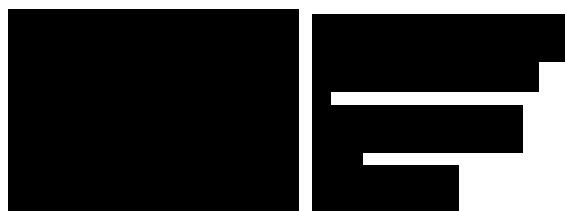


[REDACTED] [REDACTED] CORRECTED



PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Squamous cell carcinoma, anterior floor of mouth plus ventral tongue.

PROCEDURE: Not answered.

SPECIFIC CLINICAL QUESTION: Not answered.

OUTSIDE TISSUE DIAGNOSIS: Yes.

PRIOR MALIGNANCY: No.

CHEMORADIATION THERAPY: No.

ORGAN TRANSPLANT: No.

IMMUNOSUPPRESSION: No.

OTHER DISEASES: No.

CYTogenetics:

DICTATED BY: [REDACTED]

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ADDENDA:

Addendum

The *in situ* hybridization for HPV DNA is negative.

The immunostain p16 is negative.

An EGFR immunostain is 3+

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

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FINAL DIAGNOSIS:

PART 1: FLOOR OF MOUTH, ANTERIOR, BIOPSY  
INVASIVE SQUAMOUS CELL CARCINOMA

PART 2: FLOOR OF MOUTH AND MANDIBLE, RADICAL RESECTION OF FLOOR OF MOUTH,

MARGINAL MANDIBULECTOMY

A. INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED (2.5

CM), ANTERIOR FLOOR OF MOUTH INVADING INTO SUBLINGUAL GLAND (see comment).

B. PERINEURAL INVASION PRESENT.

C. NO ANGiolymphatic INVASION PRESENT.

D. MARGINS ARE FREE OF TUMOR.

E. NO BONE INVASION PRESENT.

F. PATHOLOGIC STAGE pT2 N0.

PART 3: FLOOR OF MOUTH, LEFT, BIOPSY  
NO TUMOR PRESENT.

PART 4: FLOOR OF MOUTH, RIGHT LATERAL, BIOPSY  
NO TUMOR PRESENT.

PART 5: LYMPH NODES, LEVEL 1A, MODIFIED NECK DISSECTION  
SEVEN LYMPH NODES, NO TUMOR PRESENT (0/7).

PART 6: LYMPH NODES, RIGHT 1B, MODIFIED NECK DISSECTION

A. TWO LYMPH NODES, NO TUMOR PRESENT (0/2).

B. SUBMANDIBULAR GLAND WITH NO SIGNIFICANT ABNORMALITIES.

PART 7: LYMPH NODES, LEVEL 2 AND 3, RIGHT, MODIFIED NECK DISSECTION  
NINETEEN LYMPH NODES, NO TUMOR PRESENT (0/19).

PART 8: LYMPH NODES, LEVEL 1B, LEFT, MODIFIED NECK DISSECTION

A. THREE LYMPH NODES, NO TUMOR PRESENT (0/3).

B. SUBMANDIBULAR GLAND WITH CHRONIC SIALADENITIS.

PART 9: LYMPH NODES, LEVEL 2 AND 3, LEFT, MODIFIED NECK DISSECTION  
TWENTY-ONE LYMPH NODES, NO TUMOR PRESENT (0/21).

PART 10: LYMPH NODES, LEVEL 4, LEFT, MODIFIED NECK DISSECTION  
E LYMPH NODES, NO TUMOR PRESENT (0/5).

[REDACTED]

[REDACTED]

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

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GROSS DESCRIPTION:

The specimen is received fresh in 10 parts.  
Part 1 is labeled with the patient's name, initials xx, medical record number and "anterior floor of mouth". It consists of multiple soft, white fragments ranging from 0.1 to 0.8 cm, frozen in total and the remnants of the frozen section are submitted in cassette 1AFS.  
Part 2 is labeled with the patient's name, initials xx, medical record number and "inferior floor of mouth, mandibular margin, stitch posterior". It consists of marginal mandibulectomy (4 x 1 x 1 cm) with four tooth pockets and one tooth on the left side along with attached floor of mouth tissue (4.5 x 4 x 1.5 cm). The mucosa of the anterior floor of mouth shows an ulceroproliferative tumor of 2.5 x 2.5 x 0.8 cm, which is 0.4 cm from the posterior mucosal margin, 0.6 cm from the left lateral margin, 0.2 cm from the right lateral margin, 0.6 cm from the mandible and 0.2 cm from the deep resection margin. The tumor invades about 0.8cm deep from the mucosa and does not involve the bone.

