

SURGICAL PATHOLOGY REPORT

Accession number: [REDACTED]

Final Report

DIAGNOSIS:

- 1) TONGUE, DORSAL, EXCISION: BENIGN SQUAMOUS EPITHELIUM, NEGATIVE FOR TUMOR.
- 2) TONGUE, ANTERIOR, EXCISION: BENIGN SQUAMOUS EPITHELIUM, NEGATIVE FOR TUMOR.
- 3) MOUTH, FLOOR, EXCISION: BENIGN SQUAMOUS EPITHELIUM, NEGATIVE FOR TUMOR.
- 4) TONGUE, POSTERIOR, EXCISION: BENIGN SQUAMOUS EPITHELIUM, NEGATIVE FOR TUMOR.
- 5) TONGUE, ANTERIOR AND BASE, EXCISION: BENIGN SQUAMOUS EPITHELIUM, NEGATIVE FOR TUMOR.
- 6+7) TONGUE, RIGHT LATERAL DORSUM AND RIGHT LATERAL, EXCISION: INVASIVE KERATINIZING SQUAMOUS CELL CARCINOMA, APPROXIMATELY 2.0 CM IN GREATEST DIMENSION; TUMOR INVADING INTO UNDERLYING MUSCLE; FINAL SURGICAL MARGINS NEGATIVE FOR TUMOR; BENIGN MINOR SALIVARY GLAND. (SEE COMMENT)

COMMENT: The tumor has an infiltrative border. Additional orientation of true margin status was determined after a discussion with [REDACTED]. These findings correspond to AJCC 6th edition pathologic pT1, pN1, pMn/a.

- 8) NECK, RIGHT, LEVEL 1, EXCISION: BENIGN SALIVARY GLAND AND 2 LYMPH NODES, NEGATIVE FOR TUMOR (0/2).
- 9) NECK, RIGHT, LEVEL 2, EXCISION: 1 OF 28 LYMPH NODES, INVOLVED BY METASTATIC CARCINOMA (1/28); TUMOR DEPOSIT MEASURES 1.9 CM IN GREATEST DIMENSION AND IS NEGATIVE FOR EXTRACAPSULAR EXTENSION.
- 10) NECK, RIGHT, LEVEL 3, EXCISION: 14 LYMPH NODES, NEGATIVE FOR TUMOR (0/14).

Upper Aerodigestive Tract and Minor Salivary Glands Carcinoma
Summary of Findings:

Specimen Type: Wide excision

Tumor Site: Right lateral tongue

Tumor Size: approximately 2.0 cm in greatest dimension

[REDACTED]

Histologic Type: squamous cell carcinoma

Histologic Grade: moderately-differentiated

Pathologic Staging (pTMN)

Primary tumor (pT): pT1

Regional Lymph Nodes (pN): pN1

Number examined: 44

Numbered involved: 1

Extracapsular extension: No

Perineural invasion: (Select one) No

Bony/Cartilage Invasion: (Select one) No

HPV testing ordered: Yes (performed on oral cavity and oropharyngeal squamous cell carcinomas)

**Electronically Signed [REDACTED] **

[REDACTED]

CLINICAL DATA

Clinical Features: Unspecified

Operator: Dr. [REDACTED]

Operation: Unspecified

Operative Findings: Unspecified

Operative Diagnosis: Oral cavity cancer

Tissue Submitted: 1) dorsal tongue mucosal margin; 2) anterior tongue mucosal margin; 3) floor of mouth mucosal margin; 4) posterior tongue mucosal margin; 5) junction anterior tongue and tongue base; 6) right lateral tongue dorsum; 7) right lateral tongue and floor of mouth; 8) right neck level 1; 9) right neck level 2; 10) right neck level 3

GROSS DESCRIPTION:

1) SOURCE: Dorsal Tongue Mucosal Margin

Received on a towel with a requisition containing the patient's name and clinical information is a 7.5 x 0.2 x 0.2 cm strip of pink-tan tissue. The surgeon has inked one of the specimen tips in blue and has designated this as the anterior portion. The posterior portion has been inked in yellow, the middle portion inked in black, and the specimen has been bisected and submitted for frozen section in its entirety.

Summary of sections: 1AFSC, 2/1.

2) SOURCE: Anterior Tongue Mucosal Margin

"Anterior tongue mucosal margin" is received fresh on a towel along with a

[REDACTED]

requisition containing the patient's name and clinical information and consists of a 2.0 x 0.2 x 0.2 cm strip of pink-tan tissue. The surgeon has inked one of the specimen tips in blue and has indicated this as the superior portion. The specimen is submitted in its entirety for frozen section evaluation as follows.

Summary of sections: 2AFSC, 1/1.

3) SOURCE: Floor of Mouth Mucosal Margin

Received fresh on a towel along with a requisition containing the patient's name and clinical information is a 4.8 x 0.2 x 0.1 cm portion of pink-tan tissue. One tip of the specimen has been inked in blue by the surgeon, who has designated this as the anterior portion. The posterior tip has been inked in yellow, the middle has been inked in black and the specimen has been bisected and submitted for frozen section evaluation in its entirety as follows.

Summary of sections: 3AFSC, 2/1.

4) SOURCE: Posterior Tongue Mucosal Margin

Received fresh on a towel along with a requisition form containing the patient's name and clinical information is a 1.5 x 0.2 x 0.1 cm strip of pink-tan tissue. The surgeon has inked one tip of the specimen in blue and has designated this as the superior portion. The specimen has been submitted in its entirety for frozen section evaluation as follows.

Summary of sections: 4AFSC, 1/1.

