WEBVTT

- NOTE duration:"01:02:20"
- NOTE recognizability:0.441
- NOTE language:en-us
- NOTE Confidence: 0.46249732
- $00{:}00{:}00{.}000$ --> $00{:}00{:}03.700$ Good afternoon and welcome
- NOTE Confidence: 0.46249732
- $00{:}00{:}03.700 \dashrightarrow 00{:}00{:}07.400$ to this Grand Round.
- NOTE Confidence: 0.46249732
- 00:00:07.400 --> 00:00:10.880 Today's speaker is Doctor Bruce Wennig.
- NOTE Confidence: 0.46249732
- $00{:}00{:}10.880 \dashrightarrow 00{:}00{:}13.900$ He's an internationally renowned head
- NOTE Confidence: 0.46249732
- 00:00:13.900 --> 00:00:16.920 and neck and endocrine pathology.
- NOTE Confidence: 0.46249732
- $00:00:16.920 \longrightarrow 00:00:19.100$ Dr. Wennig completed his
- NOTE Confidence: 0.46249732
- 00:00:19.100 --> 00:00:21.280 pathology residency at Mount
- NOTE Confidence: 0.46249732
- 00:00:21.280 --> 00:00:23.998 Sinai Medical Center in New York,
- NOTE Confidence: 0.46249732
- 00:00:24.000 --> 00:00:26.960 and he went on to do a fellowship
- NOTE Confidence: 0.46249732
- 00:00:26.960 --> 00:00:29.920 in anatomic pathology at Cedar
- NOTE Confidence: 0.46249732
- 00:00:29.920 --> 00:00:33.800 Sinai Medical Center in Los Angeles.
- NOTE Confidence: 0.46249732
- $00{:}00{:}33{.}800 \dashrightarrow 00{:}00{:}38{.}564$ And then he did a second fellowship in
- NOTE Confidence: 0.46249732
- $00{:}00{:}38.564 \dashrightarrow 00{:}00{:}40.960$ auto laryngologic pathology at AFIP
- NOTE Confidence: 0.32263222

00:00:43.040 --> 00:00:45.994 at the Armed Forces Institute of Pathology.

NOTE Confidence: 0.32263222

00:00:46.000 --> 00:00:49.918 Dr. Wennig quickly became a staff

NOTE Confidence: 0.32263222

 $00:00:49.918 \dashrightarrow 00:00:53.258$ pathologist in the Department of

NOTE Confidence: 0.32263222

00:00:53.258 --> 00:00:56.142 Endocrine and Autolaryngologic Pathology,

NOTE Confidence: 0.32263222

 $00:00:56.142 \rightarrow 00:01:02.960$ where he served from 1987 to 1998,

NOTE Confidence: 0.32263222

 $00:01:02.960 \longrightarrow 00:01:05.120$ a little over 10 years.

NOTE Confidence: 0.32263222

00:01:05.120 --> 00:01:06.443 During this time,

NOTE Confidence: 0.32263222

 $00:01:06.443 \rightarrow 00:01:09.530$ he rose through the ranks to become

NOTE Confidence: 0.32263222

00:01:09.613 --> 00:01:11.938 Assistant Chair of the Department

NOTE Confidence: 0.32263222

 $00{:}01{:}11{.}938 \dashrightarrow 00{:}01{:}15{.}166$ and later Chief of the Division

NOTE Confidence: 0.32263222

00:01:15.166 --> 00:01:17.599 of Autolaryngologic Pathology.

NOTE Confidence: 0.32263222

00:01:17.600 --> 00:01:19.097 During this time,

NOTE Confidence: 0.32263222

00:01:19.097 --> 00:01:22.091 he also served as consultant at

NOTE Confidence: 0.32263222

 $00:01:22.091 \longrightarrow 00:01:25.543$ Walter Reed Hospital and the National

NOTE Confidence: 0.32263222

 $00{:}01{:}25{.}543 \dashrightarrow 00{:}01{:}28{.}398$ Naval Medical Center in Bethesda.

NOTE Confidence: 0.32263222

00:01:28.400 --> 00:01:33.880 He served the US Naval Reserve Medical Corps.

- NOTE Confidence: 0.32263222
- 00:01:33.880 --> 00:01:35.480 In 1998,
- NOTE Confidence: 0.32263222
- 00:01:35.480 --> 00:01:38.496 Doctor Wenig got an opportunity
- NOTE Confidence: 0.32263222
- $00{:}01{:}38{.}496 \dashrightarrow 00{:}01{:}42{.}568$ to move back to New York as Vice
- NOTE Confidence: 0.32263222
- 00:01:42.568 --> 00:01:45.693 Chair of Anatomic Pathology at
- NOTE Confidence: 0.32263222
- 00:01:45.693 --> 00:01:48.158 Albert Einstein College of Medicine.
- NOTE Confidence: 0.6366864
- 00:01:50.280 --> 00:01:54.466 Subsequently, he became Vice Chair of 8th
- NOTE Confidence: 0.6366864
- 00:01:54.466 --> 00:01:57.173 Anatomic Pathology at Bethesdale Medical
- NOTE Confidence: 0.6366864
- $00{:}01{:}57{.}173 \dashrightarrow 00{:}02{:}00{.}638$ Center and then became the Chair of
- NOTE Confidence: 0.6366864
- 00:02:00.638 --> 00:02:04.200 Pathology at Continuum Healthcare System,
- NOTE Confidence: 0.6366864
- $00{:}02{:}04{.}200 \dashrightarrow 00{:}02{:}08{.}880$ which oversaw or included multiple hospital
- NOTE Confidence: 0.6366864
- $00{:}02{:}08.880 \dashrightarrow 00{:}02{:}13.200$ Pathology departments in New York City.
- NOTE Confidence: 0.6366864
- $00:02:13.200 \longrightarrow 00:02:15.200$ Subsequent to it's merger
- NOTE Confidence: 0.6366864
- $00:02:15.200 \longrightarrow 00:02:17.200$ with Mount Sinai Hospital,
- NOTE Confidence: 0.6366864
- 00:02:17.200 --> 00:02:20.496 Doctor Wennig became a Site Chair and a
- NOTE Confidence: 0.6366864
- $00:02:20.496 \rightarrow 00:02:23.959$ Vice Chair in the Department of Pathology.
- NOTE Confidence: 0.6366864

00:02:23.960 --> 00:02:27.782 Since 2016, Doctor Wennig has been at NOTE Confidence: 0.6366864 $00{:}02{:}27.782 \dashrightarrow 00{:}02{:}31.445$ Moffett Cancer Center where he is currently NOTE Confidence: 0.6366864 $00:02:31.445 \longrightarrow 00:02:35.813$ the Chair of the Department of Pathology. Dr. NOTE Confidence: 0.6366864 $00{:}02{:}35{.}813 \dashrightarrow 00{:}02{:}39{.}437$ Wennig has been very generous with his time, NOTE Confidence: 0.6366864 $00:02:39.440 \longrightarrow 00:02:43.540$ serving at many leadership positions NOTE Confidence: 0.6366864 $00:02:43.540 \rightarrow 00:02:46.450$ and in many committees with the NOTE Confidence: 0.6366864 00:02:46.534 --> 00:02:48.958 College of American Pathology, NOTE Confidence: 0.6366864 $00{:}02{:}48{.}960 \dashrightarrow 00{:}02{:}51{.}336$ United States and Canadian NOTE Confidence: 0.6366864 00:02:51.336 --> 00:02:53.118 Academy of Pathology. NOTE Confidence: 0.6366864 $00:02:53.120 \rightarrow 00:02:56.258$ He was Vice President and President NOTE Confidence: 0.6366864 $00{:}02{:}56{.}258 \dashrightarrow 00{:}02{:}59{.}561$ of the North American Society of NOTE Confidence: 0.6366864 $00:02:59.561 \rightarrow 00:03:02.356$ Hedonic Pathology and also served NOTE Confidence: 0.6366864 $00:03:02.356 \dashrightarrow 00:03:05.822$ on the Committee of the American NOTE Confidence: 0.6366864 00:03:05.822 --> 00:03:10.200 Joint Committee on Cancers, AJCC. NOTE Confidence: 0.6366864 $00:03:10.200 \rightarrow 00:03:13.800$ He's on the editorial board of many high NOTE Confidence: 0.6366864 $00:03:13.800 \rightarrow 00:03:16.459$ impact factor pathology journals and

- NOTE Confidence: 0.6366864
- $00:03:16.459 \rightarrow 00:03:19.795$ has won many scholarships and awards,

 $00:03:19.800 \dashrightarrow 00:03:24.512$ the most recent of which is the Maude

NOTE Confidence: 0.6366864

 $00:03:24.512 \dashrightarrow 00:03:27.643$ Abbott Lectureship at USCAP in 2021.

NOTE Confidence: 0.6366864

 $00:03:27.643 \rightarrow 00:03:31.741$ His prolific career is highlighted by

NOTE Confidence: 0.6366864

 $00:03:31.741 \longrightarrow 00:03:35.400$ publication of close to 150 original

NOTE Confidence: 0.6366864

 $00:03:35.400 \longrightarrow 00:03:39.352$ articles and close to 100 chapters,

NOTE Confidence: 0.6366864

00:03:39.352 --> 00:03:40.856 books, monographs,

NOTE Confidence: 0.6366864

 $00:03:40.856 \rightarrow 00:03:46.120$ including chapters on in the Fletcher book,

NOTE Confidence: 0.6366864

00:03:46.120 --> 00:03:49.260 The Millsburg, The Barnesburg,

NOTE Confidence: 0.6366864

 $00:03:49.260 \dashrightarrow 00:03:53.970$ and he's been a significant contributor

NOTE Confidence: 0.6366864

00:03:54.084 --> 00:03:57.744 to The Who Blue Book since 2005,

NOTE Confidence: 0.6366864

 $00:03:57.744 \longrightarrow 00:04:00.720$ since the third series.

NOTE Confidence: 0.6366864

 $00:04:00.720 \longrightarrow 00:04:02.718$ And in the current fifth series,

NOTE Confidence: 0.6366864

 $00{:}04{:}02{.}720 \dashrightarrow 00{:}04{:}06{.}128$ Doctor Wennig is a member of

NOTE Confidence: 0.6366864

 $00:04:06.128 \rightarrow 00:04:07.832$ the editorial board.

 $00:04:07.840 \dashrightarrow 00:04:10.836$ So he's a much sought after speaker.

NOTE Confidence: 0.6366864

00:04:10.840 --> 00:04:13.666 And those who attended his morning

NOTE Confidence: 0.6366864

00:04:13.666 --> 00:04:16.561 slide seminar have seen a glimpse

NOTE Confidence: 0.6366864

 $00{:}04{:}16.561 \dashrightarrow 00{:}04{:}18.876$ of what a fantastic educator

NOTE Confidence: 0.6366864

 $00:04:18.876 \longrightarrow 00:04:21.079$ and teacher Doctor Wenig is.

NOTE Confidence: 0.6366864

 $00:04:21.080 \longrightarrow 00:04:22.460$ So with that,

NOTE Confidence: 0.6366864

00:04:22.460 --> 00:04:22.920 Bruce,

NOTE Confidence: 0.5468971

 $00:04:25.920 \longrightarrow 00:04:27.192$ thank you Doctor Preside.

NOTE Confidence: 0.5468971

 $00{:}04{:}27.192 \dashrightarrow 00{:}04{:}29.640$ It's a pleasure and honor to be here.

NOTE Confidence: 0.5468971

 $00:04:29.640 \rightarrow 00:04:31.476$ I've actually never been to Yale,

NOTE Confidence: 0.5468971

00:04:31.480 --> 00:04:33.829 even though I grew up and lived in New

NOTE Confidence: 0.5468971

 $00:04:33.829 \dashrightarrow 00:04:36.040$ York and Westchester for many years.

NOTE Confidence: 0.5468971

 $00{:}04{:}36{.}040 \dashrightarrow 00{:}04{:}37{.}748$ Been a long time since I've been

NOTE Confidence: 0.5468971

 $00{:}04{:}37.748 \dashrightarrow 00{:}04{:}39.872$ in an old school amphitheater and

NOTE Confidence: 0.5468971

 $00:04:39.872 \longrightarrow 00:04:42.024$ it's wonderful you're part of my

NOTE Confidence: 0.5468971

 $00:04:42.024 \rightarrow 00:04:43.920$ informality Since I've moved to Florida.

- NOTE Confidence: 0.5468971
- $00:04:43.920 \rightarrow 00:04:47.880$ I know where longer wear a coat nor a jacket.

 $00{:}04{:}47{.}880 \dashrightarrow 00{:}04{:}49{.}154$ So what I'd like to talk to

NOTE Confidence: 0.5468971

 $00:04:49.154 \longrightarrow 00:04:50.438$ you about is is listed here.

NOTE Confidence: 0.5468971

00:04:50.440 --> 00:04:52.192 It's viral cancer,

NOTE Confidence: 0.5468971

 $00{:}04{:}52{.}192 \dashrightarrow 00{:}04{:}54{.}524$ associated cancers of the head and

NOTE Confidence: 0.5468971

 $00{:}04{:}54{.}524 \dashrightarrow 00{:}04{:}57{.}176$ neck within this hour's talk spend most

NOTE Confidence: 0.5468971

 $00:04:57.176 \dashrightarrow 00:05:01.840$ of the time on HPV related cancers.

NOTE Confidence: 0.5468971

00:05:01.840 --> 00:05:03.496 By now you're probably aware of

NOTE Confidence: 0.5468971

 $00{:}05{:}03.496 \dashrightarrow 00{:}05{:}04.600$ the clinical pathologic features,

NOTE Confidence: 0.5468971

 $00:05:04.600 \longrightarrow 00:05:06.280$ but we'll go through that.

NOTE Confidence: 0.5468971

 $00{:}05{:}06{.}280 \dashrightarrow 00{:}05{:}08{.}355$ There's an ever increasing morphologic

NOTE Confidence: 0.5468971

 $00{:}05{:}08{.}355 \dashrightarrow 00{:}05{:}10{.}738$ spectrum of these tumors that I

NOTE Confidence: 0.5468971

 $00:05:10.738 \longrightarrow 00:05:12.450$ want to share with you that if

NOTE Confidence: 0.5468971

00:05:12.450 --> 00:05:14.900 you do head and neck or if you do

NOTE Confidence: 0.5468971

 $00:05:14.900 \rightarrow 00:05:16.448$ psychology of superficial lesions,

00:05:16.448 --> 00:05:19.080 you should be aware of the spectrum NOTE Confidence: 0.5468971 00:05:19.144 --> 00:05:21.514 of HPV related changes and not

NOTE Confidence: 0.5468971

00:05:21.514 --> 00:05:23.094 dismiss a particular morphology

NOTE Confidence: 0.5468971

00:05:23.159 --> 00:05:25.223 because you don't think we're going

NOTE Confidence: 0.5468971

 $00{:}05{:}25{.}223 \dashrightarrow 00{:}05{:}27{.}136$ to think about the possibility

NOTE Confidence: 0.5468971

 $00{:}05{:}27.136 \dashrightarrow 00{:}05{:}31.800$ of being an HPV positive cancer.

NOTE Confidence: 0.5468971

00:05:31.800 --> 00:05:35.920 P16 is helpful, but it can be confusing.

NOTE Confidence: 0.5468971

 $00:05:35.920 \longrightarrow 00:05:37.840$ So I want to spend a little bit

NOTE Confidence: 0.5468971

 $00{:}05{:}37{.}840 \dashrightarrow 00{:}05{:}39{.}812$ time on mechanism, What's positive,

NOTE Confidence: 0.5468971

 $00:05:39.812 \longrightarrow 00:05:41.436$ what's negative, you know,

NOTE Confidence: 0.5468971

 $00{:}05{:}41{.}440 \dashrightarrow 00{:}05{:}43{.}708$ when it may be applicable and

NOTE Confidence: 0.5468971

 $00:05:43.708 \longrightarrow 00:05:45.560$ when it may not be.

NOTE Confidence: 0.5468971

 $00{:}05{:}45{.}560 \dashrightarrow 00{:}05{:}47{.}315$ And the granddaddy of head

NOTE Confidence: 0.5468971

 $00:05:47.315 \longrightarrow 00:05:48.719$ and neck viral cancers,

NOTE Confidence: 0.5468971

 $00:05:48.720 \dashrightarrow 00:05:50.928$ his nasopharyngeal carcinoma,

NOTE Confidence: 0.5468971

 $00:05:50.928 \longrightarrow 00:05:52.400$ different location,

- NOTE Confidence: 0.5468971
- $00{:}05{:}52{.}400 \dashrightarrow 00{:}05{:}53{.}972$ overlapping morphology and like

00:05:53.972 --> 00:05:56.330 HPB often is a cult primary

NOTE Confidence: 0.5468971

 $00{:}05{:}56{.}400 \dashrightarrow 00{:}05{:}58{.}800$ presenting with the neck metastasis.

NOTE Confidence: 0.5468971

 $00{:}05{:}58{.}800 \dashrightarrow 00{:}06{:}01{.}840$ And you may be confronted with a lesion

NOTE Confidence: 0.5468971

 $00{:}06{:}01{.}840 \dashrightarrow 00{:}06{:}03{.}315$ that has overlapping morphology that

NOTE Confidence: 0.5468971

 $00:06:03.315 \longrightarrow 00:06:05.879$ if you only think of 1 and not the other,

NOTE Confidence: 0.5468971

 $00{:}06{:}05{.}880 \dashrightarrow 00{:}06{:}09{.}572$ we may miss the diagnosis and the clinical

NOTE Confidence: 0.5468971

 $00:06:09.572 \rightarrow 00:06:12.716$ therapeutic impact on that is important.

NOTE Confidence: 0.5468971

 $00:06:12.720 \rightarrow 00:06:15.168$ And then obviously you know once we

NOTE Confidence: 0.5468971

00:06:15.168 --> 00:06:17.296 get through that talk about the occult

NOTE Confidence: 0.5468971

 $00:06:17.296 \dashrightarrow 00:06:19.038$ metastatic cancer all within an hour.

NOTE Confidence: 0.5468971

 $00{:}06{:}19{.}040 \dashrightarrow 00{:}06{:}20{.}720$ So I will try to make this

NOTE Confidence: 0.5468971

 $00{:}06{:}20.720 \dashrightarrow 00{:}06{:}22.640$ you know as quick as possible.

NOTE Confidence: 0.5468971

 $00{:}06{:}22.640 \dashrightarrow 00{:}06{:}25.532$ So medical mortality,

NOTE Confidence: 0.5468971

 $00{:}06{:}25{.}532 \dashrightarrow 00{:}06{:}29{.}390$ we can report in 2018 show the

 $00:06:29.390 \longrightarrow 00:06:32.570$ trends in HPV positive human cancers

NOTE Confidence: 0.5468971

 $00{:}06{:}32.570 \dashrightarrow 00{:}06{:}35.958$ and as you can see here in about

NOTE Confidence: 0.5468971

00:06:35.960 --> 00:06:38.690 2010 or pharyngeal HPV cancer

NOTE Confidence: 0.5468971

 $00{:}06{:}38.690 \dashrightarrow 00{:}06{:}42.096$ overtook cervical HPV as the most

NOTE Confidence: 0.5468971

 $00{:}06{:}42.096 \dashrightarrow 00{:}06{:}44.996$ common human HPV related cancer.

NOTE Confidence: 0.5468971

 $00:06:45.000 \longrightarrow 00:06:46.400$ When you think about it,

NOTE Confidence: 0.5468971

 $00{:}06{:}46{.}400 \dashrightarrow 00{:}06{:}49{.}793$ it makes sense because we have a Pap smear.

NOTE Confidence: 0.5468971

 $00:06:49.800 \rightarrow 00:06:52.220$ So there's surveillance and early

NOTE Confidence: 0.5468971

 $00{:}06{:}52{.}220 \dashrightarrow 00{:}06{:}54{.}156$ surveillance for cervical cancer.

NOTE Confidence: 0.5468971

00:06:54.160 --> 00:06:54.864 Conversely,

NOTE Confidence: 0.5468971

 $00:06:54.864 \dashrightarrow 00:06:57.680$ there's no early manifestations

NOTE Confidence: 0.5468971

 $00:06:57.680 \rightarrow 00:06:59.318$ of oropharyngeal cancer.

NOTE Confidence: 0.5468971

00:06:59.318 --> 00:07:00.956 They're clinically quiescent,

NOTE Confidence: 0.5468971

 $00:07:00.960 \dashrightarrow 00:07:02.512$ often patients present with

NOTE Confidence: 0.5468971

 $00{:}07{:}02.512 \dashrightarrow 00{:}07{:}03.676$ the neck metastasis.

NOTE Confidence: 0.5468971

 $00:07:03.680 \rightarrow 00:07:05.157$ There's no way to screen for them.

- NOTE Confidence: 0.5468971
- $00:07:05.160 \longrightarrow 00:07:05.990$ There's some,

00:07:05.990 --> 00:07:06.820 you know,

NOTE Confidence: 0.5468971

 $00:07:06.820 \rightarrow 00:07:08.895$ ongoing saliva and testing that

NOTE Confidence: 0.5468971

 $00:07:08.895 \rightarrow 00:07:11.636$ may portend the possibility of that,

NOTE Confidence: 0.5468971

 $00:07:11.640 \longrightarrow 00:07:13.719$ but it's not ready for prime time.

NOTE Confidence: 0.5468971

 $00:07:13.720 \longrightarrow 00:07:16.276$ So it makes sense that because

NOTE Confidence: 0.5468971

 $00{:}07{:}16.276 \dashrightarrow 00{:}07{:}18.422$ there's no surveillance and with

NOTE Confidence: 0.5468971

 $00:07:18.422 \longrightarrow 00:07:20.577$ increased incidence it's going to

NOTE Confidence: 0.5468971

 $00{:}07{:}20.577$ --> $00{:}07{:}22.551$ overtake cervical cancer and all

NOTE Confidence: 0.5468971

 $00{:}07{:}22.551 \dashrightarrow 00{:}07{:}24.707$ other cancers in terms of being the

NOTE Confidence: 0.5468971

 $00{:}07{:}24.707 \dashrightarrow 00{:}07{:}26.759$ most common HPV related cancer.

NOTE Confidence: 0.5468971

 $00:07:26.760 \dashrightarrow 00:07:29.344$ So when we think about head and neck

NOTE Confidence: 0.5468971

 $00{:}07{:}29{.}344$ --> $00{:}07{:}31{.}387$ squamous carcinoma and in spectrum of NOTE Confidence: 0.5468971

00:07:31.387 --> 00:07:33.391 squamous carcinoma or the HPV cancers,

NOTE Confidence: 0.5468971

 $00{:}07{:}33{.}400 \dashrightarrow 00{:}07{:}35{.}878$ you know this is the typical scenario,

00:07:35.880 --> 00:07:41.040 older tobacco abuser, alcohol abuser,

NOTE Confidence: 0.5468971

00:07:41.040 --> 00:07:41.341 right.

NOTE Confidence: 0.5468971

 $00{:}07{:}41.341 \dashrightarrow 00{:}07{:}43.147$ So this is what we think

NOTE Confidence: 0.5468971

 $00:07:43.147 \longrightarrow 00:07:44.050$ about for conventional

NOTE Confidence: 0.5717093

 $00{:}07{:}44.108 \dashrightarrow 00{:}07{:}46.404$ squamous cancer. But as you know

NOTE Confidence: 0.5717093

 $00:07:46.404 \rightarrow 00:07:48.510$ by now the the demographics for

NOTE Confidence: 0.5717093

00:07:48.590 --> 00:07:50.840 the HPV is different, younger

NOTE Confidence: 0.5717093

 $00:07:53.280 \longrightarrow 00:07:58.066$ often Caucasian, often affluent and so

NOTE Confidence: 0.5717093

00:07:58.066 $\operatorname{-->}$ 00:08:01.097 that sets up a compare and contrast

NOTE Confidence: 0.5717093

 $00{:}08{:}01.097 \dashrightarrow 00{:}08{:}03.208$ between HPV associated and HPV independent.

NOTE Confidence: 0.5717093

 $00{:}08{:}03{.}208 \dashrightarrow 00{:}08{:}05{.}512$ And just to briefly go through this

NOTE Confidence: 0.5717093

 $00:08:05.512 \longrightarrow 00:08:07.560$ and I'll go through it in more detail.

NOTE Confidence: 0.5717093

 $00{:}08{:}07{.}560 \dashrightarrow 00{:}08{:}11{.}596$ So tend to be younger risk factors

NOTE Confidence: 0.5717093

 $00:08:11.596 \rightarrow 00:08:14.104$ are related to HPV and conversely

NOTE Confidence: 0.5717093

00:08:14.104 --> 00:08:15.879 non HPV is alcohol,

NOTE Confidence: 0.5717093

 $00:08:15.880 \rightarrow 00:08:19.392$ is tobacco and alcohol the primary

- NOTE Confidence: 0.5717093
- $00{:}08{:}19{.}392 \dashrightarrow 00{:}08{:}20{.}976$ location for these or pharyngeal

 $00:08:20.976 \longrightarrow 00:08:23.439$ cancers at the base of the tongue

NOTE Confidence: 0.5717093

 $00:08:23.440 \rightarrow 00:08:25.358$ and the tonsil and we'll go through

NOTE Confidence: 0.5717093

 $00:08:25.358 \rightarrow 00:08:27.173$ that some of that morphology and

NOTE Confidence: 0.5717093

 $00:08:27.173 \longrightarrow 00:08:29.039$ why it may localize to there.

NOTE Confidence: 0.5717093

 $00{:}08{:}29{.}040 \dashrightarrow 00{:}08{:}32{.}456$ It's a rather unique type of epithelium

NOTE Confidence: 0.5717093

 $00:08:32.456 \rightarrow 00:08:33.920$ called reticulated epithelium.

NOTE Confidence: 0.5717093

 $00{:}08{:}33{.}920 \dashrightarrow 00{:}08{:}37{.}456$ As far as I'm aware that epithelium doesn't

NOTE Confidence: 0.5717093

 $00{:}08{:}37{.}456 \dashrightarrow 00{:}08{:}40{.}003$ exist elsewhere which may explain some

NOTE Confidence: 0.5717093

 $00:08:40.003 \rightarrow 00:08:43.359$ of the issues related to these HPV cancers.

NOTE Confidence: 0.5717093

 $00{:}08{:}43.360 \dashrightarrow 00{:}08{:}47.280$ The other to bacco related or HPV

NOTE Confidence: 0.5717093

 $00:08:47.280 \longrightarrow 00:08:50.720$ independent can arise of any mucosal site,

NOTE Confidence: 0.5717093

00:08:50.720 --> 00:08:51.530 oral cavity,

NOTE Confidence: 0.5717093

 $00:08:51.530 \dashrightarrow 00:08:53.960$ larynx of the more common locations.

