

SURGICAL PATHOLOGY REPORT

* Addendum *

Patient: [REDACTED] Accession #: [REDACTED]
MRN: [REDACTED] Service: [REDACTED]
Account #: [REDACTED] Date of Procedure: [REDACTED]
DOB: [REDACTED] Date of Receipt: [REDACTED]
Physician: [REDACTED] Date of Report: [REDACTED]
CC: [REDACTED]
Patient Address: [REDACTED]

Date of
Procurement:

....

Clinical Diagnosis & History:

Left tonsillar mass/ carcinoma status post left radical tonsillectomy.

Specimens Submitted:

- 1: Deep margin left constricture muscle (fs)
- 2: Soft palate margin (fs)
- 3: Lateral pharyngeal margin (fs)
- 4: Left tongue base margin (fs)
- 5: Posterior tonsillar pillar margin (fs)
- 6: Left radical tonsillectomy
- 7: Deep muscle additional resection

ICD-O-3

*Carcinoma, squamous cell,
non-keratinizing 8072/3
Site Tonsil NOS C09.9*

DIAGNOSIS:

1. Deep margin left constricture muscle (fs):
 - Benign skeletal muscle. Separate detached fragment of atypical squamous epithelium.

Note: The fragment of atypical squamous epithelium was not present on the original frozen section slide.

2. Soft palate margin (fs):
 - Benign squamous mucosa
3. Lateral pharyngeal margin (fs):
 - Benign squamous mucosa
4. Left tongue base margin (fs):
 - Benign tonsillar tissue
5. Posterior tonsillar pillar margin (fs):
 - Benign squamous mucosa
6. Left radical tonsillectomy:
 - Tumor Type:
 - Invasive squamous cell carcinoma
 - non-keratinizing
 - Histologic Grade:
 - Poorly differentiated

UUID:F170BB49-FA71-4247-AFA7-F841A348B171
TCGA-RS-A6TP-01A-PR

Redacted



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Tumor Size:

Greatest diameter is 2.5 cm
Maximal thickness 1.7cm

Tumor Location:

Left tonsil

Midline Extension:

N/A

Tumor Invasion:

Skeletal muscle

Tumor Necrosis:

Extensive

Vascular Invasion:

Not identified

Perineural Invasion:

No definite peri-neural invasion seen.

Pattern of Invasion:

Invasive islands

Tumor Multicentricity:

Not identified

In situ carcinoma:

Identified

Non-Neoplastic Mucosa:

Exhibits chronic inflammation

Surgical Margins:

Free of in situ carcinoma

Invasive carcinoma is close (less than 1 mm) from deep margin in
this part.

7. Deep muscle additional resection:

- Benign skeletal muscle and squamous mucosa.

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF
THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED
THIS REPORT.

*** Report Electronically Signed Out ***

Gross Description:

1) The specimen was received fresh for frozen section and labelled "Deep
margin left constrictor muscle" and comprised a 0.8 x 0.6 x 0.2 cm piece of
muscular tissue. Entirely submitted for frozen section.

Summary of sections

FSC frozen section control

2) The specimen was received fresh for frozen section and labelled "Soft
palate margin" and comprised a 0.8 x 0.5 x 0.2 cm piece of tissue. Entirely

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submitted for frozen section.

Summary of sections
FSC frozen section control

3) The specimen was received fresh for frozen section and labelled "Lateral pharyngeal margin" and comprised a 0.4 x 0.3 x 0.2 cm piece of tissue. Entirely submitted for frozen section.

Summary of sections
FSC frozen section control

4) The specimen was received fresh for frozen section and labelled "Left tongue base margin" and comprised a 0.7 x 0.4 x 0.2 cm piece of muscular tissue. Entirely submitted for frozen section.

Summary of sections
FSC frozen section control

5) The specimen was received fresh for frozen section and labelled "Posterior tonsillar pillar margin" and comprised a 0.8 x 0.2 x 0.2 cm piece of muscular tissue. Entirely submitted for frozen section.

Summary of sections
FSC frozen section control

6) The specimen is received fresh labeled "Left radical tonsillectomy, suture marks inferior" and consists of a 4.2 x 2.6 x 1.3 cm tan-pink tonsil with a suture indicating the inferior margin. The suture is arbitrarily designated as 12:00. The surface of the tonsil exhibits a 2.5 x 1.8 x 1.8 cm friable tan-white polypoid fungating tumor which is 2.1 cm from 12:00, 1.0 cm from 3:00, 2.0 cm from 6:00, and 1.6 cm from 9:00 from the mucosal margin. The deep margin is inked green from 12:00-6:00, and blue from 6:00-12:00. Serially sectioning displays the tumor to abut the deep margin, with a maximal depth of 1.7 cm. The specimen is entirely submitted.

Summary of sections:
12T- 12:00 tip, perpendicular
S- sequential sections from 12:00 to 6:00, contiguous sections blocks :7-8, 9-10
6T- 6:00 tip, perpendicular
FT- friable tumor

7) The specimen is received fresh labeled "Deep muscle additional resection" and consists of a 1.7 x 0.9 x 0.5 cm irregular tan-red rubbery tissue which

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[REDACTED]
[REDACTED]
[REDACTED]

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is bisected and entirely submitted.

Summary of sections:

U- undesignated

Summary of Sections:

Part 1: Deep margin left constrictor muscle

Block	Sect.	Site	PCs
1		FSC	1

Part 2: Soft palate margin

Block	Sect.	Site	PCs
1		FSC	1

Part 3: Lateral pharyngeal margin

Block	Sect.	Site	PCs
1		FSC	1

Part 4: Left tongue base margin

Block	Sect.	Site	PCs
1		FSC	1

Part 5: Posterior tonsillar pillar margin

Block	Sect.	Site	PCs
1		FSC	1

Part 6: Left radical tonsillectomy

Block	Sect.	Site	PCs
1		12T	3
3		6T	6
1		FT	1
9		S	10

Part 7: Deep muscle additional resection

Block	Sect.	Site	PCs
1		U	2

Procedures/Addenda:

Addendum

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 Date Ordered: Status: Signed Out
 Date Complete:
 Date Reported:

Addendum Diagnosis

6. Left radical tonsillectomy:
 - The tumor cells are strongly and diffusely positive for p16. The tumor is positive for high risk HPV by in-situ hybridization.

*** Report Electronically Signed Out ***
 Signed out by

Intraoperative Consultation:
 Note: The diagnoses given in this section pertain only to the tissue sample examined at the time of the intraoperative consultation.

1. FROZEN SECTION DIAGNOSIS: Benign
 PERMANENT DIAGNOSIS: See final
2. FROZEN SECTION DIAGNOSIS: Benign
 PERMANENT DIAGNOSIS: same
3. FROZEN SECTION DIAGNOSIS: Benign
 PERMANENT DIAGNOSIS: same
4. FROZEN SECTION DIAGNOSIS: Benign
 PERMANENT DIAGNOSIS: same
5. FROZEN SECTION DIAGNOSIS: Benign
 PERMANENT DIAGNOSIS: same

** End of Report **

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
IPAA Discrepancy		✓
For Malignancy History		✓
Qual/Synchronous Primary Note		
Use is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 7/10/13	