

**SURGICAL PATHOLOGY**

Case Number:

ICD-O-3

Carcinoma, squamous cell  
keratinizing NOS 8071/3

Site: Tongue NOS C02.9

JAS 5/21/13

Diagnosis:

A: Tongue, right medial margin, biopsy

- Squamous mucosa with verruciform hyperplasia

- Negative for high grade dysplasia or invasive carcinoma

B: Tongue, right, lateral margin, biopsy

- Benign squamous mucosa

- Negative for in situ or invasive carcinoma

C: Tongue, right anterior margin, biopsy

- Benign squamous mucosa

- Negative for in situ or invasive carcinoma

D: Tongue, right, posterior margin, biopsy

- Benign squamous mucosa with marked chronic inflammation

- Negative for in situ or invasive carcinoma

E: Tongue, right, anterior deep margin, biopsy

- Benign skeletal muscle

- Negative for in situ or invasive carcinoma

F: Tongue, right, posterior deep margin, biopsy

- Benign skeletal muscle

- Negative for in situ or invasive carcinoma

G: Tongue, right, hemiglossectomy

Tumor histologic type/subtype: invasive keratinizing squamous cell carcinoma

UUID:51D6794E-0C2B-414D-A67D-7C571B998D2F

TCGA-BA-A6DB-01A-PR

Redacted



Histologic grade: well differentiated

Primary site: right tongue

Focality: unifocal

Size: 1.9 cm

Extent of invasion:

Angiolymphatic invasion: not identified

Perineural Invasion: not identified

Bone invasion: not applicable

P16 IHC status: negative

HR HPV ISH status: negative

Carcinoma in situ: present

Surgical margins: 1.6 mm to the deep margin, 3 mm to the medial margin,  
remaining margins >1 cm

Lymph nodes: 24 lymph nodes negative for carcinoma (0/24)

Other significant findings: none

AJCC Pathologic Stage: pT1 pN0

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.

H: Lymph node, right cervical level 1a, regional node dissection  
- One lymph node negative for metastatic carcinoma (0/1)

I: Lymph node, right cervical lymph node level 1b, regional node dissection  
- Three lymph nodes negative for metastatic carcinoma (0/3)  
- Submandibular gland with no significant pathologic abnormality

J: Lymph node, right cervical lymph node level 2, regional node dissection  
- Five lymph nodes negative for metastatic carcinoma (0/5)

K: Lymph node, right cervical lymph node level 3, regional node dissection  
- Fifteen lymph nodes negative for metastatic carcinoma (0/15)

Intraoperative Consult Diagnosis:

An intraoperative consultation is requested by Dr. in at  
on

FSA1: Tongue, right medial margin, biopsy

- Verruciform proliferation, no high grade dysplasia or

malignancy identified

FSB1: Tongue, right, lateral margin, biopsy

- No tumor seen

FSC1: Tongue, right anterior margin, biopsy

- No tumor seen

FSD1: Tongue, right, posterior margin, biopsy

- No tumor seen

FSE1: Tongue, right, anterior deep margin, biopsy

- No tumor seen

FSF1: Tongue, right, posterior deep margin, biopsy

- No tumor seen

Drs. at                   on

Frozen Section Pathologist:, MD

Clinical History:

The patient is a -year-old female with stage 2 squamous cell carcinoma of the right lateral oral tongue. HPV testing is requested.

Gross Description:

Specimen A is additionally labeled "right tongue medial margin" and holds a 9 x 6 x 3 mm red/tan soft tissue fragment. The specimen was completely submitted in block FSA1,

Specimen B is additionally labeled "right tongue lateral margin" and holds a 6 x 3 x 2 mm red/tan soft tissue fragment. The specimen is completely submitted in block FSB1,

Specimen C is additionally labeled "right tongue anterior margin" and holds a 7 x 4 x 2 mm red/tan soft tissue fragment. The specimen is completely submitted in block FSC1,

Specimen D is additionally labeled "right tongue posterior margin" and holds a 6 x 3 x 2 mm red/tan soft tissue fragment. The specimen is completely submitted in FSD1,

