



SURGICAL PATHOLOGY REVISED REPORT

Case Number :

Diagnosis:

- A: "Left radical neck and skin", resection
- Metastatic squamous cell carcinoma in 2 of 66 lymph nodes (2/66) with invasion of salivary gland and skeletal muscle; maximum size of metastasis 6.3 cm by gross examination; extracapsular extension identified.
- B: Tongue, pharynx, palate, "left composite glossectomy; pharyngectomy and palate resection, long suture anterior floor of mouth, short suture medial tongue", composite resection

Tumor histologic type: Invasive moderately differentiated squamous cell carcinoma, focally keratinizing

Histologic grade: Moderately differentiated

Primary site: Left tonsil, left base of tongue with extension into soft palate and floor of mouth

Z60.3

Tumor laterality: Left

Carcinoma, squamous cell keratinizing
Site: Oropharynx NOS
path C10.9

Tumor focality: Unifocal

Overlapping lesion of lip/oral cavity
+ pharynx C14.8

Tumor size: 4.7 cm by gross examination

JW 4/8/14

Extent of invasion:

Vascular: Present

Perineural: Not identified

Bone: Not identified

Ancillary studies:

P16 IHC studies: P16 IHC has been ordered, results to be reported in an addendum

HR, HPV ISH status: High risk HPV ISH studies have been ordered, results to be reported in an addendum

Carcinoma in situ: Present

Surgical margins: Invasive carcinoma focally involves the red inked 6 to 9 o'clock margin (B12); invasive carcinoma is suspicious for focal involvement of the deep black inked margin at 6 o'clock location (B21) where tumor focally extends to cautery; multifocal deep inked margin with tumor less than 0.1 cm from margin and very close; remaining surgical resection

margins negative for definite tumor involvement

Lymph nodes: Separately submitted

Size of largest metastasis: 6.3 cm by gross examination

Extra-nodal extension: Present

AJCC Pathologic Stage: pT4a pN3

NOTE: This pathologic stage assessment is based on information available at the time of this report, and is subject to change pending clinical review and additional information.

C: Lymph node, left level 1, regional resection

- No tumor seen in six lymph nodes (0/6).
- Benign salivary gland tissue.

D: Mandible, left, excision

- Decalcification pending; results to be reported in addendum.

E: Mandible, right, excision

- Benign mandibular bone and mucosa with no tumor seen including examined resection margins.

F: Teeth, extraction

- Teeth for gross examination only.

Clinical History:

The patient is a -year-old man with clinical T4a N3 M0 left tonsillar and tongue base squamous cell carcinoma with extension to parotid gland, with large nodal mass of left neck with involvement of skin and draining fistula.

Gross Description:

Received are six appropriately labeled containers.

Container A is additionally labeled "left radical neck and skin" and consists of a 6.3 x 5.5 x 4.8 cm firm tan/white scirrhous lobulated mass with approximately 10% central necrosis. The mass grossly abuts the 4.7 cm long x 0.7 cm in diameter internal jugular vein and is adherent to the 3.9 x 3.5 x 1.5 cm sternocleidomastoid muscle. Overlying the sternocleidomastoid muscle, 0.7 cm from the mass is a 3.5 x 3.0 x 0.1 cm brown skin with a central 0.7 cm in depth tract. The tract is surrounded by orange/yellow discoloration. Inferior to the sternocleidomastoid

muscle is a 5.5 x 4.7 x 1.0 cm soft tissue segment with multiple lymph node candidates. The mass is consistent with level 2 and the remainder of the specimen would be divided into levels 3 and 4 and dissected for lymph node candidates, of which multiple are identified up to 1.5 cm in greatest dimension.

Inking: Mass is inked green.

Block Summary:

A1-A3 - Mass

A4 - Mass with internal jugular vein

A5 - One lymph node candidate, bisected from level 2

A6 - One lymph node candidate, serially sectioned from level 2

A7 - Four lymph node candidates from level 2

A8 - Five lymph node candidates from level 3

A9 - Two lymph node candidates from level 3, one is inked green and bisected

A10-A12 - Each has one lymph node candidate serially sectioned from level 3

A13-A14 - One lymph node, serially sectioned from level 3

A15-A16 - One lymph node, serially sectioned from level 3

A17 - Five lymph nodes from level 4

A18 - One lymph node, serially sectioned from level 4

A19-A20 - One lymph node, serially sectioned from level 4

A21-A22 - Each has one lymph node, serially sectioned from level 4

A23 - One lymph node bisected from level 4

A24 - Two lymph nodes, each bisected, one inked green, both from level 4

Container B is additionally labeled "left composite glossectomy, pharyngectomy and palate resection, long suture anterior floor of mouth, short suture medial tongue".

Specimen fixation: Formalin

Type of specimen: Left composite glossectomy, pharyngectomy, and palate resection

Size of specimen: 6.6 cm (medial/lateral) x 5.9 cm (anterior/posterior) x 1.9 cm (depth)

Laterality: Left

Orientation of specimen: There is a short suture medial tongue, long suture anterior floor of mouth, and the sutures will be designated as follows: long suture/anterior floor of mouth 12

o'clock, short suture medial tongue 3 o'clock, 12 to 3 o'clock margin/yellow, 3 to 6 o'clock margin/blue, 6 to 9 o'clock margin/red, 9 to 12 o'clock margin/green, and deep margin/black.

