Fig.S1

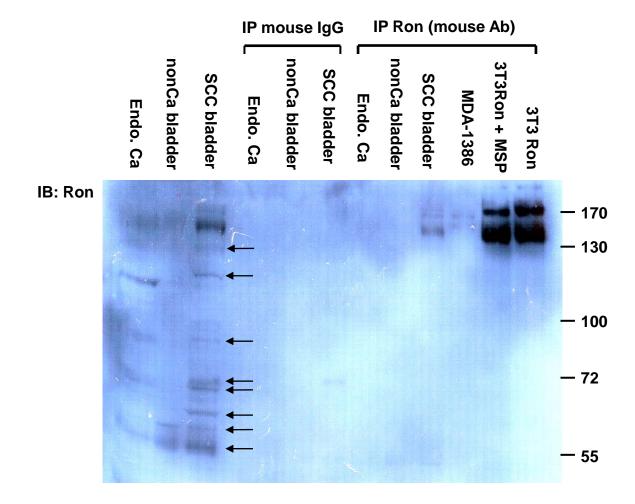
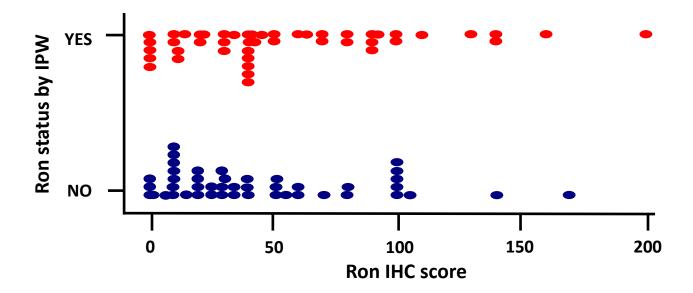


Fig.S2



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Print this Page

Specimen Description

Surgical Pathology Report



*****Clinical History**** Patient History: Left lower lip cancer.

****Final Pathologic Diagnosis****

Lateral mucosal margin, biopsy: Negative for Carcinoma.

Sex:M

Medial skin, biopsy: Negative for Carcinoma.

Lateral skin margin, biopsy: Negative for Carcinoma.

Deep, biopsy: Negative for Carcinoma.

Medial mucosa, biopsy: Negative for Carcinoma.

Submental contents, excision: Two Benign Lymph Nodes (0/2).

Left submandibular contents, excision: Submandibular Gland, No Pathologic Change. Five Benign Lymph Nodes (0/5).

Left lateral neck contents, excision: Four Benign Lymph Nodes (0/4).

Left Lower Lip, wide excision: Squamous Cell Carcinoma, Invasive see synoptic report.



*****Synoptic Report****

SYNOPTIC REPORT FOR CANCER OF THE LIP: Specimen type: partial resection of ip Tumor site: left lower lip Tumor size: 2.1 x 1.8 x 0.6 cm.

Tumor gross configuration: exophytic

Histologic type: Squamous Cell Carcinoma

Tumor grade: 2 of 3, moderately-differentiated Lymphatic/vascular invasion: absent

Perineural invasion: absent

Tumor extent:

Intramucosal lesion: ulcerated

Depth of infiltration: 0.6 cm.

Margins:

Mucosal margins: Negative for Carcinoma.

Distance of tumor to nearest margin: 0.3 cm. from lateral edge Lymph nodes:

Total number examined:

Number positive: none pTNM: T2 N0 Mx.

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The above synoptic report complies, in slightly modified form, with the quidelines of the College of American Pathologists and the Association of Directors of Anatomic and Surgical Pathology for the reporting of cancer specimens

*****INTRAOPERATIVE CONSULTATION DIAGNOSIS:****

Lateral mucosa margin: (FROZEN SECTION PERFORMED) Benign.

Medial skin: (FROZEN SECTION PERFORMED)

Lateral skin margin: (FROZEN SECTION PERFORMED) Benign.

Deep: (FROZEN SECTION PERFORMED) Benign, salivary gland.

Medial mucosa: (FROZEN SECTION PERFORMED) Benign.