Specimen E is additionally labeled "right tongue anterior deep margin" and holds a 10 x 6 x 3 mm red/tan soft tissue fragment. The specimen is completely submitted in block FSE1,

Specimen F is additionally labeled "right tongue posterior deep margin" and holds a 5 x 4 x 2 mm red/tan soft tissue fragment. The specimen is completely submitted in block FSF1,

Specimen G is additionally labeled "right tongue suture anterior" and is a 6.4 cm anterior to posterior x 2.5 cm medial to lateral x 2.5 cm dorsal to ventral portion of oral tongue. The base of the specimen is composed of cauterized fibromuscular tissue. There is a 1.0 x 0.7 cm granular, erythematous lesion on the lateral aspect of the tongue extending to the right base of tongue. This lesion comes within 0.8 cm of the right lateral margin, 1.5 cm from the medial mucosal margin, 3.8 cm from the tip anterior margin, and 1.7 cm from the posterior margin. The specimen is inked as follows: medial/blue, deep/black, posterior/green. Tissue is given to from the ulcerated mucosal lesion. Sectioning from anterior towards posterior reveals a 1.5 cm ill-defined firm tan stellate mass beneath the previously described mucosal ulceration. This mass comes within 0.3 cm of the blue inked medial margin, 0.7 cm from the black inked deep margin, 3.2 cm from the anterior tip and 1.7 cm from the posterior margin. The surrounding soft tissue is composed of red/tan fibromuscular tissue with no additional lesions noted.

**Block Summary:**

Inking: Medial/blue, deep/black, and posterior/green

G1 - Anterior tip and representative section from anterior half of specimen

G2 - Anterior edge of tumor in relationship to closest blue inked medial margin

G3-G4 - Additional sections of tumor in relationship to black inked deep margin

G5 - Perpendicular section to green inked posterior margin

Oriented tissue remains in formalin

Specimen H is labeled "right cervical lymph node level 1A" and is a 5.4 x 2.4 x 1.2 cm aggregate of cauterized yellow/tan fibrofatty tissue, dissected for lymph node candidates. Lymph node candidates up to 0.4 cm in greatest dimension are identified.

**Block Summary:**

H1 - Three lymph node candidates

H2-H6 - Remainder of fat,

Specimen I is labeled "right cervical lymph node level 1B" and

is a 4. x 4.2 x 2.0 cm salivary gland with attached cauterized fibrofatty tissue. Sectioning the salivary gland reveals a lobulated glandular architecture with no discrete mass or lesion identified. The attached fat is dissected for lymph node candidates up to 1.8 cm in greatest dimension are identified.

Block Summary:

- I1 - Representative section from salivary gland
- I2 - Four lymph node candidates
- I3 - One lymph node candidate, bisected (largest)
- I4 - Remainder of fat

Salivary gland remains in formalin.

Specimen J is labeled "right cervical lymph node level 2" and is a 3.6 x 1.8 x 1.0 cm aggregate of focally cauterized yellow/tan fibrofatty tissue is dissected for lymph node candidates. Lymph nodes up to 2.2 cm in greatest dimension are identified.

Block Summary:

- J1 - Five lymph node candidates
- J2 - One bisected lymph node candidate
- J3 - One lymph node candidate, trisected
- J4 - Remainder of fat,

Specimen K is labeled "right cervical lymph node level 3" and is a 3.2 x 1.7 x 0.4 cm aggregate of cauterized yellow/tan fibrofatty tissue is dissected for lymph node candidates. Lymph nodes up to 0.6 cm in greatest dimension are identified.

Block Summary:

- K1 - Five lymph node candidates
- K2 - Five lymph node candidate
- K3-K4 - Remainder of fat,

Criteria	5/15/13	Yes	No
Diagnosis Discrepancy		✓	
Primary Tumor Site Discrepancy		✓	
HIPAA Discrepancy		✓	
Prior Malignancy History			
Dual/Synchronous Primary Noted			
Case is (check):	QUALIFIED / DISQUALIFIED		
Review w/ Pathology:			