NOTE Confidence: 0.5717093

 $00:08:53.960 \rightarrow 00:08:57.222$ There is a pre malignant lesion association

 $00:08:57.222 \rightarrow 00:09:00.478$ associated with the HPV independent cancers.

NOTE Confidence: 0.5717093

 $00{:}09{:}00{.}480 \dashrightarrow 00{:}09{:}03{.}408$ We see dysplasia that predates or

NOTE Confidence: 0.5717093

 $00:09:03.408 \dashrightarrow 00:09:06.040$ or precedes the invasive cancer.

NOTE Confidence: 0.5717093

 $00:09:06.040 \longrightarrow 00:09:08.302$ The same is not necessarily applicable

NOTE Confidence: 0.5717093

 $00{:}09{:}08{.}302 \dashrightarrow 00{:}09{:}10{.}400$ for the HPV related cancers.

NOTE Confidence: 0.5717093

 $00:09:10.400 \longrightarrow 00:09:12.440$ The Histology is different the

NOTE Confidence: 0.5717093

 $00{:}09{:}12{.}440 \dashrightarrow 00{:}09{:}15{.}356$ ones that are HPV related or

NOTE Confidence: 0.5717093

 $00:09:15.356 \rightarrow 00:09:16.958$ predominantly uncharatinizing.

NOTE Confidence: 0.5717093

00:09:16.960 --> 00:09:18.532 That doesn't mean you can't get

NOTE Confidence: 0.5717093

 $00:09:18.532 \rightarrow 00:09:20.040$ characterization as I will show you,

NOTE Confidence: 0.5717093

 $00:09:20.040 \longrightarrow 00:09:21.960$ but the independent ones

NOTE Confidence: 0.5717093

 $00:09:21.960 \rightarrow 00:09:23.400$ are primarily keratinizing.

NOTE Confidence: 0.5717093

 $00:09:23.400 \longrightarrow 00:09:26.040$ We'll go through P16 and and

NOTE Confidence: 0.5717093

 $00:09:26.040 \longrightarrow 00:09:27.800$ and insight to HPV.

NOTE Confidence: 0.5717093

 $00{:}09{:}27{.}800 \dashrightarrow 00{:}09{:}30{.}024$ You need to be aware and I'll I'll

NOTE Confidence: 0.5717093

 $00:09:30.024 \rightarrow 00:09:32.505$ go through it again that there's this

 $00:09:32.505 \rightarrow 00:09:35.216$ degrading of these non keratinizing

NOTE Confidence: 0.5717093

 $00{:}09{:}35{.}216 \dashrightarrow 00{:}09{:}37{.}655$ cancers are not applicable and I'll

NOTE Confidence: 0.5717093

00:09:37.655 --> 00:09:40.495 explain why most people view them as

NOTE Confidence: 0.5717093

 $00:09:40.495 \rightarrow 00:09:42.323$ poorly differentiated but they're

NOTE Confidence: 0.5717093

 $00:09:42.323 \dashrightarrow 00:09:44.676$ in fact differentiated even though

NOTE Confidence: 0.5717093

 $00{:}09{:}44.676$ --> $00{:}09{:}47.462$ we don't see keratinization and the

NOTE Confidence: 0.5717093

00:09:47.462 --> 00:09:49.917 HPV cancers are radio responsive,

NOTE Confidence: 0.5717093

00:09:49.920 --> 00:09:51.513 radiosensitive and chemotherapeutically

NOTE Confidence: 0.5717093

 $00{:}09{:}51{.}513 \dashrightarrow 00{:}09{:}54{.}168$ sensitive conversely the non or

NOTE Confidence: 0.5717093

 $00:09:54.168 \dashrightarrow 00:09:56.917$ the HPV independent ones or not.

NOTE Confidence: 0.5717093

 $00{:}09{:}56{.}920 \dashrightarrow 00{:}10{:}00{.}511$ And that contrasts in terms of you

NOTE Confidence: 0.5717093

00:10:00.511 --> 00:10:03.130 know biologic behavior in response

NOTE Confidence: 0.5717093

 $00{:}10{:}03.130 \dashrightarrow 00{:}10{:}05.648$ to the rapy before we get bogged

NOTE Confidence: 0.5717093

 $00{:}10{:}05{.}648 \dashrightarrow 00{:}10{:}07{.}558$ down on a particular age.

NOTE Confidence: 0.5717093

 $00:10:07.560 \rightarrow 00:10:09.744$ This graph just shows that HPV

 $00:10:09.744 \longrightarrow 00:10:11.650$ related cancers are not limited

NOTE Confidence: 0.5717093

 $00{:}10{:}11{.}650 \dashrightarrow 00{:}10{:}13{.}560$ to a particular age group.

NOTE Confidence: 0.5717093

 $00{:}10{:}13.560 \dashrightarrow 00{:}10{:}15.832$ You could see the trend here is that

NOTE Confidence: 0.5717093

 $00:10:15.832 \longrightarrow 00:10:18.319$ it can occur in older age patients.

NOTE Confidence: 0.5717093

 $00{:}10{:}18{.}320 \dashrightarrow 00{:}10{:}19{.}796$ You know and may be the poster

NOTE Confidence: 0.5717093

 $00{:}10{:}19{.}796 \dashrightarrow 00{:}10{:}21{.}680$ child for that is Michael Douglas,

NOTE Confidence: 0.5717093

 $00:10:21.680 \rightarrow 00:10:23.556$ would they have an HPV related cancer,

NOTE Confidence: 0.5717093

 $00:10:23.560 \longrightarrow 00:10:24.376$ older, white,

NOTE Confidence: 0.5717093

 $00{:}10{:}24.376 \dashrightarrow 00{:}10{:}26.824$ affluent and not within the demographics

NOTE Confidence: 0.5717093

 $00:10:26.824 \rightarrow 00:10:29.359$ that it was originally described.

NOTE Confidence: 0.5717093

 $00:10:29.360 \longrightarrow 00:10:32.111$ Before we get into some of the

NOTE Confidence: 0.5717093

00:10:32.111 --> 00:10:33.920 histological or pathologic details,

NOTE Confidence: 0.5717093

 $00:10:33.920 \longrightarrow 00:10:37.400$ yes, these are viral related,

NOTE Confidence: 0.5717093

00:10:37.400 --> 00:10:39.688 but tobacco smoking negatively

NOTE Confidence: 0.5717093

 $00{:}10{:}39.688 \dashrightarrow 00{:}10{:}43.120$ impacts on response to to the rapy.

NOTE Confidence: 0.5717093

 $00:10:43.120 \longrightarrow 00:10:44.311$ And these graphs,

- NOTE Confidence: 0.5717093
- $00:10:44.311 \rightarrow 00:10:48.106$ the top ones are you know HPV alone related,

00:10:48.106 --> 00:10:50.636 independent and the bottom two

NOTE Confidence: 0.5717093

 $00:10:50.636 \rightarrow 00:10:52.154$ are with smoking,

NOTE Confidence: 0.5717093

 $00:10:52.160 \rightarrow 00:10:54.477$ HPV with smoking and HP and this

NOTE Confidence: 0.5717093

 $00{:}10{:}54{.}477 \dashrightarrow 00{:}10{:}56{.}694$ is patients who have greater than

NOTE Confidence: 0.5717093

00:10:56.694 --> 00:10:58.992 30 pack year history of smoking.

NOTE Confidence: 0.5717093

 $00{:}10{:}59{.}000 \dashrightarrow 00{:}11{:}01{.}968$ So you could see the trend is that

NOTE Confidence: 0.5717093

 $00:11:01.968 \rightarrow 00:11:04.831$ patients who had HPV and are to bacco

NOTE Confidence: 0.5717093

 $00{:}11{:}04{.}831 \dashrightarrow 00{:}11{:}07{.}480$ abusers are poor responders to

NOTE Confidence: 0.5717093

 $00{:}11{:}07{.}480 \dashrightarrow 00{:}11{:}10{.}472$ treatment and that's true across

NOTE Confidence: 0.5717093

 $00{:}11{:}10.472 \dashrightarrow 00{:}11{:}12.444$ this all AJC staging levels.

NOTE Confidence: 0.5717093

 $00{:}11{:}12{.}444 \dashrightarrow 00{:}11{:}15{.}879$ So this is a nice paper that details that.

NOTE Confidence: 0.5717093

 $00:11:15.880 \longrightarrow 00:11:20.391$ Just want to show you that HPV is

NOTE Confidence: 0.5717093

 $00{:}11{:}20{.}391 \dashrightarrow 00{:}11{:}22{.}595$ negatively impacted by cofactors

NOTE Confidence: 0.5717093

 $00{:}11{:}22.595 \dashrightarrow 00{:}11{:}24.799$ which include to bacco use.

- $00:11:24.800 \longrightarrow 00:11:26.180$ So I wanted to present this
- NOTE Confidence: 0.5717093
- $00{:}11{:}26{.}180 \dashrightarrow 00{:}11{:}27{.}100$ whole scenario with an
- NOTE Confidence: 0.6414283
- $00{:}11{:}27.148 \dashrightarrow 00{:}11{:}28.756$ actual case when I was in New York.
- NOTE Confidence: 0.6414283
- $00:11:28.760 \longrightarrow 00:11:30.680$ This case came about.
- NOTE Confidence: 0.6414283
- $00{:}11{:}30{.}680 \dashrightarrow 00{:}11{:}33{.}296$ You know the demographics match what
- NOTE Confidence: 0.6414283
- 00:11:33.296 --> 00:11:36.080 I showed you before 41 year old man.
- NOTE Confidence: 0.6414283
- $00:11:36.080 \rightarrow 00:11:38.120$ He presented with an enlarging left.
- NOTE Confidence: 0.6414283
- 00:11:38.120 --> 00:11:42.048 Level 2 AI will show you
- NOTE Confidence: 0.6414283
- $00{:}11{:}42.048 \dashrightarrow 00{:}11{:}43.194$ the topographic anatomy.
- NOTE Confidence: 0.6414283
- $00:11:43.200 \rightarrow 00:11:46.680$ So for those of you who do head and neck,
- NOTE Confidence: 0.6414283
- 00:11:46.680 $\operatorname{-->}$ 00:11:48.416 I don't know if there are any clinicians
- NOTE Confidence: 0.6414283
- 00:11:48.416 --> 00:11:49.918 in the group or or listening,
- NOTE Confidence: 0.6414283
- $00:11:49.920 \rightarrow 00:11:53.637$ but neck mass does not mean anything.
- NOTE Confidence: 0.6414283
- $00{:}11{:}53.640 \dashrightarrow 00{:}11{:}55.992$ Neck mass in a particular anatomic
- NOTE Confidence: 0.6414283
- $00:11:55.992 \rightarrow 00:11:57.560$ location could mean everything.
- NOTE Confidence: 0.6414283
- 00:11:57.560 --> 00:11:59.936 So if I know clinically it's

- NOTE Confidence: 0.6414283
- 00:11:59.936 --> 00:12:01.520 a supraclavicular lymph node,

 $00{:}12{:}01{.}520 \dashrightarrow 00{:}12{:}03{.}380$ that primary is most likely going

NOTE Confidence: 0.6414283

 $00{:}12{:}03{.}380 \dashrightarrow 00{:}12{:}05{.}242$ to be somewhere outside the head

NOTE Confidence: 0.6414283

 $00:12:05.242 \longrightarrow 00:12:06.916$ and neck and below the clavicle.

NOTE Confidence: 0.6414283

00:12:06.920 --> 00:12:07.275 Conversely,

NOTE Confidence: 0.6414283

00:12:07.275 --> 00:12:10.057 if I know it's a level 2A or

NOTE Confidence: 0.6414283

 $00:12:10.057 \longrightarrow 00:12:11.839$ in the area of level 2,

NOTE Confidence: 0.6414283

 $00:12:11.840 \rightarrow 00:12:13.550$ that's a common drainage location

NOTE Confidence: 0.6414283

00:12:13.550 --> 00:12:14.918 for an oropharyngeal cancer.

NOTE Confidence: 0.6414283

 $00{:}12{:}14{.}920 \dashrightarrow 00{:}12{:}17{.}034$ So it's very important to be aware

NOTE Confidence: 0.6414283

 $00:12:17.034 \longrightarrow 00:12:18.740$ of the clinical presentation and

NOTE Confidence: 0.6414283

00:12:18.740 --> 00:12:20.960 nowhere in the neck that occurs.

NOTE Confidence: 0.6414283

 $00{:}12{:}20{.}960 \dashrightarrow 00{:}12{:}23{.}564$ This patient had no history of any NOTE Confidence: 0.6414283

1011 Connuclice: 0.0414205

00:12:23.564 --> 00:12:26.000 past cancers and no known history.

NOTE Confidence: 0.6414283

 $00{:}12{:}26.000 \dashrightarrow 00{:}12{:}28.870$ And here's the seven levels of the

 $00{:}12{:}28.870 \dashrightarrow 00{:}12{:}31.184$ topographic lymph node anatomy of the

NOTE Confidence: 0.6414283

00:12:31.184 --> 00:12:34.226 head and neck and and level 2A and 2B,

NOTE Confidence: 0.6414283

 $00{:}12{:}34.226 \dashrightarrow 00{:}12{:}36.620$ which is a common but not unique

NOTE Confidence: 0.6414283

 $00:12:36.701 \longrightarrow 00:12:38.689$ dedicated drainage from the

NOTE Confidence: 0.6414283

 $00{:}12{:}38.689 \dashrightarrow 00{:}12{:}41.594$ or opharynx is a common location for

NOTE Confidence: 0.6414283

00:12:41.594 --> 00:12:43.879 Nicole primary metastas to occur,

NOTE Confidence: 0.6414283

 $00:12:43.880 \longrightarrow 00:12:46.118$ whether in and around the parotid

NOTE Confidence: 0.6414283

 $00:12:46.118 \longrightarrow 00:12:48.545$ and we'll get to that later

NOTE Confidence: 0.6414283

 $00{:}12{:}48.545 \dashrightarrow 00{:}12{:}50.680$ or separate from the parotid.

NOTE Confidence: 0.6414283

 $00{:}12{:}50{.}680 \dashrightarrow 00{:}12{:}54{.}208$ So this patient on T1 and 2TT2 weighted

NOTE Confidence: 0.6414283

 $00{:}12{:}54{.}208 \dashrightarrow 00{:}12{:}57{.}760$ images had a cystic lesion that had necrosis.

NOTE Confidence: 0.6414283

00:12:57.760 --> 00:12:59.588 So cystic necrotic mass.

NOTE Confidence: 0.6414283

 $00:12:59.588 \rightarrow 00:13:01.873$ This is that patient's biopsy.

NOTE Confidence: 0.6414283

 $00:13:01.880 \longrightarrow 00:13:02.720$ It's an FNA.

NOTE Confidence: 0.6414283

 $00:13:02.720 \longrightarrow 00:13:03.840$ I'm not a cytopathologist.

NOTE Confidence: 0.6414283

 $00:13:03.840 \rightarrow 00:13:06.115$ I don't pretend to be a cytopathologist,

- NOTE Confidence: 0.6414283
- $00:13:06.120 \rightarrow 00:13:08.367$ but even I can recognize that these

 $00:13:08.367 \longrightarrow 00:13:09.720$ are malignant basaloid cells.

NOTE Confidence: 0.6414283

 $00:13:09.720 \longrightarrow 00:13:11.016$ They're cohesive.

NOTE Confidence: 0.6414283

 $00:13:11.016 \longrightarrow 00:13:12.960$ There's no characterization.

NOTE Confidence: 0.6414283

 $00{:}13{:}12{.}960 \dashrightarrow 00{:}13{:}14{.}928$ You know from day one that

NOTE Confidence: 0.6414283

00:13:14.928 --> 00:13:15.912 we're taught pathology.

NOTE Confidence: 0.6414283

 $00:13:15.920 \longrightarrow 00:13:17.040$ The more a tumor looks

NOTE Confidence: 0.6414283

 $00:13:17.040 \longrightarrow 00:13:18.160$ like it's all of origin,

NOTE Confidence: 0.6414283

00:13:18.160 - 00:13:20.000 the better differentiated it is,

NOTE Confidence: 0.6414283

00:13:20.000 --> 00:13:22.160 the less it looks like it's all of origin,

NOTE Confidence: 0.6414283

 $00:13:22.160 \longrightarrow 00:13:23.582$ the less differentiated.

NOTE Confidence: 0.6414283

 $00{:}13{:}23{.}582 \dashrightarrow 00{:}13{:}26{.}092$ So it makes sense to think

NOTE Confidence: 0.6414283

00:13:26.092 --> 00:13:27.831 about this as a metastatic,

NOTE Confidence: 0.6414283

00:13:27.831 --> 00:13:30.386 poor differentiated carcinoma and it

NOTE Confidence: 0.6414283

00:13:30.386 --> 00:13:32.680 is instance favor squamous cancer.

 $00:13:32.680 \longrightarrow 00:13:35.720$ The patient had a pet CT not only

NOTE Confidence: 0.6414283

 $00{:}13{:}35{.}803 \dashrightarrow 00{:}13{:}38{.}239$ lights up that large cystic met,

NOTE Confidence: 0.6414283

00:13:38.240 --> 00:13:39.905 but there's another metastasis and

NOTE Confidence: 0.6414283

 $00:13:39.905 \longrightarrow 00:13:42.024$ at the ipsilateral base of the

NOTE Confidence: 0.6414283

 $00{:}13{:}42.024 \dashrightarrow 00{:}13{:}43.596$ tongue there's increased uptake.

NOTE Confidence: 0.41070467

 $00{:}13{:}45{.}800 \dashrightarrow 00{:}13{:}48{.}810$ So then the biopsy happened and this

NOTE Confidence: 0.41070467

 $00{:}13{:}48.810 \dashrightarrow 00{:}13{:}52.170$ is tells you a lot about the nature

NOTE Confidence: 0.41070467

 $00{:}13{:}52{.}170 \dashrightarrow 00{:}13{:}54{.}266$ of this tumor and low magnification.

NOTE Confidence: 0.41070467

 $00{:}13{:}54{.}266 \dashrightarrow 00{:}13{:}56{.}078$ There's nobody in this room that

NOTE Confidence: 0.41070467

 $00:13:56.078 \rightarrow 00:13:57.718$ can tell me where they can't.

NOTE Confidence: 0.41070467

 $00{:}13{:}57{.}720 \dashrightarrow 00{:}14{:}00{.}159$ Yeah, I put the arrow where the cancer is,

NOTE Confidence: 0.41070467

00:14:00.160 --> 00:14:01.880 right? But the point being,

NOTE Confidence: 0.41070467

 $00{:}14{:}01{.}880 \dashrightarrow 00{:}14{:}05{.}160$ it's small wall dyer's ring of which the

NOTE Confidence: 0.41070467

00:14:05.160 --> 00:14:08.040 Oropharynxis is extranodal lymphoid tissue.

NOTE Confidence: 0.41070467

 $00:14:08.040 \rightarrow 00:14:10.644$ There's a lot of lymphoid infiltrate that

NOTE Confidence: 0.41070467

 $00{:}14{:}10.644 \dashrightarrow 00{:}14{:}13.367$ can overrun the tumor and these tend

- NOTE Confidence: 0.41070467
- $00:14:13.367 \longrightarrow 00:14:15.677$ not to induce a desmoplastic response.
- NOTE Confidence: 0.41070467
- $00:14:15.680 \rightarrow 00:14:17.972$ Maybe the body doesn't view this
- NOTE Confidence: 0.41070467
- $00:14:17.972 \longrightarrow 00:14:19.118$ as being for eign.
- NOTE Confidence: 0.41070467
- $00:14:19.120 \longrightarrow 00:14:20.800$ If you look at conventional
- NOTE Confidence: 0.41070467
- $00{:}14{:}20.800 \dashrightarrow 00{:}14{:}22.480$ squamous cancer would invades it's
- NOTE Confidence: 0.41070467
- $00:14:22.543 \dashrightarrow 00:14:23.633$ hard morphologically low power.
- NOTE Confidence: 0.41070467
- $00:14:23.633 \rightarrow 00:14:25.379$ You see the cancer and there's
- NOTE Confidence: 0.41070467
- $00{:}14{:}25{.}379 \dashrightarrow 00{:}14{:}26{.}958$ a decimal plastic response.
- NOTE Confidence: 0.41070467
- 00:14:26.960 --> 00:14:29.560 So small tumor as I will show you,
- NOTE Confidence: 0.41070467
- $00{:}14{:}29.560 \dashrightarrow 00{:}14{:}33.440$ no desmoplasia coexisting benign
- NOTE Confidence: 0.41070467
- $00{:}14{:}33{.}440 \dashrightarrow 00{:}14{:}35{.}840$ lymphoplasmic cytic infiltrate.
- NOTE Confidence: 0.41070467
- $00{:}14{:}35{.}840 \dashrightarrow 00{:}14{:}37{.}454$ It's easy to overlook and if
- NOTE Confidence: 0.41070467
- $00:14:37.454 \longrightarrow 00:14:39.080$ you look at the surface,
- NOTE Confidence: 0.41070467
- 00:14:39.080 --> 00:14:41.000 there's no dysplasia we talked
- NOTE Confidence: 0.41070467
- 00:14:41.000 --> 00:14:42.920 about no pre malignant lesion.
- NOTE Confidence: 0.41070467

 $00{:}14{:}42{.}920 \dashrightarrow 00{:}14{:}44{.}572$ But as we get to a little

NOTE Confidence: 0.41070467

 $00{:}14{:}44{.}572 \dashrightarrow 00{:}14{:}45{.}280$ bit higher magnification,

NOTE Confidence: 0.41070467

 $00{:}14{:}45{.}280 \dashrightarrow 00{:}14{:}47{.}206$ you could see the malignant basaloid

NOTE Confidence: 0.41070467

 $00{:}14{:}47.206 \dashrightarrow 00{:}14{:}49.437$ cells that match what was in the neck.

NOTE Confidence: 0.41070467

 $00{:}14{:}49{.}440 \dashrightarrow 00{:}14{:}51{.}276$ There's also some disc keratotic cells.

NOTE Confidence: 0.41070467

 $00:14:51.280 \longrightarrow 00:14:54.055$ So these are not completely

NOTE Confidence: 0.41070467

00:14:54.055 --> 00:14:55.720 devoid of characterization.

NOTE Confidence: 0.41070467

 $00:14:55.720 \rightarrow 00:14:56.880$ And deeper in the block,

NOTE Confidence: 0.41070467

00:14:56.880 --> 00:14:58.440 you can see there's more tumor,

NOTE Confidence: 0.41070467

00:14:58.440 --> 00:15:00.080 but it's still small,

NOTE Confidence: 0.41070467

 $00:15:00.080 \rightarrow 00:15:01.720$ certainly under a centimeter,

NOTE Confidence: 0.41070467

 $00:15:01.720 \rightarrow 00:15:03.880$ your keratin positive and P16,

NOTE Confidence: 0.41070467

 $00:15:03.880 \rightarrow 00:15:05.398$ I'm just showing you for now.

NOTE Confidence: 0.41070467

 $00{:}15{:}05{.}400 \dashrightarrow 00{:}15{:}08{.}400$ We'll talk about that a little bit later.

NOTE Confidence: 0.41070467

 $00:15:08.400 \rightarrow 00:15:11.400$ Often these arise in the tonsil or crypt,

NOTE Confidence: 0.41070467

 $00:15:11.400 \longrightarrow 00:15:12.648$ there's a different case.

- NOTE Confidence: 0.41070467
- $00:15:12.648 \longrightarrow 00:15:14.208$ So if you think patient
- NOTE Confidence: 0.41070467
- $00{:}15{:}14.208 \dashrightarrow 00{:}15{:}15.639$ has a neck metastasis,
- NOTE Confidence: 0.41070467
- 00:15:15.640 --> 00:15:17.446 you know if you don't do a
- NOTE Confidence: 0.41070467
- $00{:}15{:}17{.}446 \dashrightarrow 00{:}15{:}19{.}136$ tonsillectomy with do blonde clinicians
- NOTE Confidence: 0.41070467
- $00{:}15{:}19{.}136 \dashrightarrow 00{:}15{:}21{.}280$ do endoscopic blind biopsies.
- NOTE Confidence: 0.41070467
- $00:15:21.280 \longrightarrow 00:15:22.414$ If they only took the biopsy
- NOTE Confidence: 0.41070467
- $00:15:22.414 \longrightarrow 00:15:23.760$ up to that where the arrow is,
- NOTE Confidence: 0.41070467
- $00{:}15{:}23.760 \dashrightarrow 00{:}15{:}25.278$ they're going to miss the cancer.
- NOTE Confidence: 0.41070467
- $00{:}15{:}25{.}280 \dashrightarrow 00{:}15{:}27{.}104$ It's lurking in the sub in
- NOTE Confidence: 0.41070467
- $00:15:27.104 \longrightarrow 00:15:28.320$ in the tonsilla crypt.
- NOTE Confidence: 0.41070467
- $00:15:28.320 \longrightarrow 00:15:30.318$ This is a fairly obvious one.
- NOTE Confidence: 0.41070467
- $00{:}15{:}30{.}320 \dashrightarrow 00{:}15{:}31{.}120$ You could see it here.
- NOTE Confidence: 0.41070467
- $00{:}15{:}31{.}120 \dashrightarrow 00{:}15{:}34{.}880$ It's cystic and it's necrotic
- NOTE Confidence: 0.41070467
- $00:15:34.880 \longrightarrow 00:15:36.448$ and when he's metastasized,
- NOTE Confidence: 0.41070467
- $00:15:36.448 \rightarrow 00:15:38.800$ they metastasize his cystic necrotic tumors.
- NOTE Confidence: 0.41070467

 $00:15:38.800 \longrightarrow 00:15:41.752$ We'll talk later towards the end

NOTE Confidence: 0.41070467

00:15:41.752 --> 00:15:43.720 about occult metastatic cancers,

NOTE Confidence: 0.41070467

 $00{:}15{:}43.720 \dashrightarrow 00{:}15{:}46.079$ but in the absence of a known

NOTE Confidence: 0.41070467

00:15:46.079 --> 00:15:47.680 primary a cystic lesion,

NOTE Confidence: 0.41070467

 $00{:}15{:}47.680 \dashrightarrow 00{:}15{:}49.732$ some people might think about the

NOTE Confidence: 0.41070467

 $00{:}15{:}49{.}732 \dashrightarrow 00{:}15{:}51{.}509$ concept of a carcinoma arising

NOTE Confidence: 0.41070467

00:15:51.509 --> 00:15:53.239 in a branchial cleft cyst,

NOTE Confidence: 0.41070467

 $00:15:53.240 \rightarrow 00:15:56.120$ which doesn't exist as far as we know

NOTE Confidence: 0.41070467

 $00{:}15{:}56{.}120 \dashrightarrow 00{:}15{:}58{.}760$ and we'll come back to that later.