Examining pathologist

*****SPECIMEN(S) RECEIVED:****

Skin Skin

Skin

Fig.S4

OSU Tissue Procurement Services Cinical Data Form (Page 1)									
Age Gender	OS	SU Tissu	e Proc	uremer	nt Servio	ces			
Race		Ci	nical Data F	orm (Page 2				0	
Date of Death (M/D/Y) Cause Autopsy yes no Obstetrics (if female)	Medical History			1	0 0] 0	0	U	
Menstrual History pre-menopausal post-menopausal unknown Last Menstrual Period (M/D/Y)	Diagnosis	Stage (all diseases)	(C	ancer)	Date	Status			
Currently Pregnant No. Pregnancies Number of Live Births	Left lower lip cancer	T2N0Mx	primary	metastatic	10/23/2006	new	ongoing	p past	unknown
yes no unknown			primary	metastatic		new	ongoing	past	unknown
Special Diet			primary	metastatic		new	ongoing	past	unknown
Status			primary	metastatic		new	ongoing	past	unknown
nonediabeticfat-restrictedsalt-restrictedvegetarian			primary	metastatic		new	ongoing	past	unknown
other unknown Notes:			primary	metastatic		new	ongoing	past	unknown
Smoking History			primary	metastatic		new	ongoing	past	unknown
Status When Quit (year)			primary	metastatic		new	ongoing	past	unknown
never used previous use C current unknown Amount Duration (years)	Complete Minters								
packs/day (fractions allowed) 27	Surgical History for biosample	procedure	_					date	
W-1-10	yes no	DIRECT LAF	RYNGOSCO	PY. BRONG	CHOSCOPY			date	12/8/06
Alcohol Consumption Status When Quit (year)	anesthetics: Genera								
never used previous use C current unknown	for biosample	procedure						date	
Amount Duration (years)	yes no	and ESOPH	AGOSCOPY	Y					
42 drinks per week (1 drink = 1 glass of wine, 1 ounce of 80-proof liquor, 1 beer)	anesthetics:								
Recreational Drugs									
Status									
never used previous use current U unknown									

CLINICAL HISTORY: Lower lip mass.

DATE OF STUDY: 11/13/06

TECHNIQUE: Contiguous axial CT images through the neck following the administration of intravenous contrast are submitted for review.

FINDINGS: The parotid glands appear grossly symmetric without evidence of focal abnormality. The submandibular glands are unremarkable. No signal abnormality is seen involving the thyroid gland.

No large mass is seen within the neck.

Abnormal soft tissue protrusion is seen associated with the lips measuring approximately 1.6 cm in diameter and may correspond to clinical history of lower lip mass.

Small lymph nodes are seen scattered throughout the neck. No evidence of lymph node enlargement is seen by CT criteria. The airway is patent. The paranasal sinuses and mastoid air cells are largely clear.

IMPRESSION:

Soft tissue protrusion measuring approximately 1.6 cm is seen in the region of the lips and may correspond with clinical history of a lower lip mass. No evidence of significant lymphadenopathy is seen within the neck. No large focal mass is seen within the neck.



Follow up (2010)

was seen 8/2010 in the Clinic for follow up for history of lip cancer. History of present illness and review of systems are negative for changes compared to last visit. Nursing documentation reviewed.

Past Medical History			
Diagnosis	N.	Date	
HTN (hypertension), benign			
Obesity			

Past Surgical History	
Procedure	Date
Lymph node dissection	12/2006
Laryngoscopy, bronchoscopy, esophagoscopy, sup	erior neck dissec., resect lip cancer
Hernia repair	2000

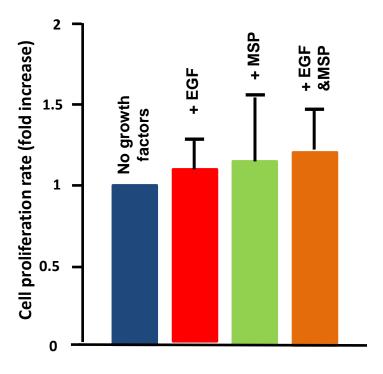
VI	edication	Sig	Dispense	Refill
•	Amlodipine-Olmesartan (AZOR) 10-40 MG PO TABS	take 1 Tab by mouth daily.		
•	Aliskiren Fumarate (TEKTURNA) 150 MG PO TABS	take 1 Tab by mouth daily.		
•	aspirin 81 MG PO TABS	take 81 mg by mouth Daily.		
•	alprazolam (XANAX) 1 MG PO TABS	take 1 mg by mouth 2 times daily.		
•	hydrocodone-acetaminophen (VICODIN) 5-500 MG PO TABS	take by mouth As needed.		
•	carvedilol 25 MG PO TABS	take 25 mg by mouth 2 times daily.		

Blood pressure 127/79, pulse 71, temperature 98.2 degrees F (36.8 degrees C), temperature source Oral, height 5' 5" (1.651 m), weight 177 lb (80.287 kg), SpO2 98.00%.

Documented vital signs above from today's visit reviewed. Physical exam including head and neck examination of the oral cavity, oropharynx, larynx, and hypopharynx including indirect mirror exam as well as inspection and palpation of the face, parotid and neck is remarkable for findings consistent with posttreatment changes and negative for new lesions, masses or lymphadenopathy. No evidence of recurrence. Airway is adequate.

