissue. The specimen is arbitrarily divided into three equal portions and on dissection multiple ovoid and elongated, smooth, soft to moderately firm, tan to pink-red lymph nodes ranging 0.2 cm to 2.8 cm in greatest dimension are identified.

Section code:

7A- (1) bisected lymph node, one end of specimen

7B-C- intact lymph nodes from one end of specimen

7D- intact lymph nodes, mid aspect of specimen

7E- intact lymph nodes, opposing end

Part 8 is labeled with the patient's name, initials XX and "new soft palate margin". It consists of 1.0 x 0.3 x 0.2 cm pink-grey soft tissue entirely submitted labeled 8A.

Time in formalin: 25 hours

GROSSED BY:

INTRAOPERATIVE CONSULTATION:

2AFS: POSTERIOR PHARYNGEAL MARGIN (frozen section)-

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

3AFS: RIGHT PHARYNGEAL WALL MARGIN (frozen section)-

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

4AFS: SOFT PALATE MARGIN (frozen section)-

- A. SUFFICIENT FOR ANCILLARY STUDIES
- B. BENIGN
- C. FOCAL MILD DYSPLASIA

5AFS: BASE OF TONGUE (frozen section)-

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

6AFS: DEEP MARGIN (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 - PRIMARY UPPER AERODIGESTIVE TRACT AND SALIVARY GLAND

TUMORS

SPECIMEN TYPE: Other: Tonsillectomy.

TUMOR SITE: Pharynx, oropharynx
TUMOR SIZE: Greatest dimension: 2.6 cm
Additional dimensions: 1.8 x 1.5 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: 37
Number of regional lymph nodes involved: 0
DISTANT METASTASIS (pM): pMX
MARGINS: Margins uninvolved by tumor
VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L):
Absent
PERINEURAL INVASION: Absent

PATIENT HISTORY:

CHIEF COMPLAINT/PRE-OP/POST-OP DIAGNOSIS: Neck 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: Right Tonsillectomy

Taken:

Stain Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

ANEG x 1 D

HCOM x 1 D

ISHBNK x 1 D

ISHBNK x 1 D

H&E x 1 D

HPV x 1 D

IISH x 1 D

P16 x 1 D

H&E x 1 E

H&E x 1 F

H&E x 1 G

H&E x 1 H

H&E x 1 I

IMSU x 1 (none)

Part 2: Posterior Pharyngeal Margin

Taken:

Stain Block

H&E x 1 AFS

Part 3: Right Pharyngeal Wall

Taken:

Stain Block

H&E x 1 AFS

Part 4: Soft Palate Margin

Taken:

Stain Block
H&E x 1
Part 5: Base of Tongue
Taken:
Stain Block
H&E x 1
Part 6: Deep Margin
Taken:
Stain, Block
H&E x 1
Part 7: Neck Dissection, Right Level 2-4
Taken:
Stain/ Block
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
Part 8: New Soft Palate Margin
Taken:
Stain Block
H&E x 1 A
TC1