Tumor size: Tumor size is 4.7 x 3.2 x 1.0 cm (depth)

Tumor description: Irregular shaped, centrally ulcerated, firm gray/white mass with well-defined lobulated borders. The tumor is endophytic.

Location of tumor: Pharyngeal mucosa eroding into the tongue

Extent of tumor: The mass erodes approximately 80% of the mucosa and extends into the tongue by up to 1.0 cm occupying approximately 25% of the tongue.

Presence/absence of bone involvement: Absent

Distance of tumor to surgical margins: 12 o'clock anterior floor of mouth mucosal/soft tissue margin 0.1 cm, 3 o'clock medial tongue margin 1.3 cm, 6 o'clock mucosa/soft tissue margin 0.1 cm, 9 o'clock mucosa/soft tissue margin, grossly abuts deep margin 0.1 cm. The mass grossly abuts the soft tissue margin at approximately 10-11 o'clock.

Description of remainder of tissue: The uninvolved soft tissue and cut surface of tongue is tan and smooth.

Lymph nodes: Received in separate containers.

Tissue submitted for special investigations: Tumor given to tumor procurement foundation.

Digital photograph taken: No

Block Summary:

Inking: 12 to 3 o'clock quadrant/yellow, 3 to 6 o'clock quadrant/blue, 6 to 9 o'clock quadrant/red, 9 to 12 o'clock quadrant/green and deep margin/black.

B1-B5 - Perpendicular sections of the 12 to 3 o'clock quadrant in a clockwise manner at approximately every 1 cm

B6-B8 - Perpendicular sections of the 3 to 6 o'clock quadrant at approximately every 1 cm in a clockwise fashion

B9-B14 - Perpendicular sections approximately every 1 cm of the 6 to 9 o'clock quadrant in a clockwise manner

B15-B18 - Perpendicular sections of the 9 to 12 o'clock quadrant at approximately every 1 cm in a clockwise manner

B19-B21 - Perpendicular of mass closest to the deep margin from 12 o'clock towards 6 o'clock

Container C is additionally labeled "left level 1 lymph node" and consists of a 3.9 x 3.4 x 2.8 cm portion of pink/yellow soft tissue that contains 6 lymph node candidates up to 1.2 x 1.0 x 0.8 cm in greatest dimension and a 9 gram (3.6 x 2.1 x 2.1 cm unremarkable tan lobulated gland.

Block Summary:

C1 - Two lymph node candidates

C2 - Two lymph nodes, each bisected, one inked green

C3-C4 - Each has one lymph node candidate, bisected

C5 - Gland

Container D is additionally labeled "left mandible" and consists of two irregularly shaped fragments of tan bone (1.3 x 1.0 x 0.4 cm and 4.6 x 1.3 x 0.7 cm). The larger fragment has adherent soft tissue covered by a smooth and glistening gray/tan mucosa (1.7 x 1.4 x 1.0 cm). Adjacent to the mucosa is a tooth socket. One end of the bone tapers and becomes thin and the opposite end is flat and broad. The taper end is inked red, the flat broad end is inked blue and the resection margin (margin opposite the mucosa) is inked green. The bone is unremarkable on cut section.

Block Summary:

D1 - Smaller fragment of bone

D2 - The two ends of the larger bone en face

D3 - Perpendicular of larger bone through the soft tissue and mucosa

D4 - Remainder of resection margin en face opposite the mucosa
D1-D4 all submitted following decalcification.

Container E is additionally labeled "right mandible" and consists of a 3.2 x 1.1 x 0.7 cm fragment of tan bone that contains teeth sockets on one side that is surrounded by purple/gray rim of mucosa (3.1 x 1.2 x 0.7 cm). The mucosal margin is inked green and the bone margin is inked blue. The bone is unremarkable on cut section.

Block Summary:

E1 - Mucosal margin, en face

E2 - Bone margin, en face, after decal

Container F is additionally labeled "teeth" and consists of a 4.3 x 3.1 x 0.6 cm aggregate of tan intact teeth and teeth fragments. The crowns are smooth, gray, of which the molar teeth

contain metallic silver fillings. The specimen is for gross only and the teeth are retained in formalin.

Addendum

To add results of special stains.

Addendum Comment

B: "Left composite glossectomy, pharyngectomy and palate resection, long suture anterior floor of mouth, short suture medial tongue", resection
- Carcinoma is negative for P16 by immunohistochemistry and negative for high risk HPV by in situ hybridization studies. Appropriate controls have been performed.

Addendum

To add results of additional sections.

Addendum Comment

D: Mandible, left, excision
- Benign mandibular bone and mucosa with no tumor seen including examined resection margins.

Criteria	12/11/13	Yes	No
Diagnosis Discrepancy		✓	
Primary Tumor Site Discrepancy		✓	
HIPAA Discrepancy		✓	
Prior Malignancy History		✓	
Dual/Synchronous Primary Noted			✓
Case is (circle) <input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED			
Reviewer Initials:		Date Reviewed:	12/11/13