Overall I believe patient is doing well and appears clinically free of disease.

Fig.S7



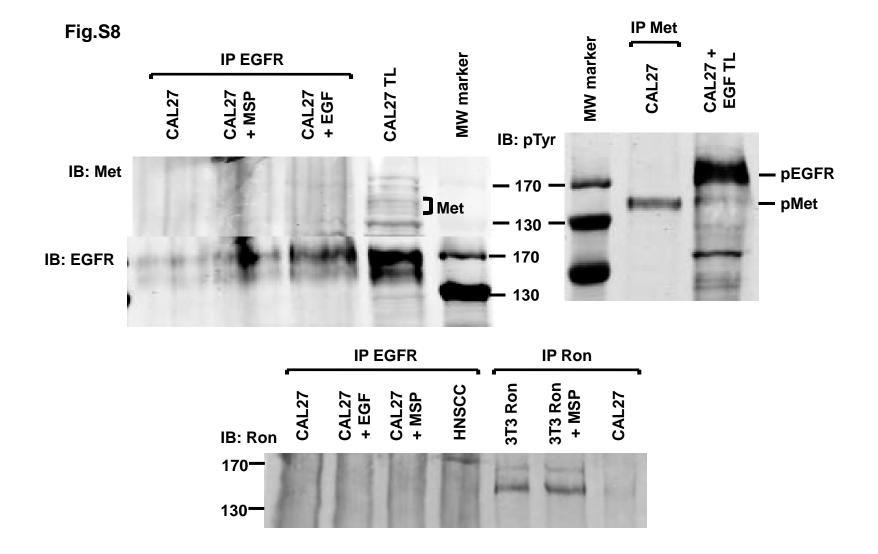


Table SI. Clinical and pathological characteristics of the untreated patient cohort

Characterisitics	No. of patients (%)
Sex	
Male	99 (78%)
Female	28 (22%)
Race	
White	117 (92.1%)
Black	5 (3.9%)
Asian	1 (0.8%)
Unknown	4 (3.2%)
Age	, ,
<65	84 (66.1%)
≥65	43 (33.9%)
Smoking	, ,
Yes	99 (78%)
No	22 (17.3%)
Unknown	6 (4.7%)
Alcohol	
Yes	82 (64.6%)
No	32 (25.2%)
Unknown	13 (10.2%)
Recurrent tumor	
Yes	11 (8.7%)
No	113 (89%)
Unknown	3 (2.3%)

Characterisitics	No. of patients (%)
Tumor site	
Oropharynx	97 (76.4%)
Larynx	30 (23.6%)
T stage	
Tis/T1/T2	38 (29.9%)
T3/T4	87 (68.5%)
Tx	2 (1.6%)
N stage	
N0/N1	62 (48.8%)
N2/N3	49 (38.6%)
Nx	16 (12.6%)
Differentiation	
Well	18 (14.2%)
Moderate	77 (60.6%)
Poor	30 (23.6%)
Unknown	2 (1.6%)
Perineural Invasion	
Yes	53 (41.7%)
No	38 (30%)
Unknown	36 (28.3%)
Lymphovascular Invasion	
Yes	42 (33.1%)
No	68 (53.5%)
Unknown	17 (13.4%)

Table SII. Clinical and pathological characteristics of the previously treated patient cohort

Characterisitics	No. of patients (%)
Sex	
Male	18 (66.7%)
Female	9 (33.3%)
Race	
White	25 (92.6%)
Black	1 (3.7%)
Unknown	1 (3.7%)
Age	
<65	15 (55.6%)
≥65	12 (44.4%)
Smoking	
Yes	20 (74.1%)
No	4 (14.8%)
Unknown	3 (11.1%)
Alcohol	
Yes	11 (40.8%)
No	8 (29.6%)
Unknown	8 (29.6%)
Recurrence	
Yes	14 (51.9%)
No	9 (33.3%)
Unknown	4 (14.8%)

Characterisitics	No. of patients (%)
Tumor site	
Oropharynx	19 (70.4%)
Larynx	8 (29.6%)
T stage	
T2	9 (33.3%)
T3/T4	17 (63%)
Tx	1 (3.7%)
N stage	
N0/N1	15 (55.6%)
N2	8 (29.6%)
Nx	4 (14.8%)
Differentiation	
Well	3 (11.1%)
Moderate	15 (55.6%)
Poor	7 (25.9%)
Unknown	2 (7.4%)
Perineural Invasion	
Yes	13 (48.2%)
No	5 (18.5%)
Unknown	9 (33.3%)
Lymphovascular Invasion	
Yes	7 (25.9%)
No	9 (33.3%)
Unknown	11 (40.8%)