

Report Type rt
Date of Event [REDACTED]
Sex [REDACTED]
Authored by [REDACTED]
Hosp/Group [REDACTED]
Record Status [REDACTED]

PATIENT HISTORY:

The patient is a [REDACTED] year old man with squamous cell carcinoma of the floor of the mouth.

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: bilateral neck dissection.

PROCEDURE: bilateral neck dissection

SPECIFIC CLINICAL QUESTION: not answered.

OUTSIDE TISSUE DIAGNOSIS: not answered.

PRIOR MALIGNANCY: not answered.

CHEMORADIATION THERAPY: no.

ORGAN TRANSPLANT: not answered.

IMMUNOSUPPRESSION: not answered.

E DISEASES: not answered.

ADDENDA:

Addendum

Results of immunoperoxidase stains are as follows:

EGFR Positive.

P16 Negative.

Negative.

Pathologist: [REDACTED] *
** Report Elec [REDACTED].

[REDACTED]

My si [REDACTED] tation that I have personally reviewed the submitted material(s) and the above diagnosis reflects that evaluation.

FINAL DIAGNOSIS:

PART 1: MARROW, RIGHT MARGIN

BONE MARROW WITH NO SIGNIFICANT PATHOLOGIC CHANGE.

PART 2: MARROW, LEFT MARGIN

BONE MARROW WITH NO SIGNIFICANT PATHOLOGIC CHANGE.

PART 3: FLOOR OF MOUTH, ANTERIOR TONGUE, MANDIBLE AND BILATERAL NECK DISSECTION S

A. INVASIVE MODERATELY DIFFERENTIATED SQUAMOUS CELL CARCINOMA, 4 CM,

WITH INVASION OF MANDIBULAR BONE (see comment).

B. PERINEURAL INVASION IS PRESENT.

C. NO ANGiolymphatic INVASION SEEN.

D. RESECTION MARGINS ARE FREE OF TUMOR.

E. TWO DEEP FLOOR OF MOUTH LYMPH NODES FREE OF TUMOR.
F. CHRONIC AND FOCAL ACUTE SIALADENITIS OF LEFT AND RIGHT
SUBMANDIBULAR
GLANDS.
G. METASTATIC SQUAMOUS CELL CARCINOMA IN THREE OF SIXTEEN LEFT
CERVICAL
LYMPH NODES. THE POSITIVE LYMPH NODES ARE IN LEVELS II, III AND IV,
AND NO
EXTRACAPSULAR EXTENSION IS PRESENT.
H. ELEVEN RIGHT CERVICAL LYMPH NODES FREE OF TUMOR.
PATHOLOGIC STAGING: T4 N2b MX.



M NT:

of EGFR, P16, cMET and HPV to follow.



[REDACTED] athologist: [REDACTED] M.D.
** Report Elect [REDACTED] Out **
[REDACTED], M.D.

My sig [REDACTED] tation that I have personally reviewed the submitted material(s) and the final diagnosis reflects that evaluation.

GROSS DESCRIPTION:

Part 1 is received fresh labeled with the patient's name and "right marrow margin". It consists of multiple fragments of tan soft tissue measuring in largest 0.1 cm. The specimen is entirely submitted in cassette 1A. Part 2 is received fresh labeled with the patient's name and "left marrow margin". It consists of small fragments of tan soft tissue measuring 0.5 x 0.1 cm. The specimen is entirely submitted in cassette 2A.