NOTE Confidence: 0.41070467

 $00:15:58.760 \longrightarrow 00:16:00.023$ And then hydromagnification,

NOTE Confidence: 0.41070467

 $00{:}16{:}00{.}023 \dashrightarrow 00{:}16{:}02{.}549$ you could see that this is

NOTE Confidence: 0.41070467

 $00:16:02.549 \rightarrow 00:16:04.199$ predominantly non characterizing.

NOTE Confidence: 0.41070467

 $00{:}16{:}04.200 \dashrightarrow 00{:}16{:}05.676$ There's a little bit of characterization,

NOTE Confidence: 0.41070467

 $00:16:05.680 \rightarrow 00:16:08.158$ but that that's the primary cancer.

NOTE Confidence: 0.41070467

 $00:16:08.160 \rightarrow 00:16:10.000$ Some other examples just showing

NOTE Confidence: 0.41070467

 $00{:}16{:}10.000 \dashrightarrow 00{:}16{:}12.400$ even at the left low magnification

- NOTE Confidence: 0.41070467
- $00:16:12.400 \rightarrow 00:16:15.316$ you can identify the cell clusters,

 $00:16:15.320 \rightarrow 00:16:17.975$ they're permeated by lymphocytes and

NOTE Confidence: 0.41070467

 $00:16:17.975 \dashrightarrow 00:16:20.159$ plasma cells. There's no desmoplasia.

NOTE Confidence: 0.41070467

 $00:16:20.159 \longrightarrow 00:16:21.278$ On the right,

NOTE Confidence: 0.41070467

 $00{:}16{:}21.280 \dashrightarrow 00{:}16{:}23.891$ there's a series of three images that

NOTE Confidence: 0.41070467

 $00{:}16{:}23.891 \dashrightarrow 00{:}16{:}27.040$ just called, you know focus on those.

NOTE Confidence: 0.41070467

 $00:16:27.040 \rightarrow 00:16:29.760$ The bottom one shows nucleopleomorphism.

NOTE Confidence: 0.41070467

 $00{:}16{:}29.760 \dashrightarrow 00{:}16{:}31.980$ I've seen cases with a lot

NOTE Confidence: 0.41070467

 $00{:}16{:}31{.}980 \dashrightarrow 00{:}16{:}32{.}720$ more nucleopleomorphism.

NOTE Confidence: 0.41070467

 $00:16:32.720 \longrightarrow 00:16:35.247$ There's at least one article in the

NOTE Confidence: 0.41070467

 $00:16:35.247 \rightarrow 00:16:37.167$ literature that suggests that the

NOTE Confidence: 0.41070467

 $00{:}16{:}37.167 \dashrightarrow 00{:}16{:}39.092$ presence of nucleomegaly and bizarre

NOTE Confidence: 0.41070467

 $00{:}16{:}39{.}092 \dashrightarrow 00{:}16{:}41{.}398$ nuclei may portend a worst prognosis.

NOTE Confidence: 0.41070467

00:16:41.400 --> 00:16:43.360 I don't know if that's ever held up,

NOTE Confidence: 0.41070467

 $00{:}16{:}43{.}360 \dashrightarrow 00{:}16{:}45{.}415$ but it's in the literature and

 $00:16:45.415 \longrightarrow 00:16:46.640$ for now we'll come back to this.

NOTE Confidence: 0.41070467

 $00:16:46.640 \longrightarrow 00:16:49.916$ The proof is in the P16

NOTE Confidence: 0.33095527

 $00:16:49.920 \longrightarrow 00:16:52.600$ and insight to HPV.

NOTE Confidence: 0.33095527

 $00{:}16{:}52.600 \dashrightarrow 00{:}16{:}55.666$ These cancers are diffusely keratin positive

NOTE Confidence: 0.33095527

 $00{:}16{:}55{.}666 \dashrightarrow 00{:}16{:}58{.}279$ which ever keratin you'd like to use,

NOTE Confidence: 0.33095527

 $00{:}16{:}58{.}280 \dashrightarrow 00{:}17{:}00{.}880$ and diffusely P40 and P63.

NOTE Confidence: 0.33095527

 $00{:}17{:}00{.}880 \dashrightarrow 00{:}17{:}03{.}546$ And this is important to know because if

NOTE Confidence: 0.33095527

 $00:17:03.546 \rightarrow 00:17:07.332$ you have a metastatic cancer in the neck,

NOTE Confidence: 0.33095527

 $00{:}17{:}07{.}332 \dashrightarrow 00{:}17{:}09{.}826$ that's basaloid nor endocrine cancers

NOTE Confidence: 0.33095527

 $00{:}17{:}09{.}826$ --> $00{:}17{:}11{.}674$ becoming the differential particularly

NOTE Confidence: 0.33095527

 $00{:}17{:}11.674 \dashrightarrow 00{:}17{:}14.232$ small cell and they conversely

NOTE Confidence: 0.33095527

00:17:14.232 --> 00:17:17.200 are typically P40P63 negative,

NOTE Confidence: 0.33095527

 $00{:}17{:}17{.}200 \dashrightarrow 00{:}17{:}19{.}160$ CK56 negative, so the NOR

NOTE Confidence: 0.33095527

 $00:17:19.160 \rightarrow 00:17:21.120$ endercome markers will be positive.

NOTE Confidence: 0.33095527

00:17:21.120 --> 00:17:23.880 But in these non keratin cancers,

NOTE Confidence: 0.33095527

 $00:17:23.880 \rightarrow 00:17:27.120$ conversely they're keratin positive

- NOTE Confidence: 0.33095527
- 00:17:27.120 --> 00:17:28.520 P40P63 whichever one you want,
- NOTE Confidence: 0.33095527
- $00{:}17{:}28.520 \dashrightarrow 00{:}17{:}30.718$ if you use both, they'll be positive.
- NOTE Confidence: 0.33095527
- 00:17:30.720 --> 00:17:32.560 They're negative for neuroendocrine markers,
- NOTE Confidence: 0.33095527
- 00:17:32.560 --> 00:17:35.640 melanocytic markers and lymphoid markers.
- NOTE Confidence: 0.33095527
- 00:17:35.640 --> 00:17:37.260 I mentioned before the
- NOTE Confidence: 0.33095527
- $00{:}17{:}37{.}260 \dashrightarrow 00{:}17{:}38{.}475$ issue of differentiation.
- NOTE Confidence: 0.33095527
- $00{:}17{:}38{.}480 \dashrightarrow 00{:}17{:}40{.}643$ So as you go from the left
- NOTE Confidence: 0.33095527
- $00{:}17{:}40.643 \dashrightarrow 00{:}17{:}42.599$ panel to the right panel,
- NOTE Confidence: 0.33095527
- $00{:}17{:}42.600 \dashrightarrow 00{:}17{:}43.740$ the more a tumor looks
- NOTE Confidence: 0.33095527
- 00:17:43.740 --> 00:17:44.880 like it's cell of origin,
- NOTE Confidence: 0.33095527
- $00:17:44.880 \longrightarrow 00:17:46.376$ the better differentiated it.
- NOTE Confidence: 0.33095527
- $00:17:46.376 \longrightarrow 00:17:48.246$ So we're going from well
- NOTE Confidence: 0.33095527
- 00:17:48.246 --> 00:17:50.039 differentiated to mildly differentiated
- NOTE Confidence: 0.33095527
- $00{:}17{:}50{.}039 \dashrightarrow 00{:}17{:}51{.}395$ to poorly differentiated.
- NOTE Confidence: 0.33095527
- $00{:}17{:}51{.}400 \dashrightarrow 00{:}17{:}54{.}240$ So if we use that concept for that
- NOTE Confidence: 0.33095527

 $00{:}17{:}54{.}240 \dashrightarrow 00{:}17{:}57{.}074$ neck metastasis in a different case but

NOTE Confidence: 0.33095527

00:17:57.074 --> 00:18:01.200 nonetheless a non keratizing carcinoma,

NOTE Confidence: 0.33095527

 $00:18:01.200 \longrightarrow 00:18:03.255$ the natural thought process is

NOTE Confidence: 0.33095527

 $00{:}18{:}03{.}255 \dashrightarrow 00{:}18{:}05{.}833$ it's not baking carrot in and

NOTE Confidence: 0.33095527

 $00:18:05.833 \rightarrow 00:18:08.038$ has to be poorly differentiated.

NOTE Confidence: 0.33095527

00:18:08.040 --> 00:18:10.154 But according to the CAP Synoptic protocol,

NOTE Confidence: 0.33095527

 $00:18:10.160 \longrightarrow 00:18:12.480$ these cancers don't get graded.

NOTE Confidence: 0.33095527

 $00{:}18{:}12{.}480 \dashrightarrow 00{:}18{:}14{.}520$ And the reason for that although

NOTE Confidence: 0.33095527

 $00{:}18{:}14.520 \dashrightarrow 00{:}18{:}15.880$ these terminologies were used,

NOTE Confidence: 0.33095527

 $00:18:15.880 \rightarrow 00:18:18.316$ over time these are non carrotizing,

NOTE Confidence: 0.33095527

 $00{:}18{:}18{.}320 \dashrightarrow 00{:}18{:}20{.}424$ they recapitulate the tonsilla

NOTE Confidence: 0.33095527

 $00:18:20.424 \rightarrow 00:18:21.476$ crypt epithelium.

NOTE Confidence: 0.33095527

 $00:18:21.480 \rightarrow 00:18:24.434$ So in fact they are differentiated cancers,

NOTE Confidence: 0.33095527

 $00:18:24.440 \longrightarrow 00:18:26.064$ albeit with no carrotization.

NOTE Confidence: 0.33095527

 $00:18:26.064 \rightarrow 00:18:28.958$ So it's important to know that if

NOTE Confidence: 0.33095527

 $00:18:28.958 \rightarrow 00:18:31.280$ you're staging these or grading them,

- NOTE Confidence: 0.33095527
- $00:18:31.280 \rightarrow 00:18:32.864$ you know that becomes a relatively

 $00{:}18{:}32{.}864 \dashrightarrow 00{:}18{:}34{.}919$ minor issue in the synoptic reporting,

NOTE Confidence: 0.33095527

 $00:18:34.920 \longrightarrow 00:18:37.000$ but it is there are,

NOTE Confidence: 0.33095527

 $00:18:37.000 \rightarrow 00:18:39.160$ they should not be graded.

NOTE Confidence: 0.33095527

00:18:39.160 --> 00:18:41.400 So I showed you pretty much the classic,

NOTE Confidence: 0.33095527

 $00:18:41.400 \rightarrow 00:18:43.598$ if you will, type of HPV cancer.

NOTE Confidence: 0.33095527

 $00:18:43.600 \rightarrow 00:18:46.036$ But there's a whole array of morphologies

NOTE Confidence: 0.33095527

 $00:18:46.036 \rightarrow 00:18:48.437$ and maybe that'll even evolve over time.

NOTE Confidence: 0.33095527

00:18:48.440 --> 00:18:49.840 I will go through some of these,

NOTE Confidence: 0.33095527

00:18:49.840 --> 00:18:53.213 but by listing hybrid papillary basaloid,

NOTE Confidence: 0.33095527

00:18:53.213 --> 00:18:55.877 you know if you look at The Who,

NOTE Confidence: 0.33095527

 $00{:}18{:}55{.}880 \dashrightarrow 00{:}18{:}58{.}400$ the spindle or sarcoma to id carcinomas

NOTE Confidence: 0.33095527

 $00:18:58.400 \rightarrow 00:19:00.639$ or within the spectrum of HPV,

NOTE Confidence: 0.33095527

 $00{:}19{:}00{.}640 \dashrightarrow 00{:}19{:}03{.}000$ I've never seen one that 's been HPV positive.

NOTE Confidence: 0.33095527

00:19:03.000 --> 00:19:04.998 I don't know if Manju has ever seen that,

 $00:19:05.000 \rightarrow 00:19:05.900$ but they're usually not.

NOTE Confidence: 0.33095527

 $00{:}19{:}05{.}900 \dashrightarrow 00{:}19{:}07{.}896$ But I guess based on a few cases

NOTE Confidence: 0.33095527

 $00:19:07.896 \longrightarrow 00:19:09.080$ reported in the literature,

NOTE Confidence: 0.33095527

 $00{:}19{:}09{.}080 \dashrightarrow 00{:}19{:}11{.}928$ they were within this

NOTE Confidence: 0.33095527

 $00{:}19{:}11{.}928 \dashrightarrow 00{:}19{:}13{.}542$ classification Lymphopothelial like.

NOTE Confidence: 0.33095527

 $00{:}19{:}13.542 \dashrightarrow 00{:}19{:}16.248$ So any tumor that is originating

NOTE Confidence: 0.33095527

 $00:19:16.248 \longrightarrow 00:19:18.733$ outside the nasopharynx that looks

NOTE Confidence: 0.33095527

 $00:19:18.733 \rightarrow 00:19:20.668$ like a nasopharyngeal carcinoma

NOTE Confidence: 0.33095527

 $00{:}19{:}20.668 \dashrightarrow 00{:}19{:}21.952$ previously called lymphopathelioma,

NOTE Confidence: 0.33095527

 $00:19:21.952 \rightarrow 00:19:24.520$ but now the grading is different.

NOTE Confidence: 0.33095527

00:19:24.520 --> 00:19:27.040 We use the terminology lymphopathelial NOTE Confidence: 0.33095527

00:19:27.040 --> 00:19:29.647 like carcinoma because it looks like

NOTE Confidence: 0.33095527

 $00:19:29.647 \rightarrow 00:19:30.943$ those lymphopathelial malignancies

NOTE Confidence: 0.33095527

 $00:19:30.943 \rightarrow 00:19:33.799$ of the nasal pharynx and they may

NOTE Confidence: 0.33095527

 $00:19:33.799 \rightarrow 00:19:36.004$ originate in the oropharynx and be HPV

NOTE Confidence: 0.33095527

 $00:19:36.004 \rightarrow 00:19:39.225$ and not ebb positive and oosquamous

- NOTE Confidence: 0.33095527
- $00{:}19{:}39{.}225 \dashrightarrow 00{:}19{:}41{.}549$ and ciliated and neuroendocrine
- NOTE Confidence: 0.33095527
- 00:19:41.549 --> 00:19:43.339 carcinomas can harbor transcription
- NOTE Confidence: 0.33095527
- $00:19:43.339 \longrightarrow 00:19:45.373$ the active virus and we'll come
- NOTE Confidence: 0.33095527
- $00:19:45.373 \longrightarrow 00:19:47.557$ back to that a little bit later.
- NOTE Confidence: 0.33095527
- $00{:}19{:}47.560 \dashrightarrow 00{:}19{:}49.152$ So here's a cancer that has more than
- NOTE Confidence: 0.33095527
- $00{:}19{:}49{.}152 \dashrightarrow 00{:}19{:}50{.}997$ just a little bit of characterization.
- NOTE Confidence: 0.33095527
- 00:19:51.000 --> 00:19:52.600 It's got a mixed caronization,
- NOTE Confidence: 0.33095527
- $00{:}19{:}52{.}600 \dashrightarrow 00{:}19{:}53{.}350$ non caronization.
- NOTE Confidence: 0.33095527
- $00{:}19{:}53.350 \dashrightarrow 00{:}19{:}55.600$ People have applied the term hybrid.
- NOTE Confidence: 0.33095527
- 00:19:55.600 --> 00:19:58.156 Is it important to give it a specific name?
- NOTE Confidence: 0.33095527
- 00:19:58.160 --> 00:19:58.417 No,
- NOTE Confidence: 0.33095527
- $00{:}19{:}58{.}417 \dashrightarrow 00{:}20{:}00{.}473$ it's more important to recognize it as HPV.
- NOTE Confidence: 0.33095527
- 00:20:00.480 --> 00:20:02.160 But I'm showing this to you because
- NOTE Confidence: 0.33095527
- $00{:}20{:}02{.}160 \dashrightarrow 00{:}20{:}03.854$ there is a spectrum of morphologies
- NOTE Confidence: 0.33095527
- $00{:}20{:}03.854 \dashrightarrow 00{:}20{:}06.003$ that we as pathologists need to be
- NOTE Confidence: 0.5546989

00:20:06.064 --> 00:20:07.890 aware of in terms of, you know,

NOTE Confidence: 0.5546989

 $00:20:07.890 \longrightarrow 00:20:09.715$ what the diagnosis may be

NOTE Confidence: 0.5546989

 $00:20:09.720 \longrightarrow 00:20:11.838$ and you can see the P16.

NOTE Confidence: 0.5546989

 $00:20:11.840 \longrightarrow 00:20:13.884$ Tends not to be as positive or

NOTE Confidence: 0.5546989

 $00:20:13.884 \rightarrow 00:20:16.159$ impositive in the carrotizing component,

NOTE Confidence: 0.5546989

 $00:20:16.160 \longrightarrow 00:20:17.580$ but certainly on the periphery

NOTE Confidence: 0.5546989

 $00:20:17.580 \longrightarrow 00:20:18.716$ and the non carrotizing.

NOTE Confidence: 0.5546989

 $00:20:18.720 \longrightarrow 00:20:22.200$ And this was backed up by insight to

NOTE Confidence: 0.5546989

00:20:22.200 --> 00:20:24.155 HPV papillary squamous carcinoma.

NOTE Confidence: 0.5546989

 $00{:}20{:}24.155 \dashrightarrow 00{:}20{:}27.185$ And I use this very specific

NOTE Confidence: 0.5546989

 $00{:}20{:}27.185 \dashrightarrow 00{:}20{:}28.920$ terminology for this entity.

NOTE Confidence: 0.5546989

00:20:28.920 --> 00:20:31.544 A lot of oral pathologists,

NOTE Confidence: 0.5546989

00:20:31.544 --> 00:20:33.920 and I'm not coming down oral pathologists,

NOTE Confidence: 0.5546989

00:20:33.920 --> 00:20:35.112 they're excellent, you know,

NOTE Confidence: 0.5546989

 $00:20:35.112 \rightarrow 00:20:37.240$ and I've learned a lot at AFIP,

NOTE Confidence: 0.5546989

 $00:20:37.240 \longrightarrow 00:20:39.280$ but from the oral pathologists.

- NOTE Confidence: 0.5546989
- $00{:}20{:}39{.}280 \dashrightarrow 00{:}20{:}40{.}488$ But there's a tendency,
- NOTE Confidence: 0.5546989
- $00:20:40.488 \longrightarrow 00:20:43.081$ at least the ones in Florida and maybe
- NOTE Confidence: 0.5546989
- $00:20:43.081 \rightarrow 00:20:45.241$ elsewhere to apply the term papillar
- NOTE Confidence: 0.5546989
- $00:20:45.241 \rightarrow 00:20:46.905$ squamous cancer for conventional
- NOTE Confidence: 0.5546989
- $00:20:46.905 \rightarrow 00:20:49.110$ squamous carcinoma that has papillary
- NOTE Confidence: 0.5546989
- $00{:}20{:}49{.}110 \dashrightarrow 00{:}20{:}51{.}565$ features or varrocoid features to me.
- NOTE Confidence: 0.5546989
- 00:20:51.565 --> 00:20:53.440 If I use papillary squamous,
- NOTE Confidence: 0.5546989
- $00{:}20{:}53.440 \dashrightarrow 00{:}20{:}55.211$ I try to limit it to this
- NOTE Confidence: 0.5546989
- 00:20:55.211 --> 00:20:56.999 entity as I will show you,
- NOTE Confidence: 0.5546989
- $00:20:57.000 \longrightarrow 00:20:58.520$ which is an invasive cancer.
- NOTE Confidence: 0.5546989
- 00:20:58.520 --> 00:21:00.476 You don't always see the invasion,
- NOTE Confidence: 0.5546989
- $00{:}21{:}00{.}480 \dashrightarrow 00{:}21{:}02{.}040$ which is a little bit problematic.
- NOTE Confidence: 0.5546989
- $00:21:02.040 \longrightarrow 00:21:04.704$ It has an exophytic,
- NOTE Confidence: 0.5546989
- 00:21:04.704 --> 00:21:07.152 papillary or exophytic appearance,
- NOTE Confidence: 0.5546989
- $00:21:07.152 \longrightarrow 00:21:09.376$ fibrovascular cores and it's
- NOTE Confidence: 0.5546989

 $00:21:09.376 \rightarrow 00:21:11.600$ covered by malignant cells.

NOTE Confidence: 0.5546989

00:21:11.600 --> 00:21:14.001 So here's an example on the extreme

NOTE Confidence: 0.5546989

00:21:14.001 --> 00:21:16.113 left that filiform or papillary

NOTE Confidence: 0.5546989

 $00{:}21{:}16.113 \dashrightarrow 00{:}21{:}17.637$ growth fibrovascular cores.

NOTE Confidence: 0.5546989

00:21:17.640 --> 00:21:20.034 The next image is a little bit

NOTE Confidence: 0.5546989

00:21:20.034 --> 00:21:22.246 more Oval shaped or exophytic and

NOTE Confidence: 0.5546989

 $00:21:22.246 \longrightarrow 00:21:24.472$ not as papillary if you will.

NOTE Confidence: 0.5546989

 $00{:}21{:}24.480 \dashrightarrow 00{:}21{:}26.520$ But irrespective you could see

NOTE Confidence: 0.5546989

 $00{:}21{:}26.520 \dashrightarrow 00{:}21{:}28.560$ the nature of the cytomorphology.

NOTE Confidence: 0.5546989

 $00{:}21{:}28{.}560 \dashrightarrow 00{:}21{:}31{.}752$ So this is essentially what we might

NOTE Confidence: 0.5546989

 $00{:}21{:}31{.}752 \dashrightarrow 00{:}21{:}34{.}023$ consider full thickness intrapothelial

NOTE Confidence: 0.5546989

 $00{:}21{:}34.023 \dashrightarrow 00{:}21{:}36.477$ explasial carcinoma Insight.

NOTE Confidence: 0.5546989

 $00{:}21{:}36{.}480 \dashrightarrow 00{:}21{:}38{.}500$ Here's a same example.

NOTE Confidence: 0.5546989

 $00{:}21{:}38{.}500 \dashrightarrow 00{:}21{:}40{.}520$ And these are P16.

NOTE Confidence: 0.5546989

 $00{:}21{:}40{.}520 \dashrightarrow 00{:}21{:}42{.}641$ You could see the grains on the

NOTE Confidence: 0.5546989

 $00:21:42.641 \rightarrow 00:21:44.839$ right that it's a positive for HPV.

- NOTE Confidence: 0.5546989
- 00:21:44.840 --> 00:21:46.415 So by convention,
- NOTE Confidence: 0.5546989
- $00:21:46.415 \longrightarrow 00:21:49.040$ even the absence of invasion,
- NOTE Confidence: 0.5546989
- $00:21:49.040 \longrightarrow 00:21:52.040$ they're considered to be at
- NOTE Confidence: 0.5546989
- $00:21:52.040 \rightarrow 00:21:53.680$ least superficially invasive.
- NOTE Confidence: 0.5546989
- $00:21:53.680 \longrightarrow 00:21:55.760$ The majority are T2,
- NOTE Confidence: 0.5546989
- $00:21:55.760 \rightarrow 00:21:57.880$ which are more deeply invasive.
- NOTE Confidence: 0.5546989
- 00:21:57.880 --> 00:21:59.765 If I'm thinking on biopsy
- NOTE Confidence: 0.5546989
- $00:21:59.765 \longrightarrow 00:22:01.273$ about making this diagnosis,
- NOTE Confidence: 0.5546989
- $00{:}22{:}01{.}280 \dashrightarrow 00{:}22{:}02{.}715$ I'm either calling the clinician
- NOTE Confidence: 0.5546989
- $00:22:02.715 \longrightarrow 00:22:04.769$ or looking in the chart to see
- NOTE Confidence: 0.5546989
- $00{:}22{:}04.769 \dashrightarrow 00{:}22{:}06.461$ if the patient already has nodal
- NOTE Confidence: 0.5546989
- $00:22:06.461 \longrightarrow 00:22:07.865$ disease because not infrequently
- NOTE Confidence: 0.5546989
- $00{:}22{:}07.865 \dashrightarrow 00{:}22{:}09.437$ there's no little metastasis.
- NOTE Confidence: 0.5546989
- $00{:}22{:}09{.}440 \dashrightarrow 00{:}22{:}11{.}155$ They tend not to metastasize
- NOTE Confidence: 0.5546989
- $00:22:11.155 \rightarrow 00:22:12.870$ differently if you compare and
- NOTE Confidence: 0.5546989

 $00:22:12.929 \rightarrow 00:22:15.077$ they're not all of these papillaries,

NOTE Confidence: 0.5546989

 $00:22:15.080 \longrightarrow 00:22:17.300$ especially out outside of the oropharynx

NOTE Confidence: 0.5546989

 $00:22:17.300 \rightarrow 00:22:19.679$ with this morphology will be HPV related.

NOTE Confidence: 0.5546989

 $00{:}22{:}19.680 \dashrightarrow 00{:}22{:}23.480$ So the HPV ones have a much better

NOTE Confidence: 0.5546989

00:22:23.480 --> 00:22:25.736 prognosis because they're more radio

NOTE Confidence: 0.5546989

 $00:22:25.736 \longrightarrow 00:22:27.956$ responsive to the HPV independent.

NOTE Confidence: 0.5546989

 $00{:}22{:}27{.}960 \dashrightarrow 00{:}22{:}30{.}220$ Another morphologic subtype is

NOTE Confidence: 0.5546989

 $00:22:30.220 \longrightarrow 00:22:32.480$ the basaloid squamous cancer.

NOTE Confidence: 0.5546989

 $00{:}22{:}32{.}480 \dashrightarrow 00{:}22{:}34{.}520$ This is a high grade variant

NOTE Confidence: 0.5546989

 $00:22:34.520 \longrightarrow 00:22:35.880$ of squamous cell carcinoma.

NOTE Confidence: 0.5546989

00:22:35.880 --> 00:22:37.599 It's predominantly comprised

NOTE Confidence: 0.5546989

 $00{:}22{:}37{.}599 \dashrightarrow 00{:}22{:}39{.}318$ of basaloid cells.

NOTE Confidence: 0.5546989

 $00{:}22{:}39{.}320 \dashrightarrow 00{:}22{:}41{.}295$ The squamous component is the

NOTE Confidence: 0.5546989

 $00{:}22{:}41{.}295 \dashrightarrow 00{:}22{:}42{.}875$ usually a minor component.

NOTE Confidence: 0.5546989

 $00:22:42.880 \longrightarrow 00:22:45.428$ It may be insight to or overt

NOTE Confidence: 0.5546989

 $00:22:45.428 \longrightarrow 00:22:46.520$ characterization and that

- NOTE Confidence: 0.5546989
- $00:22:46.586 \longrightarrow 00:22:48.236$ varies from case to case.
- NOTE Confidence: 0.5546989
- 00:22:48.240 --> 00:22:50.795 Many of them have just limited caronization,
- NOTE Confidence: 0.5546989
- $00:22:50.800 \rightarrow 00:22:53.465$ others have more overt carotenization
- NOTE Confidence: 0.5546989
- 00:22:53.465 00:22:56.033 and has a basaloid population.
- NOTE Confidence: 0.5546989
- 00:22:56.033 --> 00:22:59.020 And here you can see a panel
- NOTE Confidence: 0.5546989
- $00:22:59.020 \rightarrow 00:23:01.480$ of images from the upper left
- NOTE Confidence: 0.5546989
- $00:23:01.480 \rightarrow 00:23:04.000$ showing a deeply invasive cancer.
- NOTE Confidence: 0.5546989
- $00{:}23{:}04.000 \dashrightarrow 00{:}23{:}06.600$ There is some keratinization there.
- NOTE Confidence: 0.5546989
- $00{:}23{:}06{.}600 \dashrightarrow 00{:}23{:}08{.}490$ Typically they have these lobules
- NOTE Confidence: 0.5546989
- 00:23:08.490 --> 00:23:10.873 that are kind of jigsaw shaped
- NOTE Confidence: 0.5546989
- $00{:}23{:}10.873 \dashrightarrow 00{:}23{:}12.569$ with Central Comedotype necrosis
- NOTE Confidence: 0.5546989
- $00{:}23{:}12{.}569 \dashrightarrow 00{:}23{:}15{.}160$ seen here and across the panel.
- NOTE Confidence: 0.5546989
- 00:23:15.160 --> 00:23:17.708 I just wanted to point out that
- NOTE Confidence: 0.5546989
- $00{:}23{:}17.708 \dashrightarrow 00{:}23{:}20.340$ these may have what looks like we
- NOTE Confidence: 0.5546989
- $00{:}23{:}20{.}340 \dashrightarrow 00{:}23{:}21{.}880$ duplicated basement membrane material.
- NOTE Confidence: 0.5546989

 $00:23:21.880 \longrightarrow 00:23:24.024$ So if you had a biopsy just in

NOTE Confidence: 0.5546989

 $00{:}23{:}24.024 \dashrightarrow 00{:}23{:}26.039$ this area which is showing this

NOTE Confidence: 0.31925386

00:23:26.040 --> 00:23:28.960 basaloid reduplicated base membrane material,

NOTE Confidence: 0.31925386

 $00:23:28.960 \rightarrow 00:23:31.620$ a natural consideration would be a salivary

NOTE Confidence: 0.31925386

 $00{:}23{:}31{.}620 \dashrightarrow 00{:}23{:}34{.}598$ gland tumor such as a denoid cystic carcinoma.

NOTE Confidence: 0.31925386

00:23:34.600 --> 00:23:36.960 The majority of a denoid cystic

NOTE Confidence: 0.31925386

 $00:23:36.960 \rightarrow 00:23:39.320$ carcinomas are cytologically low grade.

NOTE Confidence: 0.31925386

 $00:23:39.320 \rightarrow 00:23:42.240$ They're basaloid, they're densely cellular,

NOTE Confidence: 0.31925386

 $00:23:42.240 \rightarrow 00:23:44.400$ but there's very little pleomorphism,

NOTE Confidence: 0.31925386

 $00{:}23{:}44{.}400 \dashrightarrow 00{:}23{:}47{.}400$ very few mitosis and no necrosis.

NOTE Confidence: 0.31925386

 $00:23:47.400 \longrightarrow 00:23:49.120$ But the basaloid squamous cancers,

NOTE Confidence: 0.31925386

 $00{:}23{:}49{.}120 \dashrightarrow 00{:}23{:}51{.}118$ if just by like markoscopy chose

NOTE Confidence: 0.31925386

 $00{:}23{:}51{.}118 \dashrightarrow 00{:}23{:}53{.}120$ to make a differential diagnosis,

NOTE Confidence: 0.31925386

 $00{:}23{:}53{.}120 \dashrightarrow 00{:}23{:}55{.}940$ are typically markedly pleomorphic,

NOTE Confidence: 0.31925386

 $00{:}23{:}55{.}940 \dashrightarrow 00{:}23{:}58{.}760$ mitotically active with necrosis

NOTE Confidence: 0.31925386

 $00:23:58.760 \rightarrow 00:24:00.596$ and interesting every now and then.

- NOTE Confidence: 0.31925386
- $00:24:00.600 \rightarrow 00:24:02.718$ Rosettes and palisinin may occur in

 $00{:}24{:}02.718$ --> $00{:}24{:}05.418$ things that are not nor endocrine

NOTE Confidence: 0.31925386

 $00:24:05.418 \longrightarrow 00:24:06.638$ olfactory neuroblastoma.

NOTE Confidence: 0.31925386

 $00:24:06.640 \rightarrow 00:24:08.719$ This was a case of sinonasal basaloid,

NOTE Confidence: 0.31925386

 $00:24:08.720 \longrightarrow 00:24:11.786$ squamous that had rosettes and palisinin

NOTE Confidence: 0.31925386

 $00{:}24{:}11.786 \dashrightarrow 00{:}24{:}14.999$ but nor endocrine markers were negative.

NOTE Confidence: 0.31925386

 $00:24:15.000 \rightarrow 00:24:16.620$ The degree of squamous

NOTE Confidence: 0.31925386

 $00:24:16.620 \longrightarrow 00:24:17.835$ differentiation can vary,

NOTE Confidence: 0.31925386

 $00{:}24{:}17.840 \dashrightarrow 00{:}24{:}19.436$ you know starting in the left panel,

NOTE Confidence: 0.31925386

 $00:24:19.440 \rightarrow 00:24:22.152$ very little, little bit more in the center

NOTE Confidence: 0.31925386

 $00{:}24{:}22.152 \dashrightarrow 00{:}24{:}24.758$ you know and a lot towards the right.

NOTE Confidence: 0.31925386

 $00{:}24{:}24{.}760 \dashrightarrow 00{:}24{:}27{.}560$ So there is always some component usually

NOTE Confidence: 0.31925386

 $00{:}24{:}27.560 \dashrightarrow 00{:}24{:}29.964$ of squamous whether it's intrapathelial

NOTE Confidence: 0.31925386

 $00{:}24{:}29{.}964 \dashrightarrow 00{:}24{:}32{.}236$ dysplasia or over carbonization.

NOTE Confidence: 0.31925386

00:24:32.240 --> 00:24:34.403 You may or may not find something

 $00:24:34.403 \rightarrow 00:24:36.878$ nice like this is carcinoma in site 2.

NOTE Confidence: 0.31925386

 $00:24:36.880 \longrightarrow 00:24:39.760$ And so if you take a tumor that's

NOTE Confidence: 0.31925386

 $00{:}24{:}39{.}760 \dashrightarrow 00{:}24{:}41{.}845$ basaloid reduplicated membrane

NOTE Confidence: 0.31925386

00:24:41.845 - 00:24:45.320 material that is very neurotrophic,

NOTE Confidence: 0.31925386

 $00:24:45.320 \longrightarrow 00:24:48.410$ the thought might be an anoid

NOTE Confidence: 0.31925386

00:24:48.410 --> 00:24:49.440 cystic carcinoma,

NOTE Confidence: 0.31925386

 $00:24:49.440 \longrightarrow 00:24:51.888$ but you can see that in

NOTE Confidence: 0.31925386

 $00{:}24{:}51.888 \dashrightarrow 00{:}24{:}53.112$ basaloid squamous cancers.

NOTE Confidence: 0.31925386

 $00{:}24{:}53.120 \dashrightarrow 00{:}24{:}56.280$ So these are like the non keratin cancers,

NOTE Confidence: 0.29567283

00:24:58.680 --> 00:24:59.786 CK56P40P63 positive,

NOTE Confidence: 0.29567283

 $00{:}24{:}59{.}786 \dashrightarrow 00{:}25{:}01{.}998$ neuroendocrine markers negative and

NOTE Confidence: 0.29567283

 $00{:}25{:}01{.}998 \dashrightarrow 00{:}25{:}05{.}948$ if it's related to HPV it will be P16

NOTE Confidence: 0.29567283

 $00:25:05.948 \rightarrow 00:25:09.920$ positive and HPV insight 2 positive.

NOTE Confidence: 0.29567283

00:25:09.920 --> 00:25:12.065 It is important to recognize

NOTE Confidence: 0.29567283

 $00:25:12.065 \rightarrow 00:25:14.600$ the presence or absence of HPV.

NOTE Confidence: 0.29567283

00:25:14.600 - 00:25:16.380 Your pharyngeal ones are

- NOTE Confidence: 0.29567283
- $00{:}25{:}16{.}380 \dashrightarrow 00{:}25{:}18{.}160$ strongly associated with it.
- NOTE Confidence: 0.29567283
- $00{:}25{:}18.160 \dashrightarrow 00{:}25{:}20.834$ The non pharyngeal ones are typically not,
- NOTE Confidence: 0.29567283
- $00:25:20.840 \longrightarrow 00:25:23.174$ but every now and then can be.
- NOTE Confidence: 0.29567283
- $00{:}25{:}23.174 \dashrightarrow 00{:}25{:}25.616$ The ones that are HPV associated
- NOTE Confidence: 0.29567283
- $00:25:25.616 \rightarrow 00:25:29.120$ have a much better overall prognosis.
- NOTE Confidence: 0.29567283
- $00{:}25{:}29{.}120 \dashrightarrow 00{:}25{:}30{.}996$ So if you're ever confronted with this,
- NOTE Confidence: 0.29567283
- 00:25:31.000 --> 00:25:33.718 if you do have neck pathology
- NOTE Confidence: 0.29567283
- $00:25:33.718 \longrightarrow 00:25:35.077$ irrespective of location,
- NOTE Confidence: 0.29567283
- $00{:}25{:}35{.}080 \dashrightarrow 00{:}25{:}37{.}438$ it's always important to exclude the
- NOTE Confidence: 0.29567283
- $00{:}25{:}37{.}438 \dashrightarrow 00{:}25{:}40{.}267$ possibility then it might be HPV related
- NOTE Confidence: 0.29567283
- $00{:}25{:}40{.}267 \dashrightarrow 00{:}25{:}42{.}637$ because it directly relates to prognosis.
- NOTE Confidence: 0.29567283
- $00{:}25{:}42.640 \dashrightarrow 00{:}25{:}46.730$ Is a nice paper by Bill Westra
- NOTE Confidence: 0.29567283
- $00:25:46.730 \rightarrow 00:25:49.710$ showing the significant difference
- NOTE Confidence: 0.29567283
- $00{:}25{:}49{.}710 \dashrightarrow 00{:}25{:}53{.}300$ in survival whether it's HPV positive
- NOTE Confidence: 0.29567283
- $00{:}25{:}53{.}300 \dashrightarrow 00{:}25{:}56{.}245$ or HPV negative and and I just get
- NOTE Confidence: 0.29567283

00:25:56.245 --> 00:25:58.319 ahead a little bit ahead of myself.

NOTE Confidence: 0.29567283

 $00{:}25{:}58{.}320 \dashrightarrow 00{:}26{:}01{.}365$ P6 clean alone is not diagnostic for

NOTE Confidence: 0.29567283

 $00{:}26{:}01{.}365 \dashrightarrow 00{:}26{:}04{.}757$ HPV for the presence of HPV virus.

NOTE Confidence: 0.29567283

 $00:26:04.760 \longrightarrow 00:26:08.608$ So you need we need to be careful

NOTE Confidence: 0.29567283

00:26:08.608 --> 00:26:11.184 about using P16 just to complete this

NOTE Confidence: 0.29567283

00:26:11.184 --> 00:26:12.960 story based Lloyd's claim is here's

NOTE Confidence: 0.29567283

 $00:26:13.014 \rightarrow 00:26:15.009$ an example where there is what looks

NOTE Confidence: 0.29567283

 $00:26:15.009 \rightarrow 00:26:17.119$ like we duplicated base membrane material,

NOTE Confidence: 0.29567283

 $00{:}26{:}17{.}120 \dashrightarrow 00{:}26{:}18{.}266$ there is necrosis,

NOTE Confidence: 0.29567283

 $00{:}26{:}18.266 \dashrightarrow 00{:}26{:}19.794$ there is nuclear pleadom orphism.

NOTE Confidence: 0.29567283

 $00{:}26{:}19.800 \dashrightarrow 00{:}26{:}21.835$ Generally that's unusual and anoid

NOTE Confidence: 0.29567283

 $00{:}26{:}21.835 \dashrightarrow 00{:}26{:}25.167$ cystic but it can occur so this might

NOTE Confidence: 0.29567283

 $00{:}26{:}25{.}167 \dashrightarrow 00{:}26{:}27{.}202$ engender consideration And then the

NOTE Confidence: 0.29567283

 $00{:}26{:}27{.}202 \dashrightarrow 00{:}26{:}29{.}917$ tumor is diffusely Sox 10 positive.

NOTE Confidence: 0.29567283

 $00{:}26{:}29{.}920 \dashrightarrow 00{:}26{:}32{.}328$ So the tox 10 if you're not familiar

NOTE Confidence: 0.29567283

 $00:26:32.328 \rightarrow 00:26:35.158$ is an excellent myopathelial marker.

- NOTE Confidence: 0.29567283
- $00:26:35.160 \rightarrow 00:26:38.070$ Anoid cystic carcinoma is predominantly

00:26:38.070 --> 00:26:40.398 A myopathelial derived tumor.

NOTE Confidence: 0.29567283

 $00:26:40.400 \rightarrow 00:26:43.120$ So if you see this and you do a Sox 10,

NOTE Confidence: 0.29567283

 $00:26:43.120 \longrightarrow 00:26:45.376$ the natural thought could be it's

NOTE Confidence: 0.29567283

00:26:45.376 --> 00:26:46.880 an anoid cystic cancer.

NOTE Confidence: 0.29567283

00:26:46.880 --> 00:26:47.253 Well,

NOTE Confidence: 0.29567283

 $00{:}26{:}47.253 \dashrightarrow 00{:}26{:}50.622$ we need to be aware that Sox 10 can

NOTE Confidence: 0.29567283

 $00:26:50.622 \rightarrow 00:26:52.914$ be seen and is seen consistently

NOTE Confidence: 0.29567283

 $00{:}26{:}52{.}914 \dashrightarrow 00{:}26{:}54{.}600$ in basaloid squamous cancer.

NOTE Confidence: 0.29567283

 $00:26:54.600 \longrightarrow 00:26:55.316$ Why is that important?

NOTE Confidence: 0.29567283

 $00{:}26{:}55{.}316 \dashrightarrow 00{:}26{:}56{.}800$ We want to make the right diagnosis.

NOTE Confidence: 0.29567283

 $00{:}26{:}56{.}800 \dashrightarrow 00{:}26{:}59{.}328$ So if you think about that then you

NOTE Confidence: 0.29567283

 $00{:}26{:}59{.}328 \dashrightarrow 00{:}27{:}02{.}019$ reflex the HPV and it's positive the

NOTE Confidence: 0.29567283

 $00:27:02.019 \longrightarrow 00:27:04.009$ patient potentially has a better

NOTE Confidence: 0.29567283

 $00:27:04.083 \rightarrow 00:27:05.319$ overall prognosis.

 $00:27:05.320 \longrightarrow 00:27:07.854$ The last of this group of morphologies

NOTE Confidence: 0.29567283

 $00{:}27{:}07{.}854 \dashrightarrow 00{:}27{:}10.605$ that I wanted to show is the

NOTE Confidence: 0.29567283

 $00{:}27{:}10.605 \dashrightarrow 00{:}27{:}11.799$ endos quamous or ciliated.

NOTE Confidence: 0.29567283

00:27:11.800 --> 00:27:12.468 You know,

NOTE Confidence: 0.29567283

 $00{:}27{:}12.468 \dashrightarrow 00{:}27{:}14.806$ when I was training and for many

NOTE Confidence: 0.29567283

 $00:27:14.806 \longrightarrow 00:27:16.655$ years after we were taught,

NOTE Confidence: 0.29567283

 $00:27:16.655 \rightarrow 00:27:18.480$ anything that's ciliated is benign.

NOTE Confidence: 0.29567283

 $00:27:18.480 \rightarrow 00:27:20.034$ So we know that's not true anymore.

NOTE Confidence: 0.29567283

 $00{:}27{:}20.040 \dashrightarrow 00{:}27{:}21.840$ So if you look at the left panel,

NOTE Confidence: 0.29567283

00:27:21.840 --> 00:27:24.066 there's a separation on the extreme

NOTE Confidence: 0.29567283

 $00:27:24.066 \rightarrow 00:27:27.049$ left of a glandular lesion and on the NOTE Confidence: 0.29567283

 $00:27:27.049 \rightarrow 00:27:29.191$ right non glandular but more solid.

NOTE Confidence: 0.29567283

 $00{:}27{:}29{.}200 \dashrightarrow 00{:}27{:}31{.}876$ This that is a combined ananos quamous NOTE Confidence: 0.29567283

 $00{:}27{:}31{.}880 \dashrightarrow 00{:}27{:}34{.}049$ and on the right I don't know how well NOTE Confidence: 0.29567283

NOTE Confidence. 0.29507285

 $00{:}27{:}34.049 \dashrightarrow 00{:}27{:}37.056$ IT projects, but there's a basaloid,

NOTE Confidence: 0.29567283

 $00:27:37.056 \rightarrow 00:27:39.776$ malignant basaloid component both in

 $00{:}27{:}39{.}776 \dashrightarrow 00{:}27{:}42{.}210$ the this area more solid and this is

NOTE Confidence: 0.29567283

 $00{:}27{:}42.210 \dashrightarrow 00{:}27{:}44.597$ the it's a little bit cystic there,

NOTE Confidence: 0.29567283

 $00:27:44.600 \longrightarrow 00:27:46.358$ but this one has the cilia.

NOTE Confidence: 0.29567283

 $00{:}27{:}46.360 \dashrightarrow 00{:}27{:}50.040$ So that's the ciliated ananos quamous

NOTE Confidence: 0.29567283

 $00{:}27{:}50{.}040 \dashrightarrow 00{:}27{:}53{.}272$ and I don't know how well IT projects

NOTE Confidence: 0.29567283

 $00:27:53.272 \longrightarrow 00:27:56.300$ to P16 highlights the cilia and

NOTE Confidence: 0.29567283

 $00:27:56.300 \longrightarrow 00:27:59.075$ these can be occult primaries,

NOTE Confidence: 0.29567283

 $00:27:59.080 \longrightarrow 00:28:00.164$ metastatic in the neck.

NOTE Confidence: 0.29567283

 $00{:}28{:}00{.}164 \dashrightarrow 00{:}28{:}02{.}155$ So if you're not aware of this

NOTE Confidence: 0.29567283

00:28:02.155 -> 00:28:03.675 morphology and you see this,

NOTE Confidence: 0.29567283

 $00:28:03.680 \longrightarrow 00:28:04.952$ you might think you know this

NOTE Confidence: 0.29567283

 $00{:}28{:}04{.}952 \dashrightarrow 00{:}28{:}06{.}600$ is not an HPV related cancer.

NOTE Confidence: 0.29567283

 $00{:}28{:}06.600 \dashrightarrow 00{:}28{:}08.760$ But if you did the HPV in site too,

NOTE Confidence: 0.29567283

00:28:08.760 --> 00:28:11.650 it would be positive neurendocrine

NOTE Confidence: 0.29567283

 $00{:}28{:}11.650 \dashrightarrow 00{:}28{:}13.450$ carcinomas and that terminology

 $00:28:13.450 \longrightarrow 00:28:15.700$ only includes small cell and

NOTE Confidence: 0.36701405

 $00:28:15.770 \longrightarrow 00:28:16.440$ large cell.

NOTE Confidence: 0.36701405

 $00:28:16.440 \longrightarrow 00:28:18.440$ It's not a neurendocrine tumor.

NOTE Confidence: 0.36701405

 $00{:}28{:}18{.}440 \dashrightarrow 00{:}28{:}20{.}316$ So neurendocrine carcinoma and

NOTE Confidence: 0.36701405

 $00:28:20.316 \longrightarrow 00:28:22.661$ attempt to classify these across

NOTE Confidence: 0.36701405

 $00:28:22.661 \rightarrow 00:28:24.880$ the spectrum of organ sites.

NOTE Confidence: 0.36701405

00:28:24.880 --> 00:28:27.160 Neurendocrine carcinoma speaks to small cell,

NOTE Confidence: 0.36701405

 $00:28:27.160 \longrightarrow 00:28:30.030$ large cell in the head and neck

NOTE Confidence: 0.36701405

 $00{:}28{:}30{.}030 \dashrightarrow 00{:}28{:}31{.}820$ particularly there is a subset that

NOTE Confidence: 0.36701405

 $00{:}28{:}31{.}820 \dashrightarrow 00{:}28{:}33{.}997$ are HPV related and there's about four

NOTE Confidence: 0.36701405

 $00{:}28{:}33{.}997 \dashrightarrow 00{:}28{:}36{.}193$ articles in the literature collating them.

NOTE Confidence: 0.36701405

 $00:28:36.200 \rightarrow 00:28:38.438$ There's about 19 cases you know.

NOTE Confidence: 0.36701405

 $00:28:38.440 \longrightarrow 00:28:40.372$ Many of them when the primaries

NOTE Confidence: 0.36701405

 $00:28:40.372 \rightarrow 00:28:42.160$ identified is in the tonsil,

NOTE Confidence: 0.36701405

 $00:28:42.160 \longrightarrow 00:28:44.752$ the base of the tongue, many of them

NOTE Confidence: 0.36701405

 $00:28:44.752 \rightarrow 00:28:47.440$ presented as occult primaries in the neck.

- NOTE Confidence: 0.36701405
- $00:28:47.440 \longrightarrow 00:28:50.400$ It's important to recognize these

 $00{:}28{:}50{.}400 \dashrightarrow 00{:}28{:}53{.}196$ has got a high mortality rate.

NOTE Confidence: 0.36701405

 $00:28:53.200 \rightarrow 00:28:56.756$ So unlike any other HPV related cancer,

NOTE Confidence: 0.36701405

 $00:28:56.760 \longrightarrow 00:28:58.692$ this is the exception to the rule

NOTE Confidence: 0.36701405

 $00{:}28{:}58{.}692 \dashrightarrow 00{:}29{:}00{.}803$ in terms of being radio responsive

NOTE Confidence: 0.36701405

 $00{:}29{:}00{.}803 \dashrightarrow 00{:}29{:}02{.}833$ and having a better prognosis.

NOTE Confidence: 0.36701405

 $00:29:02.840 \rightarrow 00:29:06.240$ So irrespective of the presence of the virus,

NOTE Confidence: 0.36701405

 $00{:}29{:}06{.}240 \dashrightarrow 00{:}29{:}09{.}600$ these are bad actors and I'll try to

NOTE Confidence: 0.36701405

 $00{:}29{:}09{.}600 \dashrightarrow 00{:}29{:}11{.}679$ explain why that is in a little bit.

NOTE Confidence: 0.36701405

 $00{:}29{:}11.680 \dashrightarrow 00{:}29{:}14.228$ So just some examples of that submucosal

NOTE Confidence: 0.36701405

 $00{:}29{:}14{.}228 \dashrightarrow 00{:}29{:}15{.}800$ tumor with trabecular growth,

NOTE Confidence: 0.36701405

00:29:15.800 --> 00:29:17.704 it has some of the growth pattern of

NOTE Confidence: 0.36701405

 $00{:}29{:}17.704 \dashrightarrow 00{:}29{:}19.078$ a neuroendocrine tumor on the right.

NOTE Confidence: 0.36701405

00:29:19.080 --> 00:29:22.720 The small round cell malignancy that that

NOTE Confidence: 0.36701405

 $00{:}29{:}22{.}720 \dashrightarrow 00{:}29{:}25{.}912$ will be part of a broad differential

 $00:29:25.912 \rightarrow 00:29:28.080$ with individual cell necrosis,

NOTE Confidence: 0.36701405

00:29:28.080 --> 00:29:31.435 cytocarinate, not CK 5-6 but Cam 5.2.

NOTE Confidence: 0.36701405

00:29:31.435 --> 00:29:33.080 I don't know how well IT projects.

NOTE Confidence: 0.36701405

 $00{:}29{:}33.080 \dashrightarrow 00{:}29{:}34.980$ It's usually a paranuclear dot

NOTE Confidence: 0.36701405

 $00:29:34.980 \longrightarrow 00:29:36.360$ like staining pattern,

NOTE Confidence: 0.36701405

 $00{:}29{:}36{.}360 \dashrightarrow 00{:}29{:}38{.}860$ synaptifies and cormoran and insm

NOTE Confidence: 0.36701405

 $00:29:38.860 \longrightarrow 00:29:41.743$ 1 positive and the markers

NOTE Confidence: 0.36701405

 $00{:}29{:}41.743 \dashrightarrow 00{:}29{:}44.212$ that are associated with the non

NOTE Confidence: 0.36701405

00:29:44.212 --> 00:29:45.676 Karanis
in carcinoma are negative.

NOTE Confidence: 0.36701405

 $00:29:45.680 \longrightarrow 00:29:47.648$ Now in some of these reports

NOTE Confidence: 0.36701405

 $00{:}29{:}47.648 \dashrightarrow 00{:}29{:}49.855$ there was a commingling of the

NOTE Confidence: 0.36701405

 $00{:}29{:}49.855 \dashrightarrow 00{:}29{:}51.499$ non karatinizing with squamous

NOTE Confidence: 0.36701405

 $00{:}29{:}51{.}499 \dashrightarrow 00{:}29{:}53{.}840$ differentiation and the NOR endocrine.

NOTE Confidence: 0.36701405

 $00:29:53.840 \longrightarrow 00:29:55.048$ So in those reports,

NOTE Confidence: 0.36701405

 $00{:}29{:}55{.}048 \dashrightarrow 00{:}29{:}57{.}202$ there was a mixture of cells that

NOTE Confidence: 0.36701405

00:29:57.202 --> 00:30:00.108 were CK56 and P40P63 positive

 $00{:}30{:}00{.}108 \dashrightarrow 00{:}30{:}01{.}478$ and others that were not.