Ink code:

Black deep resection margin.  
Digital images are taken.  
Cassette code:  
2AFS deep margin, perpendicular  
2BFS left lateral mucosal shave margin  
2CFS right lateral mucosal shave margin  
2DFS posterior mucosal shave margin  
2E anterior soft tissue and mucosal shave margin  
2F/2G tumor in anteroposterior section, including deep margin  
2H/2I tumor with floor-of-mouth mucosa, left lateral  
2J tumor with deep resection margin  
2KDR bony margin, left lateral  
2LDR bony margin, right lateral  
2MDR bone nearest to the tumor.  
Part 3 is labeled with the patient's name, initials, medical record number and "left floor of mouth". It consists of a soft tissue fragment of 2.0 x 0.2 x 0.2 cm, frozen in total. The remnants of the frozen section are submitted in cassette 3AFS.  
Part 4 is labeled with the patient's name, initials, medical record number and "right lateral floor of mouth". It consists of two fragments of soft tissue (2.6 x 0.9 x 0.4 cm and 0.5 x 0.5 x 0.4 cm), frozen in total and the remnants of the right section are submitted in cassette 4AFS.  
Part 5 is labeled with the patient's name, initials, medical record number and "level 1A". It consists of a soft tissue fragment (4 x 4 x 0.8 cm) and multiple lymph nodes are dissected ranging from 0.3 to 0.8 cm and submitted in cassette 5A to 5C.  
Part 6 is labeled with the patient's name, initials, medical record number and "right 1B". It consists of a submandibular gland, of 20.1 grams and 5 x 4 x 1.8 cm. The submandibular gland parenchyma is unremarkable and an enlarged node (1.2 x 0.7 x 0.5 cm) adherent with it.  
Ink code:  
Outer surface of the gland along with the lymph node black.  
Cassette code:  
6A representative section of submandibular gland  
6B/6C single attached lymph node entirely submitted.  
Part 7 is labeled with the patient's name, initials, medical record number and "right 2 + 3". It consists of an unoriented fatty tissue, of 7.5 x 3 x 1 cm.  
The specimen is divided into two halves and multiple lymph nodes are dissected from both halves, ranging from 0.4 cm to 1 cm in one half and from 0.3 cm to 1.1 cm in other half.  
Cassette code:  
7A single lymph node entirely submitted from one-half





[REDACTED] of M [REDACTED]

HHE x 1 AFS  
H&E x 1 AFS

[REDACTED] of M [REDACTED]

H&E x 1 E  
H&E x 1 F  
H&E Recut x 1 G  
IHPV x 1 G  
cmet x 1 G  
IEGFR x 1 G  
IBNKNC x 1 G  
H&E x 1 G  
IISH x 1 G  
IISH x 1 G  
P16 x 1 G  
V-EGFR x 1 G  
H&E x 1 H  
H&E x 1 I  
H&E x 1 J  
H&E x 1 AFS  
H&E x 1 BFS  
H&E x 1 CFS  
H&E x 1 DFS  
H&E x 1 Kdr  
H&E x 1 Ldr  
H&E x 1 Mdr

Mouth

[REDACTED] H&E x 1 AFS

Floor

[REDACTED] H&E x 1 AFS

S H&E x 1 A  
H&E x 1 B  
H&E x 1 C

S H&E x 1 A  
H&E x 1 B

[REDACTED]

[REDACTED]

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 A  
H&E x 1 B  
H&E x 1 C



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 A  
H&E x 1 B

TC1

SPECIAL Procedures:

In Situ Procedure

Interpretation

BE: LSI EGFR/CEP7 Dual-Color Probe (



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

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

Number of cells analyzed: 42

Ratio EGFR/CEP7: 1.54

High Polysomy: 0%

SNR (signal to nucleus ratio): 3.2

Low Polysomy: 15(35.7%)

Trisomy: 12(28.6%)

Disomy: 15(35.7%)

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: 61

Ratio c-MET/CEP7: 1.06

SNR (signal to nucleus ratio): 2.1

High Polysomy: 0%

Low Polysomy: 0%

Trisomy: 14(23.0%)

Disomy: 47(77

\*RP11-163C9,



EGFR FISH analysis was manually performed and quantitatively assessed by analysis of a minimum of 60 cells using the EGFR SpectrumOrange and the CEP7 SpectrumGreen probes.

C-MET FISH analysis was manually performed and quantitatively assessed by analysis of a minimum of 60 cells using the c-MET SpectrumOrange and the CEP7 SpectrumGreen (c Pathologist: [REDACTED])

My signature station 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