[REDACTED] is submitted fresh in a single container labeled with the patient's name, medical record number, patient's initials xx and designated "complex resection". It consists of a partial mandibulectomy specimen, 9.2 x 6.5 x 6.0 cm, comprising eleven attached incisor, premolar and molar teeth, and also attached anterior tongue, floor of the mouth and a bilateral neck dissections (left 11.0 x 5.0 x 3.2 cm and right 10.5 x 4.5 x 3.5 cm). On section, the tumor is an ill-defined, infiltrative, white and nodular measuring 4.0 x 2.5 x 2.3 cm. It is extending to the anterior of the tongue, the floor of the mouth, the anterior gingiva and infiltrates the anterior mandible bone. It is situated at approximately 1.0 mm of the anterior margin, 1.2 cm to the posterior margin, 3.0 cm to the deep margin, 2.5 cm to the right mandible bone

margin and 2.2 cm to the left mandible bone margin. On section, the left and the right submandibular glands present an unremarkable lobulated yellowish parenchyma. The bilateral neck dissections are dissected and lymph nodes are

d for histologic examination. Some tumor is submitted to the

[REDACTED] Digital images are taken. Representative

are submitted for permanent histologic evaluation, some following decalcification (3I, 3J and 3K).

Ink Code:

Black dorsal tongue

Blue left posterior ventral tongue/gingiva

Green right posterior ventral tongue/gingiva

Yellow anterior rim tissue banking.

Cassette Summary:

3AFS - anterior margin (shave)

3BFS - right posterior ventral tongue/gingiva margin (shave)

3CFS - left posterior ventral tongue/gingiva margin (shave)

3D - anterior margin (shave)

3E - posterior margin (shave)

3F - posterior margin (shave)

3G - deep margin (shave)

3H - deep margin (shave)

3I - left mandible bone margin

3J - right mandible bone margin

3K - tumor in relation to the anterior bone mandible

3L - tumor in relation to anterior tongue

3M - tumor in relation to the root of the tongue

3N-3P - tumor

3Q-3T - left submandibular gland and 2 possible lymph nodes

3U - left, one level 1B lymph node

3V - left, two lymph nodes, bisected (level 2)

3W - left, one lymph node, bisected (level 2)

3X - left, one lymph node (level 2)

3Y - left, one lymph node, bisected (level 3)

3Z - left, one lymph node, bisected (level 3)

3AA - left, two lymph nodes (level 3)

3BB - left, one lymph node, bisected (level 4)

3CC - left, four lymph nodes (level 4)

3DD-3FF - right submandibular gland

3GG - right, one level 2B lymph node

3HH - right, one lymph node, dissected (level 2)

3II - right, two lymph nodes (level 2)

3JJ - right, one lymph node, dissected (level 3)

3KK - right, one lymph node, dissected (level 3)

3LL - right, one lymph node, dissected (level 4)

3MM - right, two lymph nodes (level 4)

[REDACTED]
[REDACTED]

VE CONSULTATION:

PART 1: RIGHT MARROW MARGIN (IN TOTAL) (frozen section)

A. BENIGN.

B. NO TUMOR PRESENT [REDACTED]

PART 2: LEFT MARROW MARGIN (IN TOTAL) (frozen section)

A. BENIGN.

B. NO TUMOR PRESENT ([REDACTED]).

PART 3A: ANTERIOR MARGIN

A. BENIGN.

B. NO TUMOR PRESENT ([REDACTED]).

PART 3B: RIGHT POSTERIOR V [REDACTED] rozen section)

A. BENIGN.

MOR PRESENT, POSSIBLE MILD DYSPLASIA ([REDACTED] ,

[REDACTED] / [REDACTED]).

R [REDACTED] T POSTERIOR VENTRAL BONE, GINGIVA (frozen section)

A. BENIGN.

TUMOR PRESENT ([REDACTED]).

[REDACTED] C:

scopic examination substantiates the above diagnoses.

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 [REDACTED], Department of Pathology, as required by the Clinical Laboratory Improvement

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 [REDACTED] to a maximum of [REDACTED] hours.