NOTE Confidence: 0.59395945

 $00{:}30{:}04.000 \dashrightarrow 00{:}30{:}06.541$ And here's an example of that tumor

NOTE Confidence: 0.59395945

00:30:06.541 --> 00:30:08.920 showing P16 and the HPV positive.

NOTE Confidence: 0.59395945

 $00:30:08.920 \dashrightarrow 00:30:12.764$ So why is it that those tumors that are NOTE Confidence: 0.59395945

00:30:12.764 --> 00:30:16.120 HPV positive tend to be radio sensitive,

NOTE Confidence: 0.59395945

 $00{:}30{:}16.120 \dashrightarrow 00{:}30{:}18.340$ whereas the independent ones that

NOTE Confidence: 0.59395945

 $00{:}30{:}18{.}340 \dashrightarrow 00{:}30{:}20{.}560$ include neuroendocrine tumors are not.

NOTE Confidence: 0.59395945

 $00{:}30{:}20{.}560 \dashrightarrow 00{:}30{:}23{.}134$ So it relates to the cell cycle and where

NOTE Confidence: 0.59395945

 $00{:}30{:}23{.}134 \dashrightarrow 00{:}30{:}25{.}673$ in the cell cycle those tumor cells are

NOTE Confidence: 0.59395945

 $00:30:25.673 \rightarrow 00:30:28.238$ in terms of their radio sensitivity.

NOTE Confidence: 0.59395945

 $00{:}30{:}28{.}240 \dashrightarrow 00{:}30{:}31{.}000$ So in this quadrant in the M phase

NOTE Confidence: 0.59395945

 $00{:}30{:}31{.}000 \dashrightarrow 00{:}30{:}33{.}285$ or mitotic phase are the cells

NOTE Confidence: 0.59395945

 $00{:}30{:}33{.}285 \dashrightarrow 00{:}30{:}35{.}160$ of the HPV related cancer,

NOTE Confidence: 0.59395945

 $00{:}30{:}35{.}160 \dashrightarrow 00{:}30{:}37{.}628$ their chromatin is condensed,

NOTE Confidence: 0.59395945

 $00:30:37.628 \rightarrow 00:30:39.479$ they're more targetable.

 $00:30:39.480 \longrightarrow 00:30:42.192$ There's other factors related in this

NOTE Confidence: 0.59395945

 $00{:}30{:}42.192 \dashrightarrow 00{:}30{:}44.725$ in terms of microenvironment and P53,

NOTE Confidence: 0.59395945

 $00{:}30{:}44.725 \dashrightarrow 00{:}30{:}46.950$ but in simplistic terms because

NOTE Confidence: 0.59395945

 $00:30:46.950 \rightarrow 00:30:49.948$ they're in the M phase and their

NOTE Confidence: 0.59395945

 $00{:}30{:}49{.}948 \dashrightarrow 00{:}30{:}51{.}718$ chromatin is condensed and made,

NOTE Confidence: 0.59395945

 $00:30:51.720 \longrightarrow 00:30:53.640$ the more targetable and

NOTE Confidence: 0.59395945

 $00:30:53.640 \longrightarrow 00:30:55.080$ responsive to radiation.

NOTE Confidence: 0.59395945

 $00:30:55.080 \rightarrow 00:30:58.041$ Conversely in the S phase or synthesis

NOTE Confidence: 0.59395945

00:30:58.041 - > 00:31:00.906 phase are the non for the HPV

NOTE Confidence: 0.59395945

 $00:31:00.906 \rightarrow 00:31:02.594$ independent and neurentocrine cancers,

NOTE Confidence: 0.59395945

 $00:31:02.600 \rightarrow 00:31:05.240$ their chromatin is more widely dispersed,

NOTE Confidence: 0.59395945

 $00:31:05.240 \longrightarrow 00:31:09.350$ less amenable to targetable by by

NOTE Confidence: 0.59395945

 $00{:}31{:}09{.}350 \dashrightarrow 00{:}31{:}12{.}020$ radiation and therefore that

NOTE Confidence: 0.59395945

 $00{:}31{:}12.020 \dashrightarrow 00{:}31{:}14.495$ in part explains the differential

NOTE Confidence: 0.59395945

 $00:31:14.495 \rightarrow 00:31:17.677$ in terms of response to treatment.

NOTE Confidence: 0.59395945

 $00:31:17.680 \rightarrow 00:31:20.200$ So even if the neurentocrine has HPV,

- NOTE Confidence: 0.59395945
- $00:31:20.200 \dashrightarrow 00:31:22.720$ it still falls within this S phase
- NOTE Confidence: 0.59395945
- $00{:}31{:}22.720 \dashrightarrow 00{:}31{:}25.598$ and is less of a targetable agent.
- NOTE Confidence: 0.59395945
- 00:31:25.600 -> 00:31:26.235 OK,
- NOTE Confidence: 0.59395945
- $00:31:26.235 \longrightarrow 00:31:29.410$ shifting gears almost back to
- NOTE Confidence: 0.59395945
- 00:31:29.410 --> 00:31:30.680 basic Histology.
- NOTE Confidence: 0.59395945
- $00:31:30.680 \dashrightarrow 00:31:32.880$ This is the reticulated epithelium.
- NOTE Confidence: 0.59395945
- 00:31:32.880 --> 00:31:35.196 Can't see it at this magnification,
- NOTE Confidence: 0.59395945
- $00:31:35.200 \rightarrow 00:31:38.248$ but here is the surface squamous
- NOTE Confidence: 0.59395945
- $00:31:38.248 \longrightarrow 00:31:40.400$ epithelium and it's a transition zone,
- NOTE Confidence: 0.59395945
- $00{:}31{:}40{.}400 \dashrightarrow 00{:}31{:}42{.}155$ not unlike the transition zone
- NOTE Confidence: 0.59395945
- 00:31:42.155 00:31:43.559 in the urban cervix,
- NOTE Confidence: 0.59395945
- $00{:}31{:}43.560 \dashrightarrow 00{:}31{:}47.508$ except the transition here is to this
- NOTE Confidence: 0.59395945
- $00:31:47.508 \rightarrow 00:31:49.960$ reticulated epithelium and former
- NOTE Confidence: 0.59395945
- $00:31:49.960 \dashrightarrow 00:31:52.600$ terminologies or lympho epithelium.
- NOTE Confidence: 0.59395945
- $00:31:52.600 \rightarrow 00:31:53.972$ This you don't see,
- NOTE Confidence: 0.59395945

 $00:31:53.972 \rightarrow 00:31:57.160$ and I didn't have a higher magnification,

NOTE Confidence: 0.59395945

 $00{:}31{:}57{.}160 \dashrightarrow 00{:}32{:}00{.}544$ but the cohesiveness and

NOTE Confidence: 0.59395945

 $00:32:00.544 \rightarrow 00:32:02.236$ intercellular connections,

NOTE Confidence: 0.59395945

 $00:32:02.240 \longrightarrow 00:32:04.670$ desmosomes that you see in the

NOTE Confidence: 0.59395945

 $00:32:04.670 \rightarrow 00:32:06.290$ surface epithelium are completely

NOTE Confidence: 0.59395945

 $00{:}32{:}06{.}359 \dashrightarrow 00{:}32{:}08{.}639$ gone in this reticulated epithelium.

NOTE Confidence: 0.59395945

 $00:32:08.640 \dashrightarrow 00:32:10.780$ That's why it's more permeated

NOTE Confidence: 0.59395945

 $00:32:10.780 \longrightarrow 00:32:11.636$ by lymphocytes,

NOTE Confidence: 0.59395945

00:32:11.640 --> 00:32:14.805 plasma cells and antigen processing

NOTE Confidence: 0.59395945

 $00:32:14.805 \longrightarrow 00:32:17.276$ cells and just to show you that.

NOTE Confidence: 0.59395945

 $00:32:17.280 \longrightarrow 00:32:19.380$ And then these are diffusely

NOTE Confidence: 0.59395945

 $00:32:19.380 \longrightarrow 00:32:20.640$ carried and positive.

NOTE Confidence: 0.59395945

 $00:32:20.640 \rightarrow 00:32:24.735$ So why is this epithelium and this

NOTE Confidence: 0.59395945

 $00:32:24.735 \rightarrow 00:32:27.960$ location the target area for HPV?

NOTE Confidence: 0.59395945

 $00:32:27.960 \longrightarrow 00:32:29.400$ So there are many theories.

NOTE Confidence: 0.59395945

 $00:32:29.400 \rightarrow 00:32:32.396$ One is the permeability of this epithelium

- NOTE Confidence: 0.59395945
- $00:32:32.396 \longrightarrow 00:32:35.679$ makes it more susceptible to infection.
- NOTE Confidence: 0.59395945
- 00:32:35.680 --> 00:32:37.984 Some people claim that the deep
- NOTE Confidence: 0.59395945
- $00:32:37.984 \rightarrow 00:32:40.394$ and vagination of the ***** make
- NOTE Confidence: 0.59395945
- $00:32:40.394 \rightarrow 00:32:42.998$ it a excellent reservoir for HPV,
- NOTE Confidence: 0.59395945
- $00:32:43.000 \longrightarrow 00:32:44.536$ and that's probably true.
- NOTE Confidence: 0.59395945
- $00{:}32{:}44{.}536 \dashrightarrow 00{:}32{:}46{.}456$ But arguably the most important
- NOTE Confidence: 0.59395945
- $00:32:46.456 \longrightarrow 00:32:48.090$ thing is immunity.
- NOTE Confidence: 0.59395945
- $00:32:48.090 \rightarrow 00:32:51.840$ This epithelium is PDL 1 positive.
- NOTE Confidence: 0.59395945
- $00{:}32{:}51{.}840 \dashrightarrow 00{:}32{:}54{.}156$ The presence of PDL 1 suppresses
- NOTE Confidence: 0.59395945
- 00:32:54.156 --> 00:32:55.314 T cell response,
- NOTE Confidence: 0.59395945
- $00:32:55.320 \rightarrow 00:32:58.236$ which in turn allows for persistence
- NOTE Confidence: 0.59395945
- $00{:}32{:}58{.}236 \dashrightarrow 00{:}33{:}02{.}174$ of HPV and allowing for the HPV and
- NOTE Confidence: 0.59395945
- $00:33:02.174 \rightarrow 00:33:05.036$ the immortalization of cells to cancers
- NOTE Confidence: 0.59395945
- $00:33:05.126 \dashrightarrow 00:33:09.012$ to be under evade immune surveillance.
- NOTE Confidence: 0.59395945
- 00:33:09.012 --> 00:33:12.156 So it's a combination of regions,
- NOTE Confidence: 0.59395945

- $00:33:12.160 \longrightarrow 00:33:15.280$ but likely the most cogent one is this,
- NOTE Confidence: 0.59395945
- 00:33:15.280 --> 00:33:16.114 you know,
- NOTE Confidence: 0.59395945
- $00:33:16.114 \dashrightarrow 00:33:19.033$ the PDL one and the immune suppression.
- NOTE Confidence: 0.59395945
- 00:33:19.040 00:33:21.476 This very nice paper by Bill Westra.
- NOTE Confidence: 0.59395945
- 00:33:21.480 --> 00:33:23.400 If you don't follow the literature,
- NOTE Confidence: 0.59395945
- $00:33:23.400 \longrightarrow 00:33:25.948$ you know Bill is one of the
- NOTE Confidence: 0.59395945
- 00:33:25.948 --> 00:33:27.562 original authors on many
- NOTE Confidence: 0.59395945
- 00:33:27.562 --> 00:33:29.757 papers of of identifying HPV,
- NOTE Confidence: 0.59395945
- $00{:}33{:}29.760 \dashrightarrow 00{:}33{:}31.836$ including the very first one that
- NOTE Confidence: 0.59395945
- $00{:}33{:}31{.}836 \dashrightarrow 00{:}33{:}34{.}059$ showed A cause and effect between
- NOTE Confidence: 0.59395945
- $00:33:34.059 \longrightarrow 00:33:36.357$ the can't the virus and cancer.
- NOTE Confidence: 0.59395945
- $00{:}33{:}36{.}360 \dashrightarrow 00{:}33{:}39{.}044$ But this is a nice diagram diagrammatic
- NOTE Confidence: 0.59395945
- $00:33:39.044 \rightarrow 00:33:41.954$ depiction of this reticulated epithelium.
- NOTE Confidence: 0.59395945
- $00:33:41.960 \longrightarrow 00:33:43.106$ There's a loss,
- NOTE Confidence: 0.59395945
- $00:33:43.106 \rightarrow 00:33:44.634$ there's no intercellular connections,
- NOTE Confidence: 0.59395945
- $00:33:44.640 \rightarrow 00:33:45.789$ It's very permeable.

- NOTE Confidence: 0.59395945
- $00{:}33{:}45.789 \dashrightarrow 00{:}33{:}48.470$ You can see even in this diagram

 $00{:}33{:}48{.}545 \dashrightarrow 00{:}33{:}51{.}797$ the lymphocytes and antigen processing cells.

NOTE Confidence: 0.48753956

 $00{:}33{:}51{.}800 \dashrightarrow 00{:}33{:}53{.}330$ The other component of this is

NOTE Confidence: 0.48753956

 $00:33:53.330 \longrightarrow 00:33:55.280$ the fact that in this epithelium,

NOTE Confidence: 0.48753956

 $00:33:55.280 \longrightarrow 00:33:56.798$ unlike other epithelium,

NOTE Confidence: 0.48753956

 $00:33:56.798 \dashrightarrow 00:33:59.834$ there are lymphatics and vascular spaces.

NOTE Confidence: 0.48753956

 $00:33:59.840 \longrightarrow 00:34:02.360$ So when you see a tumor that looks like this,

NOTE Confidence: 0.48753956

 $00:34:02.360 \longrightarrow 00:34:04.726$ that's completely what we might in term

NOTE Confidence: 0.48753956

 $00{:}34{:}04{.}726 \dashrightarrow 00{:}34{:}07{.}009$ carcinoma in site 2 with no violation

NOTE Confidence: 0.48753956

 $00{:}34{:}07{.}009 \dashrightarrow 00{:}34{:}09{.}289$ of the base membrane because of that

NOTE Confidence: 0.48753956

 $00:34:09.289 \rightarrow 00:34:11.707$ permeability and because of the intra

NOTE Confidence: 0.48753956

 $00{:}34{:}11.707 \dashrightarrow 00{:}34{:}13.728$ epithelial lymphatics and vascular spaces.

NOTE Confidence: 0.48753956

 $00{:}34{:}13.728 \dashrightarrow 00{:}34{:}16.556$ This could be the solnitis for the

NOTE Confidence: 0.48753956

 $00{:}34{:}16.556 \dashrightarrow 00{:}34{:}19.120$ cancer that gives rise to metastasis,

NOTE Confidence: 0.48753956

 $00:34:19.120 \longrightarrow 00:34:20.938$ very tiny primary,

 $00:34:20.938 \longrightarrow 00:34:22.756$ multiple neck nodes.

NOTE Confidence: 0.48753956

 $00{:}34{:}22.760 \dashrightarrow 00{:}34{:}25.700$ And in that original graph I showed

NOTE Confidence: 0.48753956

 $00:34:25.700 \rightarrow 00:34:27.598$ between comparing and contrasting

NOTE Confidence: 0.48753956

00:34:27.598 --> 00:34:29.838 HPV positive HPV negative,

NOTE Confidence: 0.48753956

 $00{:}34{:}29{.}840 \dashrightarrow 00{:}34{:}32{.}283$ the HPV positive cancers tend to be

NOTE Confidence: 0.48753956

 $00:34:32.283 \rightarrow 00:34:34.598$ smaller tumors with a higher end stage,

NOTE Confidence: 0.48753956

00:34:34.600 - 00:34:38.520 many more positive nodes.

NOTE Confidence: 0.48753956

 $00:34:38.520 \longrightarrow 00:34:41.520$ So relative to this epithelium,

NOTE Confidence: 0.48753956

 $00:34:41.520 \rightarrow 00:34:44.960$ which as far as I know is unique in the body,

NOTE Confidence: 0.48753956

 $00{:}34{:}44{.}960 \dashrightarrow 00{:}34{:}46{.}760$ we never applied the term carcinoma.

NOTE Confidence: 0.48753956

 $00{:}34{:}46{.}760 \dashrightarrow 00{:}34{:}49{.}118$ Insight to how often do you see a tumor

NOTE Confidence: 0.48753956

 $00:34:49.118 \rightarrow 00:34:51.107$ that's relegated to what we might

NOTE Confidence: 0.48753956

 $00:34:51.107 \rightarrow 00:34:53.080$ consider the the insight to component.

NOTE Confidence: 0.48753956

00:34:53.080 --> 00:34:53.736 It's uncommon,

NOTE Confidence: 0.48753956

 $00{:}34{:}53.736 \dashrightarrow 00{:}34{:}56.360$ but you can put the whole tonsil through

NOTE Confidence: 0.48753956

 $00:34:56.427 \rightarrow 00:34:58.394$ and this might be the only nitus,

- NOTE Confidence: 0.48753956
- $00:34:58.400 \longrightarrow 00:35:00.740$ but that's the primary focus for

 $00{:}35{:}00{.}740 \dashrightarrow 00{:}35{:}02{.}710$ the metastatic cancer because of

NOTE Confidence: 0.48753956

 $00:35:02.710 \longrightarrow 00:35:04.440$ the nature of that epithelial.

NOTE Confidence: 0.48753956

 $00:35:04.440 \rightarrow 00:35:09.520$ So cap guidelines for HP for P16 testing,

NOTE Confidence: 0.48753956

 $00:35:09.520 \longrightarrow 00:35:11.600$ these were published in 2018.

NOTE Confidence: 0.48753956

 $00{:}35{:}11.600 \dashrightarrow 00{:}35{:}14.560$ They're currently undergoing A revision.

NOTE Confidence: 0.48753956

 $00:35:14.560 \rightarrow 00:35:16.270$ I'm not sure when they're going

NOTE Confidence: 0.48753956

 $00:35:16.270 \longrightarrow 00:35:17.245$ to be published,

NOTE Confidence: 0.48753956

00:35:17.245 --> 00:35:20.080 but probably sometime either late this year,

NOTE Confidence: 0.48753956

 $00:35:20.080 \dashrightarrow 00:35:23.506$ which is only another month or so or 2024.

NOTE Confidence: 0.48753956

 $00{:}35{:}23.506 \dashrightarrow 00{:}35{:}26.542$ But most of the criteria are

NOTE Confidence: 0.48753956

 $00{:}35{:}26{.}542 \dashrightarrow 00{:}35{:}28{.}826$ still applicable and the most

NOTE Confidence: 0.48753956

00:35:28.826 - 00:35:31.358 important one arguably is the P16.

NOTE Confidence: 0.48753956

 $00{:}35{:}31{.}360 \dashrightarrow 00{:}35{:}33{.}958$ Yes, it's an excellent screening tool.

NOTE Confidence: 0.48753956

 $00{:}35{:}33{.}960 \dashrightarrow 00{:}35{:}35{.}802$ It needs to be nuclear inside

 $00:35:35.802 \longrightarrow 00:35:37.877$ a plasmic in at least 70%.

NOTE Confidence: 0.48753956

 $00:35:37.877 \dashrightarrow 00:35:41.810$ So what's 69% and what I mean I personally

NOTE Confidence: 0.48753956

 $00:35:41.910 \longrightarrow 00:35:45.128$ have a hard time trying to quantitate,

NOTE Confidence: 0.48753956

00:35:45.128 --> 00:35:46.606 you know P67,

NOTE Confidence: 0.48753956

 $00{:}35{:}46.606$ --> $00{:}35{:}48.888$ you know digital pathology and and you

NOTE Confidence: 0.48753956

 $00{:}35{:}48.888 \dashrightarrow 00{:}35{:}51.078$ know what will be helpful in that.

NOTE Confidence: 0.48753956

 $00:35:51.080 \longrightarrow 00:35:52.760$ But the point being it's got

NOTE Confidence: 0.48753956

 $00:35:52.760 \rightarrow 00:35:54.479$ to be the majority of cells,

NOTE Confidence: 0.48753956

 $00{:}35{:}54{.}480 \dashrightarrow 00{:}35{:}57{.}240$ nuclear and cytoplasm.

NOTE Confidence: 0.48753956

 $00:35:57.240 \rightarrow 00:35:59.998$ So P16 is a tumor suppressor gene.

NOTE Confidence: 0.48753956

 $00:36:00.000 \rightarrow 00:36:03.156$ When it binds to CDK 4/6,

NOTE Confidence: 0.48753956

 $00:36:03.160 \rightarrow 00:36:05.834$ it keeps cycling the one in check,

NOTE Confidence: 0.48753956

 $00:36:05.840 \rightarrow 00:36:08.860$ which in turn keeps retinoblastoma

NOTE Confidence: 0.48753956

00:36:08.860 --> 00:36:11.276 in its hypophosphorylated state,

NOTE Confidence: 0.48753956

 $00:36:11.280 \longrightarrow 00:36:14.220$ which in conjunction with this transcription

NOTE Confidence: 0.48753956

 $00:36:14.220 \rightarrow 00:36:17.239$ factor leads to cell cycle arrest.

- NOTE Confidence: 0.48753956
- $00:36:17.240 \longrightarrow 00:36:19.088$ And the reason I'm showing you

 $00{:}36{:}19.088 \dashrightarrow 00{:}36{:}22.116$ is I'm not a basic scientist but

NOTE Confidence: 0.48753956

00:36:22.116 --> 00:36:23.835 explains P16 overexpression.

NOTE Confidence: 0.48753956

 $00:36:23.840 \longrightarrow 00:36:26.750$ So anything that alters retinoblastoma

NOTE Confidence: 0.48753956

 $00:36:26.750 \longrightarrow 00:36:29.078$ in here it's hyperphosphilated

NOTE Confidence: 0.48753956

 $00{:}36{:}29{.}080 \dashrightarrow 00{:}36{:}31{.}132$ releases that block and so at

NOTE Confidence: 0.48753956

 $00:36:31.132 \rightarrow 00:36:33.400$ least the cell cycle progression.

NOTE Confidence: 0.48753956

 $00{:}36{:}33{.}400 \dashrightarrow 00{:}36{:}36{.}740$ There's an inverse relationship between

NOTE Confidence: 0.48753956

00:36:36.740 --> 00:36:39.520 P16 and P53P53 in its normal state,

NOTE Confidence: 0.48753956

00:36:39.520 --> 00:36:43.240 low or no P16 overexpression

NOTE Confidence: 0.48753956

 $00{:}36{:}43.240 \dashrightarrow 00{:}36{:}45.340$ retinoblastoma in its abnormal

NOTE Confidence: 0.48753956

00:36:45.340 --> 00:36:49.640 state increase PP 16 expression.

NOTE Confidence: 0.48753956

 $00:36:49.640 \dashrightarrow 00:36:51.560$ So getting a little bit ahead of myself,

NOTE Confidence: 0.48753956

 $00:36:51.560 \longrightarrow 00:36:53.740$ anything that alters retinoblastoma

NOTE Confidence: 0.48753956

 $00:36:53.740 \longrightarrow 00:36:58.296$ will lead to increase in P16 as we

 $00:36:58.296 \rightarrow 00:37:00.480$ identify immunistic chemical that

NOTE Confidence: 0.48753956

 $00{:}37{:}00{.}480 \dashrightarrow 00{:}37{:}03{.}252$ doesn't mean there's a virus there and

NOTE Confidence: 0.48753956

 $00{:}37{:}03.252 \dashrightarrow 00{:}37{:}06.228$ that means that P16 cannot in and of

NOTE Confidence: 0.48753956

 $00:37:06.228 \rightarrow 00:37:08.040$ itself depending on what you're looking at,

NOTE Confidence: 0.48753956

00:37:08.040 --> 00:37:10.305 be the arbiter in terms

NOTE Confidence: 0.48753956

 $00{:}37{:}10{.}305 \dashrightarrow 00{:}37{:}12{.}117$ of being HPV positive.

NOTE Confidence: 0.48753956

 $00{:}37{:}12.120 \dashrightarrow 00{:}37{:}13.104$ And here's one example.

NOTE Confidence: 0.48753956

00:37:13.104 --> 00:37:14.880 I'll just start at the top part,

NOTE Confidence: 0.48753956

 $00{:}37{:}14.880 \dashrightarrow 00{:}37{:}15.546$ the A.

NOTE Confidence: 0.48753956

 $00{:}37{:}15{.}546 \dashrightarrow 00{:}37{:}18{.}210$ So the oncogenic stress on the left is

NOTE Confidence: 0.347794473333333

 $00{:}37{:}18.292 \dashrightarrow 00{:}37{:}21.260$ the virus you know impacts on P16

NOTE Confidence: 0.347794473333333

 $00{:}37{:}21.260 \dashrightarrow 00{:}37{:}23.165$ through retinoblastoma and P53

NOTE Confidence: 0.347794473333333

 $00:37:23.165 \longrightarrow 00:37:26.315$ leads to over expression of P16.

NOTE Confidence: 0.347794473333333

 $00{:}37{:}26{.}320 \dashrightarrow 00{:}37{:}28{.}492$ In another schematic you could see

NOTE Confidence: 0.347794473333333

 $00:37:28.492 \rightarrow 00:37:30.639$ that the virus infects the cells,

NOTE Confidence: 0.347794473333333

 $00:37:30.640 \rightarrow 00:37:32.040$ makes its way into nucleus.

00:37:32.040 --> 00:37:36.924 Impacts on E6 and E7E7 directly on

NOTE Confidence: 0.347794473333333

 $00:37:36.924 \dashrightarrow 00:37:40.236$ retinoblastoma increased in P16.

NOTE Confidence: 0.347794473333333

 $00:37:40.240 \longrightarrow 00:37:42.840$ But E 6 is not just there and

NOTE Confidence: 0.347794473333333

 $00:37:42.840 \longrightarrow 00:37:44.959$ doesn't have a negative impact.

NOTE Confidence: 0.347794473333333

00:37:44.960 --> 00:37:48.952 It impacts on P53 and also on maintaining

NOTE Confidence: 0.347794473333333

 $00{:}37{:}48.952 \dashrightarrow 00{:}37{:}51.760$ telomerase activity in the infected cell,

NOTE Confidence: 0.347794473333333

 $00:37:51.760 \dashrightarrow 00:37:55.720$ which keeps telomerase length intact,

NOTE Confidence: 0.347794473333333

 $00:37:55.720 \rightarrow 00:37:59.199$ which allows for immortalization of the cell.

NOTE Confidence: 0.347794473333333

 $00{:}37{:}59{.}200 \dashrightarrow 00{:}38{:}02{.}032$ So both retinoblastoma the E7 and

NOTE Confidence: 0.347794473333333

 $00:38:02.032 \dashrightarrow 00:38:05.208$ the E6 by different mechanisms lead

NOTE Confidence: 0.347794473333333

 $00:38:05.208 \longrightarrow 00:38:08.198$ to immortalization of the cell.

NOTE Confidence: 0.347794473333333

00:38:08.200 --> 00:38:10.958 So back to P16. It's widely available.

NOTE Confidence: 0.347794473333333

 $00:38:10.960 \longrightarrow 00:38:13.312$ It's easy to interpret.

NOTE Confidence: 0.347794473333333

00:38:13.312 --> 00:38:16.252 It is considered a surrogate

NOTE Confidence: 0.347794473333333

 $00{:}38{:}16{.}252 \dashrightarrow 00{:}38{:}18{.}140$ marker for HPV 16.

 $00:38:18.140 \longrightarrow 00:38:20.840$ We can do it on psychology,

NOTE Confidence: 0.347794473333333

 $00{:}38{:}20{.}840 \dashrightarrow 00{:}38{:}22{.}880$ we can do it on tissue,

NOTE Confidence: 0.347794473333333

 $00{:}38{:}22{.}880 \dashrightarrow 00{:}38{:}25{.}455$ and it is considered reliable

NOTE Confidence: 0.347794473333333

 $00:38:25.455 \rightarrow 00:38:28.455$ but not uniformly predictor of a

NOTE Confidence: 0.347794473333333

 $00:38:28.455 \rightarrow 00:38:30.880$ carcinoma rising in the oropharynx.

NOTE Confidence: 0.347794473333333

00:38:30.880 --> 00:38:32.320 So I don't think anybody,

NOTE Confidence: 0.347794473333333

 $00:38:32.320 \longrightarrow 00:38:33.785$ if you're a pathologist and

NOTE Confidence: 0.347794473333333

 $00:38:33.785 \longrightarrow 00:38:34.957$ there's no brown stain,

NOTE Confidence: 0.347794473333333

 $00:38:34.960 \dashrightarrow 00:38:36.400$ would think that's a positive stain.

NOTE Confidence: 0.347794473333333

 $00:38:36.400 \longrightarrow 00:38:39.680$ It's a dead negative stain.

NOTE Confidence: 0.347794473333333

 $00:38:39.680 \longrightarrow 00:38:41.018$ I'm sure in this group you

NOTE Confidence: 0.347794473333333

 $00:38:41.018 \longrightarrow 00:38:42.400$ would not call that positive,

NOTE Confidence: 0.347794473333333

 $00{:}38{:}42{.}400 \dashrightarrow 00{:}38{:}46{.}952$ but there are people who see any

NOTE Confidence: 0.347794473333333

 $00{:}38{:}46{.}952 \dashrightarrow 00{:}38{:}50{.}160$ staining and we'll call it P16 positive,

NOTE Confidence: 0.347794473333333

 $00:38:50.160 \rightarrow 00:38:52.834$ seen that in in patient review cases.

NOTE Confidence: 0.347794473333333

00:38:52.840 --> 00:38:55.000 And I'm not denigrating anybody,

- NOTE Confidence: 0.347794473333333
- 00:38:55.000 --> 00:38:56.400 it's just not understanding
- NOTE Confidence: 0.347794473333333
- $00:38:56.400 \longrightarrow 00:38:57.800$ of that the interpretation.
- NOTE Confidence: 0.347794473333333
- 00:38:57.800 00:38:59.792 So we need to be very rigid not
- NOTE Confidence: 0.347794473333333
- $00:38:59.792 \longrightarrow 00:39:01.856$ only in our diagnostic criteria
- NOTE Confidence: 0.347794473333333
- 00:39:01.856 --> 00:39:03.356 but our interpretation.
- NOTE Confidence: 0.347794473333333
- $00:39:03.360 \longrightarrow 00:39:05.240$ So this is a blush.
- NOTE Confidence: 0.347794473333333
- $00:39:05.240 \longrightarrow 00:39:08.080$ It's not a positive stain.
- NOTE Confidence: 0.347794473333333
- $00{:}39{:}08{.}080 \dashrightarrow 00{:}39{:}11{.}080$ That's a positive stain.
- NOTE Confidence: 0.347794473333333
- $00:39{:}11.080 \dashrightarrow 00{:}39{:}13.384$ That's not a positive statement, right.
- NOTE Confidence: 0.347794473333333
- 00:39:13.384 --> 00:39:16.060 It's kind of positive, but not strongly.
- NOTE Confidence: 0.347794473333333
- 00:39:16.060 --> 00:39:17.200 There's some nuclear,
- NOTE Confidence: 0.347794473333333
- $00:39:17.200 \longrightarrow 00:39:18.740$ not cytoplasmic and some
- NOTE Confidence: 0.347794473333333
- $00{:}39{:}18.740 \dashrightarrow 00{:}39{:}20.280$ cells are not positive.
- NOTE Confidence: 0.347794473333333
- 00:39:20.280 --> 00:39:22.086 So you might call that equivocal
- NOTE Confidence: 0.347794473333333
- $00{:}39{:}22.086 \dashrightarrow 00{:}39{:}24.359$ because it's not that negative or blush,
- NOTE Confidence: 0.347794473333333

 $00:39:24.360 \longrightarrow 00:39:25.904$ but it's not positive.

NOTE Confidence: 0.347794473333333

 $00{:}39{:}25{.}904 \dashrightarrow 00{:}39{:}28{.}220$ That's the kind of scenario where

NOTE Confidence: 0.347794473333333

 $00:39:28.290 \rightarrow 00:39:30.560$ you need to confirm with something

NOTE Confidence: 0.347794473333333

00:39:30.560 - 00:39:32.480 more sensitive and specific.

NOTE Confidence: 0.347794473333333

00:39:32.480 --> 00:39:33.720 And you've seen this before,

NOTE Confidence: 0.347794473333333

 $00:39:33.720 \rightarrow 00:39:36.080$ but I just want to point to the bottom here.

NOTE Confidence: 0.347794473333333

00:39:36.080 --> 00:39:39.320 This E6 and E7 we target by immuno,

NOTE Confidence: 0.347794473333333

 $00:39:39.320 \longrightarrow 00:39:42.230$ by insight to hybridization that's the

NOTE Confidence: 0.347794473333333

 $00:39:42.230 \rightarrow 00:39:47.120$ gold standard in in a tumor not the P16.

NOTE Confidence: 0.347794473333333

 $00{:}39{:}47.120 \dashrightarrow 00{:}39{:}48.618$ And the reason I mentioned that I

NOTE Confidence: 0.347794473333333

00:39:48.618 --> 00:39:50.360 would just to show you there's AP 16,

NOTE Confidence: 0.347794473333333

 $00:39:50.360 \longrightarrow 00:39:53.320$ you've seen this before.

NOTE Confidence: 0.347794473333333

 $00:39:53.320 \longrightarrow 00:39:55.154$ Before I go you to the illustration,

NOTE Confidence: 0.347794473333333

00:39:55.160 --> 00:39:58.877 the bottom B part is an oncogenic

NOTE Confidence: 0.347794473333333

 $00{:}39{:}58.877 \dashrightarrow 00{:}40{:}01.719$ stress that's not HPV related

NOTE Confidence: 0.347794473333333

 $00:40:01.720 \dashrightarrow 00:40:04.136$ that has altered retinoblastoma.

- NOTE Confidence: 0.347794473333333
- $00{:}40{:}04{.}136 \dashrightarrow 00{:}40{:}07{.}156$ And has led to P16.
- NOTE Confidence: 0.347794473333333
- $00{:}40{:}07{.}160 \dashrightarrow 00{:}40{:}08{.}640$ So it's not HPV related.
- NOTE Confidence: 0.347794473333333
- $00:40:08.640 \rightarrow 00:40:10.600$ And the reason I point that out,
- NOTE Confidence: 0.347794473333333
- $00:40:10.600 \rightarrow 00:40:12.456$ these cases actually happen.
- NOTE Confidence: 0.347794473333333
- $00:40:12.456 \longrightarrow 00:40:15.480$ So this is a Periparadid level 2,
- NOTE Confidence: 0.347794473333333
- $00:40:15.480 \longrightarrow 00:40:17.800$ a typical location for an
- NOTE Confidence: 0.347794473333333
- $00:40:17.800 \longrightarrow 00:40:20.120$ oropharyngeal cancer to metastasize to.
- NOTE Confidence: 0.347794473333333
- $00{:}40{:}20.120 \dashrightarrow 00{:}40{:}22.802$ It looks here's the parotid and
- NOTE Confidence: 0.347794473333333
- $00{:}40{:}22.802 \dashrightarrow 00{:}40{:}25.234$ primary squamous cancers of the
- NOTE Confidence: 0.347794473333333
- $00:40:25.234 \rightarrow 00:40:27.478$ parotid are extraordinarily rare.
- NOTE Confidence: 0.347794473333333
- $00:40:27.480 \longrightarrow 00:40:29.600$ If you ever have a case like that
- NOTE Confidence: 0.347794473333333
- $00:40:29.600 \longrightarrow 00:40:31.428$ it's likely a cutaneous cancer
- NOTE Confidence: 0.347794473333333
- $00:40:31.428 \longrightarrow 00:40:33.076$ directly invading the parotid.
- NOTE Confidence: 0.347794473333333
- $00{:}40{:}33.080 \dashrightarrow 00{:}40{:}35.088$ Or the patient had a history of a
- NOTE Confidence: 0.347794473333333
- $00{:}40{:}35{.}088 \dashrightarrow 00{:}40{:}37{.}181$ had an ex famous cancer somewhere
- NOTE Confidence: 0.347794473333333

 $00{:}40{:}37.181 \dashrightarrow 00{:}40{:}39.473$ on the face that's now metastatic.

NOTE Confidence: 0.347794473333333

 $00{:}40{:}39{.}480 \dashrightarrow 00{:}42{.}182$ So if you remember that thinking about

NOTE Confidence: 0.347794473333333

00:40:42.182 --> 00:40:44.308 a primary, you know, becomes challenging.

NOTE Confidence: 0.347794473333333

 $00:40:44.308 \rightarrow 00:40:45.319$ Do they occur?

NOTE Confidence: 0.347794473333333

 $00:40:45.320 \longrightarrow 00:40:45.555$ Yeah.

NOTE Confidence: 0.347794473333333

 $00{:}40{:}45{.}555 \dashrightarrow 00{:}40{:}47{.}670$ But you really need to see good evidence of

NOTE Confidence: 0.34844366

 $00:40:47.720 \longrightarrow 00:40:49.260$ that. Now here's the parotid,

NOTE Confidence: 0.34844366

 $00:40:49.260 \longrightarrow 00:40:50.885$ There are many intra and

NOTE Confidence: 0.34844366

 $00{:}40{:}50{.}885 \dashrightarrow 00{:}40{:}51{.}919$ periparatal lymph nodes.

NOTE Confidence: 0.34844366

 $00:40:51.920 \rightarrow 00:40:54.594$ They do drain the pharynx and you

NOTE Confidence: 0.34844366

 $00{:}40{:}54{.}594 \dashrightarrow 00{:}40{:}56{.}720$ have a non caranoisin cancer and

NOTE Confidence: 0.34844366

 $00:40:56.720 \rightarrow 00:40:59.360$ this thing is diffusely P16 positive.

NOTE Confidence: 0.34844366

 $00:40:59.360 \longrightarrow 00:41:02.768$ So you tell the tell the clinician or

NOTE Confidence: 0.34844366

 $00:41:02.768 \rightarrow 00:41:05.699$ radiation oncologist you have a metastatic

NOTE Confidence: 0.34844366

00:41:05.699 --> 00:41:08.840 orpharyngeal P16 positive cancer.

NOTE Confidence: 0.34844366

 $00:41:08.840 \rightarrow 00:41:10.336$ They tell the patient,

- NOTE Confidence: 0.34844366
- $00:41:10.336 \longrightarrow 00:41:12.580$ they start you know setting the
- NOTE Confidence: 0.34844366
- $00{:}41{:}12.655 \dashrightarrow 00{:}41{:}14.525$ patient up for targeted the rapy
- NOTE Confidence: 0.34844366
- $00:41:14.525 \rightarrow 00:41:17.439$ except that the HPV is dead negative.
- NOTE Confidence: 0.34844366
- $00:41:17.440 \longrightarrow 00:41:19.855$ So this points out what I've been
- NOTE Confidence: 0.34844366
- 00:41:19.855 --> 00:41:21.240 trying diagrammatically to show.
- NOTE Confidence: 0.34844366
- $00:41:21.240 \longrightarrow 00:41:24.740$ P16 can be over expressed in the
- NOTE Confidence: 0.34844366
- $00:41:24.740 \longrightarrow 00:41:27.904$ absence of virus and about 20 to
- NOTE Confidence: 0.34844366
- $00:41:27.904 \rightarrow 00:41:29.704 \ 30\%$ of cutaneous squamous cancers.
- NOTE Confidence: 0.34844366
- $00:41:29.704 \longrightarrow 00:41:32.150$ But this is not the only one
- NOTE Confidence: 0.34844366
- $00:41:32.150 \longrightarrow 00:41:33.358$ can be P16 positive.
- NOTE Confidence: 0.34844366
- $00{:}41{:}33{.}360 \dashrightarrow 00{:}41{:}35{.}999$ So really the gold standard and we've
- NOTE Confidence: 0.34844366
- 00:41:35.999 00:41:38.520 moved to doing every single case,
- NOTE Confidence: 0.34844366
- $00{:}41{:}38{.}520 \dashrightarrow 00{:}41{:}41{.}375$ even conventional ones with P16
- NOTE Confidence: 0.34844366
- $00{:}41{:}41{.}375 \dashrightarrow 00{:}41{:}43.812$ and insight and certainly in the
- NOTE Confidence: 0.34844366
- 00:41:43.812 --> 00:41:45.427 presence of a cold metastatic
- NOTE Confidence: 0.34844366

00:41:45.427 --> 00:41:46.997 cancer with no known primer,

NOTE Confidence: 0.34844366

 $00:41:47.000 \longrightarrow 00:41:49.432$ you can't rely solely on the P16 and

NOTE Confidence: 0.34844366

 $00{:}41{:}49{.}432 \dashrightarrow 00{:}41{:}52{.}101$ it has to be backed up by the insight NOTE Confidence: 0.34844366

00:41:52.101 --> 00:41:54.797 to and in fact I don't even do P16,

NOTE Confidence: 0.34844366

00:41:54.800 --> 00:41:56.431 I go right to the insight to

NOTE Confidence: 0.34844366

 $00:41:56.431 \rightarrow 00:41:57.799$ because that's where the money is.

NOTE Confidence: 0.34844366

 $00:41:57.800 \longrightarrow 00:41:58.667$ So that's negative.

NOTE Confidence: 0.34844366

00:41:58.667 -> 00:42:01.040 I don't care what the P16 look like.

NOTE Confidence: 0.42381656

 $00:42:04.040 \longrightarrow 00:42:05.465$ What about psychology?

NOTE Confidence: 0.42381656

 $00:42:05.465 \longrightarrow 00:42:07.840$ Do the same guidelines that

NOTE Confidence: 0.42381656

 $00:42:07.840 \longrightarrow 00:42:09.610$ 70% apply to cytology?

NOTE Confidence: 0.42381656

 $00:42:09.610 \longrightarrow 00:42:12.104$ And the simple answer is no,

NOTE Confidence: 0.42381656

 $00:42:12.104 \longrightarrow 00:42:13.480$ there are no guidelines.

NOTE Confidence: 0.42381656

 $00:42:13.480 \longrightarrow 00:42:15.200$ So here this cell block,

NOTE Confidence: 0.42381656

 $00{:}42{:}15{.}200 \dashrightarrow 00{:}42{:}17{.}048$ you know these tumors could be this

NOTE Confidence: 0.42381656

00:42:17.048 --> 00:42:18.319 occult metastatic in the neck,

- NOTE Confidence: 0.42381656
- $00:42:18.320 \longrightarrow 00:42:21.554$ no known primary, they're P16.
- NOTE Confidence: 0.42381656
- 00:42:21.554 --> 00:42:24.239 How do you interpret P16?
- NOTE Confidence: 0.42381656
- $00:42:24.240 \longrightarrow 00:42:25.120$ You interpret it just on
- NOTE Confidence: 0.42381656
- $00:42:25.120 \longrightarrow 00:42:26.000$ the cells that you have,
- NOTE Confidence: 0.42381656
- $00{:}42{:}26.000 \dashrightarrow 00{:}42{:}27.758$ we don't have the entire lesion.
- NOTE Confidence: 0.42381656
- $00{:}42{:}27.760 \dashrightarrow 00{:}42{:}29.920$ So what's 70% and what is
- NOTE Confidence: 0.42381656
- $00:42:29.920 \longrightarrow 00:42:32.080$ 70% mean in this context?
- NOTE Confidence: 0.42381656
- 00:42:32.080 --> 00:42:33.665 And it's very challenging and
- NOTE Confidence: 0.42381656
- $00{:}42{:}33{.}665 \dashrightarrow 00{:}42{:}36{.}030$ this is where you know the insight
- NOTE Confidence: 0.42381656
- $00:42:36.030 \longrightarrow 00:42:37.466$ to becomes critical because
- NOTE Confidence: 0.42381656
- 00:42:37.466 --> 00:42:39.520 if you have limited material,
- NOTE Confidence: 0.42381656
- $00{:}42{:}39{.}520 \dashrightarrow 00{:}42{:}42{.}187$ you know let's just say 1010 cells
- NOTE Confidence: 0.42381656
- $00:42:42.187 \rightarrow 00:42:44.320$ that are diagnostic in a cluster,
- NOTE Confidence: 0.42381656
- $00{:}42{:}44{.}320 \dashrightarrow 00{:}42{:}45{.}570$ you know and they're positive
- NOTE Confidence: 0.42381656
- $00:42:45.570 \rightarrow 00:42:46.320$ or they're negative,
- NOTE Confidence: 0.42381656

 $00:42:46.320 \longrightarrow 00:42:48.590$ it doesn't mean that there's

NOTE Confidence: 0.42381656

 $00:42:48.590 \longrightarrow 00:42:51.350$ not HPV there because they may

NOTE Confidence: 0.42381656

00:42:51.350 --> 00:42:53.756 be very gated response to P16,

NOTE Confidence: 0.42381656

 $00:42:53.760 \longrightarrow 00:42:55.720$ you know and the insight to HPV

NOTE Confidence: 0.42381656

 $00{:}42{:}55{.}720 \dashrightarrow 00{:}42{:}57{.}556$ could be done on limited material.

NOTE Confidence: 0.42381656

 $00:42:57.556 \rightarrow 00:43:00.374$ And as long as you find a single NOTE Confidence: 0.42381656

00:43:00.374 --> 00:43:02.479 grain and they're more here,

NOTE Confidence: 0.42381656

 $00:43:02.480 \rightarrow 00:43:05.480$ it becomes diagnostic or or positive

NOTE Confidence: 0.42381656

 $00{:}43{:}05{.}480 \dashrightarrow 00{:}43{:}08{.}066$ for insight to HPV and diagnostic

NOTE Confidence: 0.42381656

 $00{:}43{:}08.066 \dashrightarrow 00{:}43{:}12.350$ for an HPV related cancer. OK.

NOTE Confidence: 0.42381656

 $00{:}43{:}12.350 \dashrightarrow 00{:}43{:}15.080$ We shift gears to the nasal pharynx,

NOTE Confidence: 0.42381656

 $00{:}43{:}15{.}080 \dashrightarrow 00{:}43{:}16{.}748$ and I know conceptually we all

NOTE Confidence: 0.42381656

 $00:43:16.748 \longrightarrow 00:43:18.519$ know where the nasal pharynx is,

NOTE Confidence: 0.42381656

00:43:18.520 - 00:43:19.840 but aside from being somewhere

NOTE Confidence: 0.42381656

 $00:43:19.840 \longrightarrow 00:43:21.600$ in the back of the throat,

NOTE Confidence: 0.42381656

 $00:43:21.600 \rightarrow 00:43:25.028$ it actually has to find anatomic location.

- NOTE Confidence: 0.42381656
- $00{:}43{:}25{.}028 \dashrightarrow 00{:}43{:}28{.}066$ You know it it borders or butts

 $00:43:28.066 \rightarrow 00:43:30.635$ up to the base of the skull.

NOTE Confidence: 0.42381656

00:43:30.640 --> 00:43:32.878 So cancers originating of nasal pharynx,

NOTE Confidence: 0.42381656

00:43:32.880 --> 00:43:33.852 particularly keratinizing,

NOTE Confidence: 0.42381656

 $00{:}43{:}33.852 \dashrightarrow 00{:}43{:}37.254$ often kind of invade towards the base

NOTE Confidence: 0.42381656

 $00:43:37.254 \rightarrow 00:43:40.796$ of the skull and then they become incurable.

NOTE Confidence: 0.42381656

00:43:40.800 --> 00:43:42.760 It's got a virtual floor in the uvula,

NOTE Confidence: 0.42381656

 $00:43:42.760 \longrightarrow 00:43:44.572$ so only when we swallow does

NOTE Confidence: 0.42381656

 $00{:}43{:}44{.}572 \dashrightarrow 00{:}43{:}46{.}240$ it have an actual floor.

NOTE Confidence: 0.42381656

 $00:43:46.240 \longrightarrow 00:43:48.280$ The interior is the opening

NOTE Confidence: 0.42381656

 $00:43:48.280 \longrightarrow 00:43:49.912$ to the nasal cavity.

NOTE Confidence: 0.42381656

00:43:49.920 --> 00:43:52.128 I just want to point out the lateral

NOTE Confidence: 0.42381656

 $00:43:52.128 \rightarrow 00:43:53.891$ wall where most nasopharyngeal

NOTE Confidence: 0.42381656

00:43:53.891 --> 00:43:55.037 carcinomas develop.

NOTE Confidence: 0.42381656

 $00{:}43{:}55{.}040 \dashrightarrow 00{:}43{:}58{.}197$ It's the opening of the Eustachian too.

 $00{:}43{:}58{.}200 \dashrightarrow 00{:}44{:}00{.}840$ And cancers in this location for

NOTE Confidence: 0.42381656

 $00{:}44{:}00{.}840 \dashrightarrow 00{:}44{:}03{.}880$ some reason like this area that

NOTE Confidence: 0.42381656

 $00{:}44{:}03.880 \dashrightarrow 00{:}44{:}06.580$ there's a rage raised cartilaginous

NOTE Confidence: 0.42381656

 $00:44:06.580 \longrightarrow 00:44:08.552$ plate that's posterior to the

NOTE Confidence: 0.42381656

00:44:08.552 --> 00:44:10.342 opening in the Eustachian tube

NOTE Confidence: 0.42381656

 $00{:}44{:}10{.}342 \dashrightarrow 00{:}44{:}11{.}798$ Cancers like to originate.

NOTE Confidence: 0.42381656

 $00{:}44{:}11{.}800 \dashrightarrow 00{:}44{:}14{.}560$ Behind that there's an indentation

NOTE Confidence: 0.42381656

 $00{:}44{:}14.560 \dashrightarrow 00{:}44{:}16.027$ called fossil Rosenmuel.

NOTE Confidence: 0.42381656

 $00{:}44{:}16.027 \dashrightarrow 00{:}44{:}20.200$ It tends to push the Eustachian to forward,

NOTE Confidence: 0.42381656

 $00:44:20.200 \rightarrow 00:44:23.278$ shuts off the the opening to the ear canal.

NOTE Confidence: 0.42381656

 $00:44:23.280 \longrightarrow 00:44:24.336$ So an ecdotally,

NOTE Confidence: 0.42381656

 $00:44:24.336 \longrightarrow 00:44:25.920$ unilateral otitis medium

NOTE Confidence: 0.42381656

 $00:44:25.920 \rightarrow 00:44:28.032$ responsive to antibiotic therapy,

NOTE Confidence: 0.42381656

00:44:28.040 --> 00:44:29.378 is nasopharyngeal carcinoma.

NOTE Confidence: 0.42381656

00:44:29.378 --> 00:44:30.716 For this reason.

NOTE Confidence: 0.42381656

 $00:44:30.720 \rightarrow 00:44:33.877$ So tiny cancer puts the station forward.

- NOTE Confidence: 0.42381656
- 00:44:33.880 --> 00:44:36.480 Wonderful milieu for infection,

00:44:36.480 --> 00:44:39.080 except there's no infection,

NOTE Confidence: 0.42381656

00:44:39.080 --> 00:44:41.400 but there's otitis media

NOTE Confidence: 0.42381656

 $00:44:41.400 \rightarrow 00:44:43.720$ unresponsive to antibiotic therapy.

NOTE Confidence: 0.42381656

 $00:44:43.720 \longrightarrow 00:44:47.450$ So the classification of nasopharyngeal

NOTE Confidence: 0.42381656

00:44:47.450 - 00:44:50.320 carcinoma now is 2 broad categories,

NOTE Confidence: 0.42381656

 $00:44:50.320 \longrightarrow 00:44:52.060$ not 3 keratinizing,

NOTE Confidence: 0.42381656

 $00:44:52.060 \rightarrow 00:44:53.800$ well moderately poorly

NOTE Confidence: 0.42381656

 $00{:}44{:}53.800 \dashrightarrow 00{:}44{:}56.120$ differentiated and non keratinizing,

NOTE Confidence: 0.42381656

 $00{:}44{:}56{.}120 \dashrightarrow 00{:}44{:}58{.}256$ which used to be divided up

NOTE Confidence: 0.42381656

 $00{:}44{:}58{.}256 \dashrightarrow 00{:}45{:}00{.}280$ in WHO two and three.

NOTE Confidence: 0.42381656

 $00{:}45{:}00{.}280 \dashrightarrow 00{:}45{:}03{.}640$ Now it's one differentiated used to

NOTE Confidence: 0.42381656

 $00{:}45{:}03.640 \dashrightarrow 00{:}45{:}05.880$ be called transitional carcinoma

NOTE Confidence: 0.42381656

 $00{:}45{:}05{.}880 \dashrightarrow 00{:}45{:}08{.}688$ and undifferentiated used to

NOTE Confidence: 0.42381656

 $00:45:08.688 \longrightarrow 00:45:10.794$ be called lymphobothelioma.

00:45:10.800 -> 00:45:14.844 Those two morphologies can be

NOTE Confidence: 0.42381656

 $00{:}45{:}14{.}844 \dashrightarrow 00{:}45{:}17{.}754$ identical to HPV related cancers

NOTE Confidence: 0.42381656

 $00{:}45{:}17.760 \dashrightarrow 00{:}45{:}20.052$ and there is a basaloid squamous

NOTE Confidence: 0.42381656

 $00:45:20.052 \rightarrow 00:45:22.095$ carcinoma that of the nasopharynx

NOTE Confidence: 0.42381656

 $00{:}45{:}22.095 \dashrightarrow 00{:}45{:}24.280$ that can be EBV positive.

NOTE Confidence: 0.42381656

 $00{:}45{:}24{.}280 \dashrightarrow 00{:}45{:}27{.}480$ So just you know compare and contrast chart,

NOTE Confidence: 0.42381656

 $00:45:27.480 \rightarrow 00:45:29.784$ you could see that the keratinizing

NOTE Confidence: 0.42381656

 $00:45:29.784 \longrightarrow 00:45:31.632$ which is weakly associated with

NOTE Confidence: 0.42381656

 $00{:}45{:}31{.}632 \dashrightarrow 00{:}45{:}33{.}590$ EBV which makes it not radio

NOTE Confidence: 0.42381656

 $00:45:33.590 \longrightarrow 00:45:34.958$ responsive has the worst

NOTE Confidence: 0.30877325

 $00:45:34.960 \longrightarrow 00:45:37.260$ prognosis but the best terminology

NOTE Confidence: 0.30877325

00:45:37.260 --> 00:45:38.640 well differentiated keratinase,

NOTE Confidence: 0.30877325

 $00{:}45{:}38.640 \dashrightarrow 00{:}45{:}40.385$ squamous carcinoma sounds like a

NOTE Confidence: 0.30877325

 $00{:}45{:}40{.}385 \dashrightarrow 00{:}45{:}42{.}631$ tumor that's going to do better

NOTE Confidence: 0.30877325

 $00{:}45{:}42.631$ --> $00{:}45{:}44.391$ than an undifferentiated carcinoma

NOTE Confidence: 0.30877325

 $00{:}45{:}44{.}391 \dashrightarrow 00{:}45{:}47{.}150$ except that the non caratizing and

- NOTE Confidence: 0.30877325
- $00:45:47.150 \longrightarrow 00:45:48.617$ undifferentiated strong association
- NOTE Confidence: 0.30877325
- $00{:}45{:}48.617 \dashrightarrow 00{:}45{:}51.024$ with EBV are radio responsive have
- NOTE Confidence: 0.30877325
- $00:45:51.024 \dashrightarrow 00:45:53.160$ a better five year survival rate.
- NOTE Confidence: 0.30877325
- $00:45:53.160 \rightarrow 00:45:54.880$ So we've gone through caratizing,
- NOTE Confidence: 0.30877325
- $00:45:54.880 \longrightarrow 00:45:56.532$ I need to show you but there's
- NOTE Confidence: 0.30877325
- $00{:}45{:}56{.}532 \dashrightarrow 00{:}45{:}59{.}199$ this is a dead ringer for a non
- NOTE Confidence: 0.30877325
- $00:45:59.199 \rightarrow 00:46:00.719$ caratizing carcinoma and oropharynx.
- NOTE Confidence: 0.30877325
- 00:46:00.720 --> 00:46:03.174 It's a non carat nasal pharyngeal
- NOTE Confidence: 0.30877325
- $00{:}46{:}03.174 \dashrightarrow 00{:}46{:}04.810$ carcinoma and non caratizing
- NOTE Confidence: 0.30877325
- $00:46:04.876 \longrightarrow 00:46:08.160$ differentiated it'd be keratin positive,
- NOTE Confidence: 0.30877325
- 00:46:08.160 --> 00:46:09.314 P40P63 positive.
- NOTE Confidence: 0.30877325
- $00{:}46{:}09{.}314 \dashrightarrow 00{:}46{:}12{.}199$ Nerner can markers negative but
- NOTE Confidence: 0.30877325
- 00:46:12.200 --> 00:46:14.530 HPV negative and Eber Epstein
- NOTE Confidence: 0.30877325
- 00:46:14.530 --> 00:46:16.394 Barr encoded RNA positive.
- NOTE Confidence: 0.33578566
- $00:46:18.920 \longrightarrow 00:46:21.080$ So those are easy to identify.
- NOTE Confidence: 0.33578566

 $00:46:21.080 \rightarrow 00:46:25.124$ The less distinguishable if you will,

NOTE Confidence: 0.33578566

 $00:46:25.124 \rightarrow 00:46:28.079$ tumor type is the undifferentiated

NOTE Confidence: 0.33578566

 $00{:}46{:}28.080 \dashrightarrow 00{:}46{:}30.495$ and both of these do not elicit

NOTE Confidence: 0.33578566

 $00:46:30.495 \longrightarrow 00:46:32.240$ a decimal plastic response.

NOTE Confidence: 0.33578566

 $00:46:32.240 \longrightarrow 00:46:34.256$ But in this panel you could see the

NOTE Confidence: 0.33578566

 $00:46:34.256 \rightarrow 00:46:36.480$ clusters of cells and higher magnification,

NOTE Confidence: 0.33578566

00:46:36.480 --> 00:46:39.080 large nuclei, vesicular coma and

NOTE Confidence: 0.33578566

 $00:46:39.080 \rightarrow 00:46:41.680$ prominent nucleoli but very cohesive.

NOTE Confidence: 0.33578566

00:46:41.680 --> 00:46:44.065 But if they sheet out like you see here

NOTE Confidence: 0.33578566

 $00{:}46{:}44.065 \dashrightarrow 00{:}46{:}46.278$ which may not be identifiable readily,

NOTE Confidence: 0.33578566

 $00{:}46{:}46{.}280 \dashrightarrow 00{:}46{:}48{.}200$ looks like a histiocytic response.

NOTE Confidence: 0.33578566

 $00{:}46{:}48.200 \dashrightarrow 00{:}46{:}50.160$ But here where they become more obvious

NOTE Confidence: 0.33578566

 $00{:}46{:}50{.}160 \dashrightarrow 00{:}46{:}51{.}520$ because they're more clustered.

NOTE Confidence: 0.33578566

 $00:46:51.520 \rightarrow 00:46:53.864$ The differential includes lymphoma

NOTE Confidence: 0.33578566

 $00:46:53.864 \rightarrow 00:46:55.973$ and Melanoma. So you know,

NOTE Confidence: 0.33578566

 $00:46:55.973 \rightarrow 00:46:58.444$ in anyone case you might think it's cohesive,

- NOTE Confidence: 0.33578566
- 00:46:58.444 --> 00:47:00.558 it's not, it's got to be carcinoma.

 $00{:}47{:}00{.}560 \dashrightarrow 00{:}47{:}02{.}396$ But I've seen cohesive lesions prove

NOTE Confidence: 0.33578566

 $00:47:02.396 \longrightarrow 00:47:04.479$ to be Melanoma or even lymphoma.

NOTE Confidence: 0.33578566

 $00:47:04.480 \longrightarrow 00:47:06.898$ In the most common lymphoma this

NOTE Confidence: 0.33578566

 $00{:}47{:}06{.}898 \dashrightarrow 00{:}47{:}09{.}520$ location is the diffuse large B cell.

NOTE Confidence: 0.33578566

 $00{:}47{:}09{.}520 \dashrightarrow 00{:}47{:}12{.}000$ These are Carrot MP 63 and Ebro positive.

NOTE Confidence: 0.33578566

 $00:47:12.000 \longrightarrow 00:47:15.480$ So that blocks in the diagnosis.

NOTE Confidence: 0.33578566

 $00:47:15.480 \longrightarrow 00:47:18.760$ The basaloid is a rare tumor type.

NOTE Confidence: 0.33578566

 $00{:}47{:}18.760 \dashrightarrow 00{:}47{:}21.073$ I have to have one a couple months ago,

NOTE Confidence: 0.33578566

 $00:47:21.080 \longrightarrow 00:47:22.436$ so I thought I'd share it.

NOTE Confidence: 0.33578566

00:47:22.440 --> 00:47:25.720 You know, relatively typical nasaloid,

NOTE Confidence: 0.33578566

00:47:25.720 --> 00:47:27.904 squamous carcinoma, morphology,

NOTE Confidence: 0.33578566

00:47:27.904 --> 00:47:29.360 keratin, P63,

NOTE Confidence: 0.33578566

 $00{:}47{:}29{.}360 \dashrightarrow 00{:}47{:}32{.}104$ Sox 10 as I showed you before

NOTE Confidence: 0.33578566

 $00:47:32.104 \longrightarrow 00:47:33.280$ and Ebro positive.

00:47:33.280 --> 00:47:35.158 But if I'm looking at this,

NOTE Confidence: 0.33578566

 $00{:}47{:}35{.}160 \dashrightarrow 00{:}47{:}36{.}920$ even if the clinician swears up and down,

NOTE Confidence: 0.33578566

00:47:36.920 --> 00:47:38.720 it's nasal pharynx that's just

NOTE Confidence: 0.33578566

 $00:47:38.720 \longrightarrow 00:47:40.520$ next to the oral pharynx.

NOTE Confidence: 0.33578566

 $00:47:40.520 \longrightarrow 00:47:41.840$ So it might be extending back.

NOTE Confidence: 0.33578566

00:47:41.840 --> 00:47:44.264 So it's always important to probably

NOTE Confidence: 0.33578566

 $00{:}47{:}44.264 \dashrightarrow 00{:}47{:}48.080$ not probably to do HPV to exclude the

NOTE Confidence: 0.33578566

 $00:47:48.080 \rightarrow 00:47:52.360$ possibility that this is HPV and not EBV.

NOTE Confidence: 0.33578566

 $00{:}47{:}52.360 \dashrightarrow 00{:}47{:}53.998$ The cold metastatic cancers in the neck.

NOTE Confidence: 0.33578566

 $00{:}47{:}54.000 \dashrightarrow 00{:}47{:}56.639$ There's a topographic anatomy on the left.

NOTE Confidence: 0.33578566

 $00{:}47{:}56.640 \dashrightarrow 00{:}47{:}59.640$ The diagram on the right is from Leon

NOTE Confidence: 0.33578566

00:47:59.640 --> 00:48:03.076 Barnes 3 tone Bible on Hananic Pathology.

NOTE Confidence: 0.33578566

00:48:03.080 --> 00:48:04.064 Unfortunately Doctor Barnes

NOTE Confidence: 0.33578566

 $00:48:04.064 \rightarrow 00:48:06.032$ passed away a few years ago.

NOTE Confidence: 0.33578566

 $00{:}48{:}06{.}040 \dashrightarrow 00{:}48{:}07{.}760$ He had retired years ago.

NOTE Confidence: 0.33578566

 $00:48:07.760 \longrightarrow 00:48:10.496$ So I think this is a 2010 was the 3rd

- NOTE Confidence: 0.33578566
- $00:48:10.496 \rightarrow 00:48:12.360$ edition, maybe a little bit later.
- NOTE Confidence: 0.33578566
- 00:48:12.360 --> 00:48:13.660 But you could see,
- NOTE Confidence: 0.33578566
- $00:48:13.660 \rightarrow 00:48:14.960$ you know the the,
- NOTE Confidence: 0.33578566
- $00{:}48{:}14{.}960 \dashrightarrow 00{:}48{:}18{.}296$ the point of the images that there is
- NOTE Confidence: 0.33578566
- $00{:}48{:}18.296 \dashrightarrow 00{:}48{:}20.478$ often dedicated drainage from ukosocytes
- NOTE Confidence: 0.33578566
- $00{:}48{:}20{.}478 \dashrightarrow 00{:}48{:}23{.}030$ of the head and neck to site specific
- NOTE Confidence: 0.33578566
- $00:48:23.092 \rightarrow 00:48:25.197$ topographic anatomy of lymph nodes.
- NOTE Confidence: 0.33578566
- $00:48:25.200 \longrightarrow 00:48:27.440$ That's why we need to bug our
- NOTE Confidence: 0.33578566
- $00:48:27.440 \longrightarrow 00:48:28.779$ clinical colleagues to say
- NOTE Confidence: 0.33578566
- $00{:}48{:}28{.}779 \dashrightarrow 00{:}48{:}30{.}675$ where in the neck is dislocated.
- NOTE Confidence: 0.33578566
- 00:48:30.680 --> 00:48:33.235 Because if I know it's level 6,
- NOTE Confidence: 0.33578566
- $00{:}48{:}33{.}240 \dashrightarrow 00{:}48{:}34{.}131$ I'm thinking thy roid.
- NOTE Confidence: 0.33578566
- 00:48:34.131 --> 00:48:35.319 If it's super clavicular,
- NOTE Confidence: 0.33578566
- $00{:}48{:}35{.}320 \dashrightarrow 00{:}48{:}39{.}184$ I'm thinking something below the diaphragm
- NOTE Confidence: 0.33578566
- $00{:}48{:}39{.}184 \dashrightarrow 00{:}48{:}43{.}680$ thorax or AB Mario Luna who also passed.
- NOTE Confidence: 0.33578566

 $00:48:43.680 \rightarrow 00:48:45.120$ I don't know if that name means anything.

NOTE Confidence: 0.33578566

 $00{:}48{:}45{.}120 \dashrightarrow 00{:}48{:}47{.}168$ One of the god fathers of head and neck

NOTE Confidence: 0.33578566

 $00:48:47.168 \rightarrow 00:48:48.639$ pathology along with Doctor Barnes,

NOTE Confidence: 0.33578566

00:48:48.640 --> 00:48:50.320 Back, Doctor Beth Sackins and Dr.

NOTE Confidence: 0.33578566

 $00:48:50.320 \longrightarrow 00:48:50.733$ Himes.

NOTE Confidence: 0.33578566

 $00:48:50.733 \longrightarrow 00:48:53.211$ This is his chapter in Doctor

NOTE Confidence: 0.33578566

 $00:48:53.211 \longrightarrow 00:48:54.388$ Barnes book 2009.

NOTE Confidence: 0.33578566

 $00:48:54.388 \longrightarrow 00:48:56.476$ If you look at the OR,

NOTE Confidence: 0.33578566

 $00:48:56.480 \longrightarrow 00:48:59.630$ what he did was meta analysis showing

NOTE Confidence: 0.33578566

 $00:48:59.630 \rightarrow 00:49:02.233$ that the most common morphologic

NOTE Confidence: 0.33578566

00:49:02.233 --> 00:49:05.398 subtype of occult metastatic cancer,

NOTE Confidence: 0.33578566

 $00:49:05.400 \longrightarrow 00:49:07.000$ this is the cervical neck,

NOTE Confidence: 0.33578566

 $00:49:07.000 \longrightarrow 00:49:09.240$ is a squamous carcinoma.

NOTE Confidence: 0.33578566

 $00:49:09.240 \longrightarrow 00:49:12.040$ And when they identified literature,

NOTE Confidence: 0.33578566

 $00{:}49{:}12.040 \dashrightarrow 00{:}49{:}15.350$ the primary there was most often from what

NOTE Confidence: 0.33578566

 $00:49:15.350 \rightarrow 00:49:18.200$ we call Waldorf's tonsil ring oropharynx,

- NOTE Confidence: 0.33578566
- 00:49:18.200 --> 00:49:20.760 base of tongue Palatine tonsil,

00:49:20.760 --> 00:49:22.096 nasopharyngeal tonsil,

NOTE Confidence: 0.33578566

 $00{:}49{:}22.096 \dashrightarrow 00{:}49{:}26.666$ otherwise known as the adenoids and the

NOTE Confidence: 0.33578566

 $00:49:26.666 \rightarrow 00:49:30.776$ identification of a primary was about 30%.

NOTE Confidence: 0.33578566

 $00:49:30.776 \longrightarrow 00:49:31.880$ That's here.

NOTE Confidence: 0.33578566

 $00{:}49{:}31{.}880 \dashrightarrow 00{:}49{:}34{.}274$ So the primary detected in about 30%

NOTE Confidence: 0.33578566

 $00:49:34.280 \rightarrow 00:49:36.280$ of these cold metastatic cancers,

NOTE Confidence: 0.51271963

 $00:49:36.280 \rightarrow 00:49:39.080$ at least according to this meta analysis,

NOTE Confidence: 0.51271963

 $00{:}49{:}39{.}080 \dashrightarrow 00{:}49{:}40{.}898$ most of them above the clavicle

NOTE Confidence: 0.51271963

 $00:49:40.898 \longrightarrow 00:49:42.720$ but some below the clavicle.

NOTE Confidence: 0.51271963

 $00:49:42.720 \longrightarrow 00:49:45.695$ So you have in the literature evidence

NOTE Confidence: 0.51271963

 $00{:}49{:}45.695 \dashrightarrow 00{:}49{:}48.678$ that the primary was never identified.

NOTE Confidence: 0.51271963

 $00:49:48.680 \longrightarrow 00:49:51.326$ In all these cases, we know it

NOTE Confidence: 0.51271963

 $00:49:51.326 \rightarrow 00:49:53.879$ originates in the Waldorf's tonsil.

NOTE Confidence: 0.51271963

 $00:49:53.880 \longrightarrow 00:49:56.160$ So these are metastatic

00:49:56.160 --> 00:49:58.440 carcinoma of unknown primary.

NOTE Confidence: 0.51271963

 $00:49:58.440 \longrightarrow 00:50:01.000$ These are clinically and

NOTE Confidence: 0.51271963

 $00:50:01.000 \rightarrow 00:50:02.920$ radiographically obvious cancers,

NOTE Confidence: 0.51271963

00:50:02.920 --> 00:50:05.760 proven by biopsy or cytology.

NOTE Confidence: 0.51271963

00:50:05.760 --> 00:50:08.120 No history or previous malignancy,

NOTE Confidence: 0.51271963

 $00{:}50{:}08{.}120 \dashrightarrow 00{:}50{:}10{.}916$ no history of any site specific,

NOTE Confidence: 0.51271963

 $00{:}50{:}10.920 \dashrightarrow 00{:}50{:}12.825$ no clinical laboratory evidence of

NOTE Confidence: 0.51271963

 $00:50:12.825 \rightarrow 00:50:15.785$ a primary and that can engender the

NOTE Confidence: 0.51271963

 $00{:}50{:}15.785 \dashrightarrow 00{:}50{:}17.761$ consideration of a brachiogenic

NOTE Confidence: 0.51271963

00:50:17.761 --> 00:50:19.737 carcinoma whose criteria were

NOTE Confidence: 0.51271963

 $00{:}50{:}19{.}811 \dashrightarrow 00{:}50{:}22{.}192$ defined in 1950 and haven't changed.

NOTE Confidence: 0.51271963

 $00:50:22.192 \longrightarrow 00:50:24.760$ Except that we don't believe this.

NOTE Confidence: 0.51271963

 $00:50:24.760 \longrightarrow 00:50:26.510$ I mean, I was taught that at

NOTE Confidence: 0.51271963

 $00:50:26.510 \longrightarrow 00:50:28.312$ a FIPI drank that kool-aid.

NOTE Confidence: 0.51271963

 $00:50:28.312 \rightarrow 00:50:30.640$ I have never made that diagnosis.

NOTE Confidence: 0.51271963

 $00:50:30.640 \longrightarrow 00:50:31.996$ If you see something in the

- NOTE Confidence: 0.51271963
- $00{:}50{:}31{.}996 \dashrightarrow 00{:}50{:}32{.}674$ neck that's malignant,

 $00{:}50{:}32.680 \dashrightarrow 00{:}50{:}35.245$ it's metastatic cancer and not

NOTE Confidence: 0.51271963

 $00:50:35.245 \rightarrow 00:50:37.712$ arising from a brachioclepsis even

NOTE Confidence: 0.51271963

 $00{:}50{:}37{.}712 \dashrightarrow 00{:}50{:}40{.}640$ if it fits all these criteria.

NOTE Confidence: 0.51271963

 $00:50:40.640 \longrightarrow 00:50:41.624$ So brachioclepsis,

NOTE Confidence: 0.51271963

 $00:50:41.624 \longrightarrow 00:50:44.576$ you know they have a bimodal

NOTE Confidence: 0.51271963

 $00:50:44.576 \longrightarrow 00:50:45.560$ age distribution.

NOTE Confidence: 0.51271963

00:50:45.560 --> 00:50:47.970 They overlap the majority with

NOTE Confidence: 0.51271963

 $00{:}50{:}47{.}970 \dashrightarrow 00{:}50{:}50{.}380$ the typical demographics of an

NOTE Confidence: 0.51271963

 $00{:}50{:}50{.}461 \dashrightarrow 00{:}50{:}52{.}198$ HPV related carcinoma.

NOTE Confidence: 0.51271963

 $00:50:52.200 \longrightarrow 00:50:54.906$ If you're thinking about making that

NOTE Confidence: 0.51271963

 $00{:}50{:}54{.}906 \dashrightarrow 00{:}50{:}58{.}396$ diagnosis in some body who's over 40 years,

NOTE Confidence: 0.51271963

 $00{:}50{:}58{.}400 \dashrightarrow 00{:}51{:}00{.}375$ only about 5% of branchio clepsis

NOTE Confidence: 0.51271963

 $00{:}51{:}00{.}375 \dashrightarrow 00{:}51{:}01{.}560$ arise in that.

NOTE Confidence: 0.51271963

 $00{:}51{:}01{.}560 \dashrightarrow 00{:}51{:}03{.}072$ So you need to be a little bit

 $00:51:03.072 \rightarrow 00:51:04.517$ wary and pay attention to age.

NOTE Confidence: 0.51271963

 $00:51:04.520 \rightarrow 00:51:05.960$ When you have one of these lesions in,

NOTE Confidence: 0.51271963

 $00:51:05.960 \longrightarrow 00:51:08.036$ that doesn't mean it can't occur,

NOTE Confidence: 0.51271963

00:51:08.040 --> 00:51:08.946 but you know,

NOTE Confidence: 0.51271963

 $00{:}51{:}08{.}946 \dashrightarrow 00{:}51{:}11{.}429$ we need to be careful about that.

NOTE Confidence: 0.51271963

 $00:51:11.429 \longrightarrow 00:51:13.967$ Here are examples of of infected

NOTE Confidence: 0.51271963

00:51:13.967 --> 00:51:16.400 or inflamed branchioclepsis,

NOTE Confidence: 0.51271963

00:51:16.400 --> 00:51:16.988 benign epithelium.

NOTE Confidence: 0.51271963

00:51:16.988 --> 00:51:17.576 You know,

NOTE Confidence: 0.51271963

 $00:51:17.576 \rightarrow 00:51:20.040$ maybe there's a blush here and a blush here,

NOTE Confidence: 0.51271963

 $00:51:20.040 \longrightarrow 00:51:22.240$ but typically P16 negative.

NOTE Confidence: 0.51271963

 $00:51:22.240 \longrightarrow 00:51:25.604$ This is another case, a real case.

NOTE Confidence: 0.51271963

 $00{:}51{:}25{.}604 \dashrightarrow 00{:}51{:}28{.}320$ You can see the epithelium is attenuated.

NOTE Confidence: 0.51271963

00:51:28.320 --> 00:51:30.760 It's not really overtly malignant,

NOTE Confidence: 0.51271963

00:51:30.760 --> 00:51:33.598 but it was diffusely P16 positive.

NOTE Confidence: 0.51271963

 $00:51:33.600 \rightarrow 00:51:36.425$ But these are typically uniformly

- NOTE Confidence: 0.51271963
- $00:51:36.425 \rightarrow 00:51:37.555$ HPV negative.
- NOTE Confidence: 0.51271963
- $00:51:37.560 \longrightarrow 00:51:40.605$ So if you're thinking about making a
- NOTE Confidence: 0.51271963
- 00:51:40.605 --> 00:51:44.748 diagnosis of a branchial Clef cyst with P16,
- NOTE Confidence: 0.51271963
- 00:51:44.748 --> 00:51:45.918 you still can do it,
- NOTE Confidence: 0.51271963
- $00{:}51{:}45{.}920 \dashrightarrow 00{:}51{:}47{.}866$ but you need to reflex to insight
- NOTE Confidence: 0.51271963
- $00:51:47.866 \rightarrow 00:51:50.000$ to the make sure there's no HPV.
- NOTE Confidence: 0.51271963
- 00:51:50.000 --> 00:51:52.359 I've seen cases, believe it or not,
- NOTE Confidence: 0.51271963
- $00:51:52.360 \rightarrow 00:51:54.412$ with really bland morphology and then
- NOTE Confidence: 0.51271963
- $00:51:54.412 \longrightarrow 00:51:56.799$ we put the whole lesion through,
- NOTE Confidence: 0.51271963
- $00{:}51{:}56{.}800 \dashrightarrow 00{:}51{:}59{.}440$ there was no overtly subtologic
- NOTE Confidence: 0.51271963
- $00:51:59.440 \longrightarrow 00:52:01.552$ malignancy that had HPV.
- NOTE Confidence: 0.51271963
- 00:52:01.560 00:52:05.233 So these HPV, the more I see them,
- NOTE Confidence: 0.51271963
- $00{:}52{:}05{.}233 \dashrightarrow 00{:}52{:}07{.}037$ the less I understand,
- NOTE Confidence: 0.51271963
- 00:52:07.040 --> 00:52:07.396 You know,
- NOTE Confidence: 0.51271963
- $00{:}52{:}07{.}396 \dashrightarrow 00{:}52{:}08{.}820$ This is why we like to do a
- NOTE Confidence: 0.51271963

 $00:52:08.873 \longrightarrow 00:52:10.529$ lot of stains to try to help us

NOTE Confidence: 0.51271963

 $00{:}52{:}10.529 \dashrightarrow 00{:}52{:}12.176$ define what these are and further

NOTE Confidence: 0.51271963

 $00:52:12.176 \longrightarrow 00:52:13.356$ understand what's going on.

NOTE Confidence: 0.51271963

 $00:52:13.360 \rightarrow 00:52:15.760$ There is literature that supports,

NOTE Confidence: 0.51271963

00:52:15.760 --> 00:52:16.560 you know,

NOTE Confidence: 0.51271963

 $00{:}52{:}16{.}560 \dashrightarrow 00{:}52{:}18{.}560$ branchio clepsis with HPV and those

NOTE Confidence: 0.51271963

00:52:18.560 - 00:52:21.729 with not the majority or not and and

NOTE Confidence: 0.51271963

 $00:52:21.729 \longrightarrow 00:52:24.049$ as we're standing here talking about

NOTE Confidence: 0.51271963

 $00{:}52{:}24.049 \dashrightarrow 00{:}52{:}26.320$ this branchial cleps is are not HPV related.