5) SOURCE: Junction Anterior Tongue and Tongue Base

Received fresh on a towel along with a requisition form indicating the patient's name and clinical information is a 0.9 x 0.4 x 0.3 portion of pink-red, unoriented tissue. The specimen has been submitted in its entirety for frozen section evaluation as follows.

Summary of sections: 5AFSC, 1/1

6) SOURCE: Right Lateral Tongue Dorsum

Received fresh in a container labeled with the patient's name and "right lateral tongue dorsal" is a single fragment of pink-tan soft tissue which measures 5.0 x 2.0 x 1.5 cm. The surgeon has designated the following orientation: "long stitch anterior; short stitch inferior margin (not a true margin." There is a smooth, shiny mucosal surface with multiple papillae on the superior surface of the specimen. There is a pearly, white-tan nodule present on this mucosal surface, which measures approximately 2.0 cm from the anterior margin, 2.0 cm from the posterior margin and 1.5 cm from the medial margin and appears to be in direct contact with the lateral margin of the specimen. Using the surgeon's orientation, the specimen has been inked in the following manner: anterior resection margin = orange, posterior = yellow, lateral = purple, medial = blue and deep = black. The specimen is serially sectioned from anterior to posterior to reveal a firm, tan-brown nodule which appears to extend approximately 0.4 cm in depth and appears to come within approximately 1.0 cm of the deep surface. Sections are submitted for evaluation as follows.

Summary of sections: 6A, anterior and posterior tips, 2/1; 6B-6F, remainder

of specimen from anterior to posterior, 6B, 2/1; 6C, 2/1; 6D, 2/1; 6E, 2/1; 6F, 3/1.

7) SOURCE: Right Lateral Tongue Floor of Mouth

Received fresh in a container labeled with the patient's name and "right lateral tongue floor of mouth" is a single fragment of pink-red, soft tissue which measures 4.5 x 2.0 x 1.5 cm. There are sutures present on the specimen, which the surgeon has designated in the following manner: "long stitch anterior; short stitch superior margin (not a true margin)." Using the surgeon's orientation, the specimen has been inked in the following manner: anterior = orange, posterior = yellow, lateral = purple, medial = blue, superior = green, and deep = black. The surface of the specimen is red-tan, smooth and focally cauterized. There are no nodules or other lesions apparent on the surface of the specimen. The specimen is serially sectioned from anterior to posterior to reveal an area of firmness abutting the right margin in the anterior portion of the specimen which measures approximately 0.6 cm in greatest dimension. The specimen is submitted in its entirety from anterior to posterior as follows.

Summary of sections: 7A, anterior tips serially sectioned, M/1; 7B, 1/1; 7C, 1/1 and includes firm area; 7D, 2/1; 7E, 2/1; 7F, 1/1; 7G, posterior tips serially sectioned, M/1.

8) SOURCE: Right Neck Level 1

Received fresh in a container labeled with the patient's name and "right neck level 1" is a single fragment of pink-tan, fibrofatty tissue which measures 10.5 x 4.5 x 2.5 cm. The specimen appears to consist of a portion of submandibular gland which measures 4.5 x 3.0 x 2.0 cm, as well as an attached fragment of fibrofatty tissue measuring 4.5 x 4.0 x 2.0 cm. A thorough lymph node dissection is performed on the attached fragment of fibrofatty tissue to reveal multiple candidate lymph nodes, the largest of which measures 1.0 cm in greatest dimension. Representative sections are submitted for evaluation as follows.

Summary of sections: 8A, 8B, candidate lymph nodes, M/1, each; 8C, representative sections of fibrofatty tissue, 2/1; 8D, largest candidate lymph node bisected and representative section of submandibular gland, 4/1; 8E, representative sections of submandibular glands, 3/1.

9) SOURCE: Right Neck Level 2

Received fresh in a container labeled with the patient's name and "right neck level 2" is a single fragment of pink-tan fibrofatty tissue which measures 7.0 x 5.5 x 1.0 cm. A thorough lymph node dissection is performed which reveals multiple candidate lymph nodes, the largest of which measures approximately 1.9 cm in greatest dimension.

Summary of sections: 9A-9F, candidate lymph nodes, M/1; 9G, largest candidate lymph nodes bisected, 2/1.

10) SOURCE: Right Neck Level 3

Received fresh in a container labeled with the patient's name and "level 3 right neck" is a single fragment of pink-tan, fibrofatty tissue which measures 5.0 x 4.0 x 2.0 cm. A thorough lymph node dissection is performed

which reveals multiple candidate lymph nodes, the largest of which measures approximately 1.6 cm in greatest dimension.

Summary of sections: 10A-10C, candidate lymph nodes, M/1.

Dictated by [REDACTED]

Slides and report reviewed by Attending Pathologist.

SURGICAL PATHOLOGY INTRAOPERATIVE CONSULTATION

1) SOURCE: Dorsal Tongue Mucosal Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

2) SOURCE: Anterior Tongue Mucosal Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

3) SOURCE: Floor of Mouth Mucosal Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

4) SOURCE: Posterior Tongue Mucosal Margin

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

5) SOURCE: Junction Anterior Tongue and Tongue Base

FROZEN SECTION DIAGNOSIS: BENIGN. [REDACTED]

Electronically signed by: [REDACTED] Attending Pathologist

ADDENDUM FINDINGS:

HPV studies as performed by Dr. [REDACTED] at [REDACTED] reference Laboratories show the tumor to be p16 negative by immunohistochemistry and high risk HPV negative by in situ hybridization.

[REDACTED]

Electronically signed by [REDACTED]

Slides and report reviewed by Attending Pathologist.

[REDACTED]