This laboratory certified under the Clinical Laboratory Improvement Amendments of [REDACTED] ("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: Other: Floor of the mouth, anterior tongue and mandible

TUMOR SITE: Oral Cavity

TUMOR SIZE: Greatest dimension: 4.0 cm

Additional dimensions: 2.5 x 2.3 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G2

PATHOLOGIC STAGING (pTNM): pT4

pN2b

Number of regional lymph nodes examined: 29

Number of regional lymph nodes involved: 3

Extra-capsular extension of nodal tumor: Absent

pMX

MARGINS: Margins uninvolved by tumor

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

Absent

PERINEURAL INVASION: Present

ADDITIONAL PATHOLOGIC FINDINGS: None identified

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Margin

Taken: [REDACTED] Received: [REDACTED]

Stain/cn

H&E x 1 AFS

Part 2: Margin

Taken: [REDACTED] Received: [REDACTED]

Stain/cn

H&E x 1 AFS

Part 3: Section

Taken: [REDACTED] Received: [REDACTED]

Stain/cn

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 L

H&E x 1 M

ANEG x 1 N

H&E Recut x 1 N

IHPV x 1 N

cmet x 1 N

IEGFR x 1 N

IBNKNC x 6 N

H&E x 1 N

IISH x 2 N

P16 x 1 N

V-EGFR x 1 N

H&E x 1 O

H&E x 1 P

H&E x 1 Q

H&E x 1 R

H&E Recut x 1 S

H&E x 1 S

H&E x 1 T

H&E x 1 U

H&E x 1 V

H&E x 1 W

H&E x 1 X

H&E x 1 Y

H&E x 1 Z

H&E x 1 AA

H&E x 1 BB

H&E x 1 CC

H&E x 1 DD

H&E x 1 EE

H&E x 1 FF

H&E x 1 GG

H&E x 1 HH

H&E x 1 ID

H&E x 1 II

H&E Recut x 1 JD
H&E x 1 JD
H&E x 1 JJ
H&E x 1 KD
H&E x 1 KK
H&E x 1 LL
H&E x 1 MM
H&E x 1 NN
H&E x 1 AFS
H&E x 1 BFS
x 1 CFS

[REDACTED] CIAL Procedures:

In Situ Procedure

Interpretation

PROBE: LSI EGFR/CEP7 Dual-Color Probe ([REDACTED])

Cytogenetic Location: 7p12 / 7p11.1-q11

EGFR FISH STUDIES PERFORMED ON THE SQUAMOUS CELL CARCINOMA ARE NEGATIVE.

Number of cells analyzed: 60

Ratio EGFR/CEP7: 1.55

High Polysomy: 0(0%)

SNR (signal to nucleus ratio): 2.8

Low Polysomy: 0(0%)

Trisomy: 9(15.0%)

Disomy: 51(85.0%)

PROBE: c-MET*/CEP7

Cytogenetic Location: 7q31.2 / 7p11.1-q11.1

c-MET FISH STUDIES PERFORMED ON THE SQUAMOUS CELL CARCINOMA ARE NEGATIVE FOR AMPLIFICATION.

Number of cells analyzed: 62

Ratio c-MET/CEP7: 0.80

SNR (signal to nucleus ratio): 1.6

High Polysomy: 0(0%)

Low Polysomy: 2(3.2%)

Trisomy: 12(19.4%)

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[REDACTED], [REDACTED]

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** Report Ele

My signature that I have personally reviewed the submitted

material(s) and the above diagnosis reflects that evaluation.

Results

EGFR FISH positive:

High Polysomy: > four gene copies in > 40% of cells

Gene Amplification: Ratio gene/chromosome more than two or > 15 gene copies in

> 10% of cells

EGFR FISH negative:

Disomy: < two gene copies in more than 90% of the cells

Trisomy: three gene copies in more than 10% of cells

Low Polysomy: > four gene copies in more than 10% but less than 40% of cells

c-MET FISH positive:

Gene Amplification: Ratio gene/chromosome more than two or > 15 gene copies in

> 10% of cells

c-MET FISH negative:

Ratio gene/chromosome less than two or < 15 gene copies in < 10% of the cells.

References:

