

Pathology Report

FINAL

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

ICD-O-3
Carcinoma, squamous
cell non-keratinizing NOS
8072/3
Site Base of tongue
CO1.9
JW 8/2/13

FINAL DIAGNOSIS:

PART 1: RIGHT BASE OF TONGUE, ROBOTIC RIGHT PARTIAL GLOSSECTOMY

A. INVASIVE SQUAMOUS CELL CARCINOMA, AT LEAST 2.6 CM,
PREDOMINANTLY
NON-KERATINIZING.

B. ANGIOLYMPHATIC INVASION IS PRESENT.

C. PERINEURAL INVASION IS ABSENT.

D. CARCINOMA EXTENDS TO DEEP AND LATERAL MARGINS. OTHER MARGINS ARE
FREE

OF CARCINOMA.

E. pT2 N2b.

PART 2: ANTERIOR MARGIN, BIOPSY
NO TUMOR PRESENT.

PART 3: LATERAL PHARYNGEAL MARGIN, BIOPSY
NO TUMOR PRESENT.

PART 4: DEEP BASE OF TONGUE/HYOID MARGIN, BIOPSY
NO TUMOR PRESENT.

PART 5: MEDIAL BASE OF TONGUE MARGIN, BIOPSY
NO TUMOR PRESENT.

PART 6: RIGHT NECK LEVELS 2-3-4, DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA, UP TO 0.4 CM, IN TWO OF
THIRTY
THREE LYMPH NODES (2/33).

B. POSITIVE LYMPH NODES ARE IN LEVELS 3 AND 4.

C. EXTRACAPSULAR SPREAD IS PRESENT.

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:

The specimen is received in 6 parts

Part 1 is received fresh, labeled with the patient's name, medical
record

number, and "Right Base of Tongue" with a stitch marking
medial/anterior. It

consists of a 5 x 3 x 2 cm portion of base of tongue. A previously
banked (by

surgeon), at least 2.6 x 2.5 x 2 cm tumor is present. The tumor abuts
lateral, medial and deep margins, and is 0.9 cm from posterior margin
and 0.6

UUID:025EADF-34DC-4272-AFF8-4A0BD39531CC
TCGA-CN-A6V6-01A-PR

Redacted



cm from anterior margin. The specimen is serially sectioned and entirely

submitted. Digital photographs are taken.

Ink code: Red banked area (by surgeon)

Blue lateral margin

Green midline margin

Yellow posterior margin

Orange anterior margin

Black deep margin

1A tumor and lateral, posterior and deep margins, perpendicular

1B tumor and lateral margin, perpendicular

1C tumor and lateral and anterior margins, perpendicular

1D tumor and deep and posterior margins, perpendicular

1E tumor and deep and anterior margins, perpendicular

1F tumor and deep, anterior and posterior margins, perpendicular

1G tumor and deep and posterior margins, perpendicular

1H tumor and deep and anterior margins, perpendicular

1I tumor and midline and posterior margins, perpendicular

1J tumor and midline, anterior and deep margins, perpendicular.

Formalin

exposure time: 32.5 hours

Part 2 is received fresh, labeled with the patient's name, medical record

number, and "Anterior Margin" for intraoperative consultation. It consists of

a 2.6 x 1.8 x 0.8 cm tissue fragment. Remainder of frozen section specimen is

entirely submitted in 2AFS. Formalin exposure time: 32.5 hours

Part 3 is received fresh, labeled with the patient's name, medical record

number, and "Lateral Pharyngeal Margin" for intraoperative consultation. It

consists of a 2.6 x 0.6 x 0.2 cm and a 1.2 x 0.4 x 0.3 cm tissue fragments.

Remainder of frozen section specimen is entirely submitted in 3AFS.

Formalin

exposure time: 32.5 hours

Part 4 is received fresh, labeled with the patient's name, medical record

number, and "Deep Base of Tongue Margin" for intraoperative consultation. It

consists of a 1.1 x 0.6 x 0.4 cm and a 1.1 x 0.5 x 0.3 cm tissue fragments.

Remainder of frozen section specimen is entirely submitted in 4AFS.

Formalin

exposure time: 32.5 hours

Part 5 is received fresh, labeled with the patient's name, medical record

number, and "Medial Base of Tongue Margin" for intraoperative consultation.

It consists of a 1.2 x 0.8 x 0.4 cm tissue fragment. Remainder of frozen

section specimen is entirely submitted in 5AFS. Formalin exposure time: 32.5

hours

Part 6 is received fresh, labeled with the patient's name, medical record

number, and "Right Neck Dissection Level 2-4". It consists of a 13.5 x 5 x 2 cm fragment of fibroadipose tissue. One 3.5 x 0.8 x 0.6 cm level 4 lymph node is present. No other lymph nodes are present in level 4. Other level 2 and 3 lymph nodes are up to 1.2 cm in greatest dimension. Lymph nodes are entirely submitted as follows:
6A 6B possible level 2 lymph nodes
6C possible level 3 lymph nodes
6D 3.5 cm level 4 lymph node. Formalin exposure time: 29.5 hours.
Grossed by

INTRAOPERATIVE CONSULTATION:

2AFS: ANTERIOR MARGIN, BIOPSY

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.

3AFS: LATERAL PHARYNGEAL MARGIN, BIOPSY

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.

4AFS: DEEP BASE OF TONGUE/HYOID MARGIN, BIOPSY

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.

5AFS: MEDIAL BASE OF TONGUE MARGIN, BIOPSY

- A. SUFFICIENT FOR ANCILLARY STUDIES.
- B. BENIGN.

MICROSCOPIC:

The microscopic findings substantiate the 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 _____ 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 6 to a maximum of 96 hours.

Immunohistochemical

stains (where applicable) are performed with appropriate positive and negative

control reactions. Immunohistochemistry assays have not been validated on

decalcified tissues. Results should be interpreted with caution given the

raised possibility of false negativity on decalcified specimens.

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: Resection: partial glossectomy

TUMOR SITE: Pharynx, oropharynx

TUMOR SIZE: Greatest dimension: 2.6 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: Not applicable

PRIMARY TUMOR (pT): pT2

REGIONAL LYMPH NODES (pN): pN2b

Number of regional lymph nodes examined: 33

Number of regional lymph nodes involved: 2

Extra-capsular extension of nodal tumor: Present

DISTANT METASTASIS (pM): pMX

MARGINS: Margin(s) involved by tumor

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L):

Present

PERINEURAL INVASION: Absent

PATIENT HISTORY:

CHIEF COMPLAINT/PRE-OP/POST-OP DIAGNOSIS: RIGHT BASE OF TONGUE CANCER

PROCEDURE: ROBOTIC RIGHT PARTIAL GLOSSECTOMY

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Right Base of Tongue

Taken: Received:

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

H&E x 1 F

H&E x 1 G

H&E x 1 H

H&E x 1 I

H&E x 1 J

Part 2: Anterior Margin

Taken: Received:

Stain/ Block

H&E x 1 AFS

Part 3: Lateral Pharyngeal Margin

Taken: Received:

Stain/ Block

H&E x 1 AFS

Part 4: Deep Base of Tongue Margin

Taken: Received:

Stain/ Block

H&E x 1 AFS

Part 5: Medial Base of Tongue Margin

Taken: Received:

Stain/ Block

H&E x 1 AFS

Part 6: Right Neck Dissection Level 2-3-4

Taken: Received:

Stain/ Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

TC1

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		
Dual/Synchronous Primary		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BTH	Date Reviewed: 7/3/2013