NOTE Confidence: 0.51271963

00:52:26.320 --> 00:52:28.040 So if you find HPV,

NOTE Confidence: 0.51271963

00:52:28.040 --> 00:52:29.910 you know even unfortunately if

NOTE Confidence: 0.51271963

 $00{:}52{:}29{.}910 \dashrightarrow 00{:}52{:}31{.}780$ there's no bland Histology and

NOTE Confidence: 0.51271963

00:52:31.843 - > 00:52:33.558 had a case about a year ago,

NOTE Confidence: 0.51271963

 $00:52:33.560 \rightarrow 00:52:35.198$ we're compelled to call it carcinoma,

NOTE Confidence: 0.51271963

00:52:35.200 --> 00:52:37.320 metastatic carcinoma.

NOTE Confidence: 0.51271963

00:52:37.320 --> 00:52:39.318 So before I end I just wanted to share,

- NOTE Confidence: 0.51271963
- $00:52:39.320 \longrightarrow 00:52:40.594$ I saw it with a case history.

00:52:40.600 --> 00:52:42.896 I want to end with a case history

NOTE Confidence: 0.51271963

00:52:42.896 --> 00:52:44.764 39 year old female enlarging

NOTE Confidence: 0.51271963

00:52:44.764 --> 00:52:47.194 right sided neck mass level 2A,

NOTE Confidence: 0.51271963

 $00{:}52{:}47{.}200 \dashrightarrow 00{:}52{:}48{.}436$ no known history.

NOTE Confidence: 0.51271963

00:52:48.436 --> 00:52:52.639 I don't know if an FNA was done probably

NOTE Confidence: 0.38583145

 $00:52:52.640 \rightarrow 00:52:55.556$ that's usually the first diagnostic modality

NOTE Confidence: 0.38583145

00:52:55.560 - 00:52:57.880 here you can just show or show before.

NOTE Confidence: 0.38583145

 $00{:}52{:}57{.}880 \dashrightarrow 00{:}52{:}59{.}749$ And as we get to higher magnification

NOTE Confidence: 0.38583145

 $00:52:59.749 \longrightarrow 00:53:01.085$ you can appreciate that there's

NOTE Confidence: 0.38583145

 $00{:}53{:}01{.}085 \dashrightarrow 00{:}53{:}02{.}519$ a little bit of lymph node.

NOTE Confidence: 0.38583145

 $00{:}53{:}02{.}520 \dashrightarrow 00{:}53{:}05{.}301$ But most of it is a face and it's

NOTE Confidence: 0.38583145

 $00:53:05.301 \rightarrow 00:53:08.042$ replaced by this sheet like diffuse

NOTE Confidence: 0.38583145

 $00{:}53{:}08{.}042 \dashrightarrow 00{:}53{:}10{.}397$ cell morphology with enlarged nuclei,

NOTE Confidence: 0.38583145

 $00:53:10.400 \rightarrow 00:53:13.240$ vesicular chrominent and prominent nucleoli.

 $00:53:13.240 \longrightarrow 00:53:16.060$ This is a dead ringer for

NOTE Confidence: 0.38583145

00:53:16.060 --> 00:53:17.000 nasopharyngeal carcinoma,

NOTE Confidence: 0.38583145

 $00:53:17.000 \rightarrow 00:53:19.444$ non carbonizing undifferentiated type.

NOTE Confidence: 0.38583145

 $00:53:19.444 \longrightarrow 00:53:22.585$ Then keratin and P63 is positive

NOTE Confidence: 0.38583145

 $00{:}53{:}22{.}585 \dashrightarrow 00{:}53{:}24{.}760$ but the Eber is negative.

NOTE Confidence: 0.38583145

 $00{:}53{:}24.760 \dashrightarrow 00{:}53{:}27.559$ And I just this is part of the rationale

NOTE Confidence: 0.38583145

 $00:53:27.559 \rightarrow 00:53:30.558$ for showing you the morphologic spectrum.

NOTE Confidence: 0.38583145

00:53:30.560 --> 00:53:32.128 P16 was diffusely positive,

NOTE Confidence: 0.38583145

 $00{:}53{:}32.128 \dashrightarrow 00{:}53{:}34.480$ a more important HPP was positive.

NOTE Confidence: 0.38583145

 $00{:}53{:}34{.}480 \dashrightarrow 00{:}53{:}36{.}848$ So you have a tumor that looks like

NOTE Confidence: 0.38583145

 $00:53:36.848 \rightarrow 00:53:39.020$ nasopharyngeal cancer that if it was Eber

NOTE Confidence: 0.38583145

 $00:53:39.020 \rightarrow 00:53:40.600$ positive would be nasopharyngeal carcinoma.

NOTE Confidence: 0.38583145

 $00{:}53{:}40.600 \dashrightarrow 00{:}53{:}43.048$ The nasopharynx is a different anatomic

NOTE Confidence: 0.38583145

 $00:53:43.048 \longrightarrow 00:53:44.878$ location to target by radiation.

NOTE Confidence: 0.38583145

 $00:53:44.878 \longrightarrow 00:53:46.373$ So it's important to separate

NOTE Confidence: 0.38583145

 $00:53:46.373 \rightarrow 00:53:48.040$ it out from oral pharynx.

- NOTE Confidence: 0.38583145
- $00:53:48.040 \longrightarrow 00:53:49.015$ It's Eber negative,

 $00{:}53{:}49.015 \dashrightarrow 00{:}53{:}52.079$ so you know you need if you're doing this.

NOTE Confidence: 0.38583145

00:53:52.080 --> 00:53:53.200 If you're a psychologist and

NOTE Confidence: 0.38583145

 $00:53:53.200 \rightarrow 00:53:54.600$ you have a case like this,

NOTE Confidence: 0.38583145

00:53:54.600 --> 00:53:56.284 just remember, you know,

NOTE Confidence: 0.38583145

 $00{:}53{:}56{.}284 \dashrightarrow 00{:}53{:}59{.}640$ don't get stuck on a particular diagnosis.

NOTE Confidence: 0.38583145

 $00:53:59.640 \longrightarrow 00:54:01.320$ You do the Ebert's negative,

NOTE Confidence: 0.38583145

 $00:54:01.320 \rightarrow 00:54:04.280$ you can reflex, you should reflex the HPV.

NOTE Confidence: 0.38583145

 $00{:}54{:}04{.}280 \dashrightarrow 00{:}54{:}07{.}580$ So this is an HPV associated

NOTE Confidence: 0.38583145

00:54:07.580 --> 00:54:08.680 lymphopelial carcinoma.

NOTE Confidence: 0.38583145

 $00{:}54{:}08{.}680 \dashrightarrow 00{:}54{:}11{.}260$ The patient did have tonsil removed

NOTE Confidence: 0.38583145

 $00{:}54{:}11{.}260 \dashrightarrow 00{:}54{:}13{.}788$ and just these images show the

NOTE Confidence: 0.38583145

 $00{:}54{:}13.788 \dashrightarrow 00{:}54{:}16.290$ primary which is identical to the

NOTE Confidence: 0.38583145

 $00{:}54{:}16.371 \dashrightarrow 00{:}54{:}18.795$ metastasis with the P16 and HPV.

NOTE Confidence: 0.38583145

 $00:54:18.800 \dashrightarrow 00:54:21.040$ So the morphologic lesions overlap.

- $00:54:21.040 \longrightarrow 00:54:23.452$ So to conclude,
- NOTE Confidence: 0.38583145
- $00:54:23.452 \rightarrow 00:54:25.864$ undoubtedly viruses cause
- NOTE Confidence: 0.38583145
- $00{:}54{:}25{.}864 \dashrightarrow 00{:}54{:}29{.}080$ cancer and neck cancers.
- NOTE Confidence: 0.38583145
- 00:54:29.080 --> 00:54:30.880 Depending on the location,
- NOTE Confidence: 0.38583145
- $00{:}54{:}30{.}880 \dashrightarrow 00{:}54{:}32{.}680$ whatever terminology you use,
- NOTE Confidence: 0.38583145
- $00:54:32.680 \longrightarrow 00:54:34.039$ just be consistent.
- NOTE Confidence: 0.38583145
- $00:54:34.039 \rightarrow 00:54:36.757$ So The Who recommends squamous carcinoma,
- NOTE Confidence: 0.38583145
- 00:54:36.760 --> 00:54:40.252 HPV positive and EV positive.
- NOTE Confidence: 0.38583145
- 00:54:40.252 --> 00:54:42.676 But if you prefer different terminology,
- NOTE Confidence: 0.38583145
- $00{:}54{:}42{.}680 \dashrightarrow 00{:}54{:}44{.}504$ always use that terminology.
- NOTE Confidence: 0.38583145
- $00{:}54{:}44{.}504 \dashrightarrow 00{:}54{:}47{.}240$ So our clinical colleagues are aware
- NOTE Confidence: 0.38583145
- $00{:}54{:}47{.}240 \dashrightarrow 00{:}54{:}49{.}304$ they may and often present as a cold
- NOTE Confidence: 0.38583145
- $00:54:49.304 \rightarrow 00:54:51.116$ primary for the reasons I show you.
- NOTE Confidence: 0.38583145
- $00{:}54{:}51{.}120 \dashrightarrow 00{:}54{:}53{.}620$ So tiny primary multiple net
- NOTE Confidence: 0.38583145
- $00:54:53.620 \longrightarrow 00:54:56.120$ metastases that can be large,
- NOTE Confidence: 0.38583145
- $00:54:56.120 \longrightarrow 00:54:58.652$ so small tumors give rise to

- NOTE Confidence: 0.38583145
- $00:54:58.652 \rightarrow 00:54:59.918$ large metastatic cancers.

 $00:54:59.920 \longrightarrow 00:55:00.920$ For the reason I mentioned,

NOTE Confidence: 0.38583145

 $00{:}55{:}00{.}920 \dashrightarrow 00{:}55{:}02{.}984$ there's no such animal as carcinoma

NOTE Confidence: 0.38583145

 $00:55:02.984 \rightarrow 00:55:05.320$ insight to relative to the oropharynx.

NOTE Confidence: 0.38583145

 $00:55:05.320 \rightarrow 00:55:07.432$ That's because of the unique Histology

NOTE Confidence: 0.38583145

 $00:55:07.432 \dashrightarrow 00:55:08.840$ of the reticulated epithelium,

NOTE Confidence: 0.38583145

 $00:55:08.840 \longrightarrow 00:55:09.560$ the grading.

NOTE Confidence: 0.38583145

 $00:55:09.560 \rightarrow 00:55:11.000$ These are differentiated cancers,

NOTE Confidence: 0.38583145

 $00{:}55{:}11.000 \dashrightarrow 00{:}55{:}13.772$ so stay away from poorly differentiated

NOTE Confidence: 0.38583145

 $00{:}55{:}13.772 \dashrightarrow 00{:}55{:}16.559$ and certainly in synoptic reporting the

NOTE Confidence: 0.38583145

 $00{:}55{:}16{.}559 \dashrightarrow 00{:}55{:}19{.}597$ the correct check mark is not applicable.

NOTE Confidence: 0.38583145

 $00{:}55{:}19.600 \dashrightarrow 00{:}55{:}21.004$ Lesions that morphologically

NOTE Confidence: 0.38583145

00:55:21.004 --> 00:55:23.812 look like carcinoma site to may

NOTE Confidence: 0.38583145

 $00{:}55{:}23.812 \dashrightarrow 00{:}55{:}26.037$ metastasize because of the epithelium.

NOTE Confidence: 0.38583145

 $00{:}55{:}26.040 \dashrightarrow 00{:}55{:}28.398$ It has a broad morphologic spectrum.

 $00:55:28.400 \rightarrow 00:55:29.664$ Ancillary testing is critical.

NOTE Confidence: 0.38583145

 $00{:}55{:}29{.}664 \dashrightarrow 00{:}55{:}32{.}241$ The SP 16 is a good Screener but

NOTE Confidence: 0.38583145

 $00{:}55{:}32{.}241 \dashrightarrow 00{:}55{:}34{.}673$ it needs to be backed up by insight NOTE Confidence: 0.38583145

 $00:55:34.738 \dashrightarrow 00:55:36.640$ to for the reason I mentioned.

NOTE Confidence: 0.38583145

 $00{:}55{:}36{.}640 \dashrightarrow 00{:}55{:}39{.}568$ If these viral related cancers have

NOTE Confidence: 0.38583145

 $00{:}55{:}39{.}568$ --> $00{:}55{:}42{.}279$ overall better prognosis than non viral NOTE Confidence: 0.38583145

 $00{:}55{:}42.280 \dashrightarrow 00{:}55{:}44.580$ with the exception of neuroendocrine

NOTE Confidence: 0.38583145

 $00{:}55{:}44{.}580 \dashrightarrow 00{:}55{:}46{.}515$ cancer and the the recommendation if

NOTE Confidence: 0.38583145

 $00{:}55{:}46{.}515 \dashrightarrow 00{:}55{:}48{.}388$ you make a diagnosis of neuroendocrine NOTE Confidence: 0.38583145

00:55:48.388 --> 00:55:51.048 carcinoma you do not need to cap

NOTE Confidence: 0.38583145

 $00{:}55{:}51{.}048 \dashrightarrow 00{:}55{:}53{.}808$ recommendation to reflex to HPV.

NOTE Confidence: 0.38583145

00:55:53.808 --> 00:55:55.776 But if you're uncertain to diagnosis

NOTE Confidence: 0.38583145

 $00:55:55.776 \longrightarrow 00:55:57.681$ and it's part of your immuno

NOTE Confidence: 0.38583145

 $00{:}55{:}57{.}681 \dashrightarrow 00{:}55{:}59{.}397$ your work up and you've gotten

NOTE Confidence: 0.38583145

 $00{:}55{:}59{.}397 \dashrightarrow 00{:}56{:}01{.}119$ it at the initial testing,

NOTE Confidence: 0.38583145

 $00:56:01.120 \rightarrow 00:56:03.712$ you may get that stain back but it

 $00:56:03.712 \rightarrow 00:56:06.998$ doesn't positively impact survival.

NOTE Confidence: 0.38583145

 $00{:}56{:}07{.}000 \dashrightarrow 00{:}56{:}08{.}780$ I showed you the overlapping

NOTE Confidence: 0.38583145

00:56:08.780 --> 00:56:10.560 morphologies with HPV and EBV,

NOTE Confidence: 0.38583145

 $00:56:10.560 \longrightarrow 00:56:12.500$ so unknown primary with

NOTE Confidence: 0.38583145

00:56:12.500 --> 00:56:14.440 particular morphology you might

NOTE Confidence: 0.3014287

 $00:56:14.440 \rightarrow 00:56:18.472$ order at the same time HPV and Eber testing,

NOTE Confidence: 0.3014287

 $00{:}56{:}18.480 \dashrightarrow 00{:}56{:}20.552$ there's no correlation to the small size

NOTE Confidence: 0.3014287

 $00{:}56{:}20.552 \dashrightarrow 00{:}56{:}22.868$ in the large metastasis and that occult

NOTE Confidence: 0.3014287

 $00{:}56{:}22.868 \dashrightarrow 00{:}56{:}25.200$ primary even when the tonsil comes out.

NOTE Confidence: 0.3014287

00:56:25.200 --> 00:56:26.598 And I can assure you haven't

NOTE Confidence: 0.3014287

 $00:56:26.598 \rightarrow 00:56:28.599$ looked at a lot of tonsillectomies,

NOTE Confidence: 0.3014287

 $00{:}56{:}28.600 \dashrightarrow 00{:}56{:}31.500$ takes a lot of time to look because that

NOTE Confidence: 0.3014287

 $00{:}56{:}31{.}500 \dashrightarrow 00{:}56{:}34{.}398$ primary can be at one slide in one focus.

NOTE Confidence: 0.3014287

 $00{:}56{:}34{.}400 \dashrightarrow 00{:}56{:}36{.}332$ P16 is helpful then because it'll light

NOTE Confidence: 0.3014287

 $00{:}56{:}36{.}332 \dashrightarrow 00{:}56{:}39{.}126$ it up at least it'll point you in the

 $00:56:39.126 \rightarrow 00:56:41.056$ right direction and that all confers

NOTE Confidence: 0.3014287

00:56:41.056 --> 00:56:43.000 different stagings according to the AJCC.

NOTE Confidence: 0.3014287

 $00{:}56{:}43.000 \dashrightarrow 00{:}56{:}45.592$ So the 8th edition now has

NOTE Confidence: 0.3014287

 $00:56:45.592 \longrightarrow 00:56:47.320$ two or pharyngeal ones,

NOTE Confidence: 0.3014287

 $00{:}56{:}47{.}320 \dashrightarrow 00{:}56{:}50{.}030$ HPV related HPV independent dedicated

NOTE Confidence: 0.3014287

 $00{:}56{:}50{.}030 \dashrightarrow 00{:}56{:}52{.}740$ nasophary ngeal one and now there's

NOTE Confidence: 0.3014287

 $00{:}56{:}52.823 \dashrightarrow 00{:}56{:}55.158$ a a separate classification for

NOTE Confidence: 0.3014287

 $00:56:55.160 \rightarrow 00:56:57.640$ metastatic cancers of unknown primary.

NOTE Confidence: 0.3014287

00:56:57.640 --> 00:56:58.753 Before I conclude,

NOTE Confidence: 0.3014287

 $00:56:58.753 \rightarrow 00:57:02.219$ I just want to share some of the things

NOTE Confidence: 0.3014287

 $00:57:02.219 \longrightarrow 00:57:04.784$ are on the horizon, liquid biopsy,

NOTE Confidence: 0.3014287

00:57:04.784 --> 00:57:08.720 so NAV DX which is a proprietary company,

NOTE Confidence: 0.3014287

 $00{:}57{:}08{.}720 \dashrightarrow 00{:}57{:}11{.}800$ I'm not sure any body clinically is using

NOTE Confidence: 0.3014287

00:57:11.800 - 00:57:14.740 it here are they do you know they are OK,

NOTE Confidence: 0.3014287

 $00:57:14.740 \longrightarrow 00:57:16.800$ so you're ahead of the game for us.

NOTE Confidence: 0.3014287

 $00:57:16.800 \rightarrow 00:57:19.176$ So that is going to become

- NOTE Confidence: 0.3014287
- $00:57:19.176 \longrightarrow 00:57:20.760$ probably standard of care.

 $00:57:20.760 \longrightarrow 00:57:22.036$ You know, it assists.

NOTE Confidence: 0.3014287

 $00:57:22.036 \rightarrow 00:57:24.400$ It looks at circulating tumor cells or HPV,

NOTE Confidence: 0.3014287

00:57:24.400 --> 00:57:27.305 you know just listed here early cancer

NOTE Confidence: 0.3014287

 $00:57:27.305 \longrightarrow 00:57:29.655$ detection confirms HPV genotype.

NOTE Confidence: 0.3014287

00:57:29.655 --> 00:57:32.880 You can assess tumor response,

NOTE Confidence: 0.3014287

 $00:57:32.880 \longrightarrow 00:57:34.506$ identify residual disease

NOTE Confidence: 0.3014287

 $00:57:34.506 \rightarrow 00:57:36.674$ and detect early recurrence.

NOTE Confidence: 0.3014287

 $00:57:36.680 \dashrightarrow 00:57:38.480$ And I just took this off their website.

NOTE Confidence: 0.3014287

 $00:57:38.480 \longrightarrow 00:57:40.196$ So you've probably seen this before.

NOTE Confidence: 0.3014287

 $00:57{:}40.200 \dashrightarrow 00{:}57{:}42.355$ It's an easily interpreted graph

NOTE Confidence: 0.3014287

 $00{:}57{:}42{.}355 \dashrightarrow 00{:}57{:}44{.}949$ that they provide and what always

NOTE Confidence: 0.3014287

 $00{:}57{:}44{.}949 \dashrightarrow 00{:}57{:}46{.}928$ comes up are HPV vaccinations.

NOTE Confidence: 0.3014287

 $00{:}57{:}46{.}928 \dashrightarrow 00{:}57{:}47{.}760$ And yes,

NOTE Confidence: 0.3014287

 $00{:}57{:}47.760 \dashrightarrow 00{:}57{:}51.228$ the quadrivalent vaccine began was initiated

- $00:57:51.228 \longrightarrow 00:57:56.840$ in girls I think in 2006 and in boys in 2011.
- NOTE Confidence: 0.3014287
- $00{:}57{:}56{.}840 \dashrightarrow 00{:}57{:}59{.}240$ Does that impact on prevention?
- NOTE Confidence: 0.3014287
- $00:57:59.240 \longrightarrow 00:58:01.880$ We don't know at this point.
- NOTE Confidence: 0.3014287
- $00:58:01.880 \rightarrow 00:58:04.799$ So the epidemiology remains to be determined.
- NOTE Confidence: 0.3014287
- $00{:}58{:}04{.}800 \dashrightarrow 00{:}58{:}05{.}896$ So this is ongoing.
- NOTE Confidence: 0.3014287
- $00{:}58{:}05{.}896 \dashrightarrow 00{:}58{:}06{.}718$ And with that,
- NOTE Confidence: 0.3014287
- $00:58:06.720 \longrightarrow 00:58:07.389$ I thank you.
- NOTE Confidence: 0.3014287
- $00:58:07.389 \rightarrow 00:58:09.240$ Thank you for the invitation to be here.
- NOTE Confidence: 0.3014287
- 00:58:09.240 --> 00:58:10.675 I'd be happy to take any questions
- NOTE Confidence: 0.80939144
- $00{:}58{:}18{.}720 \dashrightarrow 00{:}58{:}19{.}680$ and I finished on time.
- NOTE Confidence: 0.27545124
- $00:58:30.240 \longrightarrow 00:58:31.368$ So the question is,
- NOTE Confidence: 0.27545124
- $00{:}58{:}31{.}368 \dashrightarrow 00{:}58{:}33{.}460$ have I ever seen HPV positive cancer
- NOTE Confidence: 0.27545124
- $00:58:33.460 \longrightarrow 00:58:36.000$ that was P16 negative? Yes, I have.
- NOTE Confidence: 0.27545124
- $00:58:36.000 \rightarrow 00:58:38.800$ That's why we do both together because
- NOTE Confidence: 0.27545124
- $00{:}58{:}38{.}884 \dashrightarrow 00{:}58{:}41{.}239$ I learned the valuable lesson.
- NOTE Confidence: 0.27545124
- $00:58:41.240 \longrightarrow 00:58:43.000$ I also learned the lesson.

- NOTE Confidence: 0.27545124
- $00:58:43.000 \rightarrow 00:58:45.994$ You know, my immediate response to

 $00{:}58{:}45{.}994 \dashrightarrow 00{:}58{:}50{.}143$ a clinician telling me to do P16 on

NOTE Confidence: 0.27545124

 $00:58:50.143 \rightarrow 00:58:52.207$ intrapacial dysplastic lesion that

NOTE Confidence: 0.27545124

 $00:58:52.207 \rightarrow 00:58:54.910$ has nothing to do with HPV is no,

NOTE Confidence: 0.27545124

 $00{:}58{:}54{.}910 \dashrightarrow 00{:}58{:}55{.}960$ I'm not going to do that.

NOTE Confidence: 0.27545124

00:58:55.960 --> 00:58:57.276 Why am I going to do that?

NOTE Confidence: 0.27545124

00:58:57.280 --> 00:58:58.986 I mean, I'd say it kindly to them, right?

NOTE Confidence: 0.27545124

 $00:58:58.986 \dashrightarrow 00:59:00.516$ I explain what's the rationale,

NOTE Confidence: 0.27545124

 $00:59:00.520 \rightarrow 00:59:02.438$ how you going to treat that differently?

NOTE Confidence: 0.27545124

00:59:02.440 --> 00:59:06.038 They're not HPV, but I've been fooled,

NOTE Confidence: 0.27545124

 $00:59:06.040 \longrightarrow 00:59:07.440$ so I don't do it in every case.

NOTE Confidence: 0.27545124

00:59:07.440 --> 00:59:08.192 In particular,

NOTE Confidence: 0.27545124

 $00:59:08.192 \dashrightarrow 00:59:11.200$ I have two cases of young people of

NOTE Confidence: 0.27545124

00:59:11.278 --> 00:59:13.824 invasive Karyn Eisen squams cancers,

NOTE Confidence: 0.27545124

 $00:59:13.824 \rightarrow 00:59:14.796$ the larynx,

00:59:14.800 - 00:59:16.200 they're HPV positive and I

NOTE Confidence: 0.27545124

 $00:59:16.200 \rightarrow 00:59:17.600$ don't know they were P16.

NOTE Confidence: 0.27545124

00:59:17.600 --> 00:59:19.840 But to go back to your question,

NOTE Confidence: 0.27545124

 $00:59:19.840 \longrightarrow 00:59:23.200$ rarely one or two cases P16

NOTE Confidence: 0.27545124

 $00{:}59{:}23.200 \dashrightarrow 00{:}59{:}25.608$ navigative HPV positive and because

NOTE Confidence: 0.27545124

 $00{:}59{:}25{.}608 \dashrightarrow 00{:}59{:}28{.}156$ of that we we run both together.

NOTE Confidence: 0.27545124

00:59:28.160 --> 00:59:28.598 Have you seen

NOTE Confidence: 0.73459303

00:59:28.600 --> 00:59:28.960 one? I don't

NOTE Confidence: 0.73459303

 $00{:}59{:}32{.}640 \dashrightarrow 00{:}59{:}32{.}840$ believe

NOTE Confidence: 0.73459303

 $00{:}59{:}43.160 \dashrightarrow 00{:}59{:}43.560$ so. OK.

NOTE Confidence: 0.73459303

 $00{:}59{:}46.160 \dashrightarrow 00{:}59{:}48.993$ So I would suggest if it's it looks HPV

NOTE Confidence: 0.73459303

 $00:59:48.993 \rightarrow 00:59:52.880$ and it's in the neck P16 negative and E,

NOTE Confidence: 0.3216313

 $00:59:57.440 \longrightarrow 00:59:57.840$ yes, so,

NOTE Confidence: 0.3216313

 $01{:}00{:}07{.}800 \dashrightarrow 01{:}00{:}09{.}120$ so you get a tonsil biopsy,

NOTE Confidence: 0.3216313

01:00:13.040 --> 01:00:13.919 you don't see

NOTE Confidence: 0.3216313

01:00:16.160 --> 01:00:18.780 it. Yeah, absolutely.

- NOTE Confidence: 0.3216313
- $01:00:18.780 \rightarrow 01:00:21.840$ So, and that's what I was referring to so.

 $01:00:21.840 \longrightarrow 01:00:23.256$ A patient with a neck mask

NOTE Confidence: 0.3216313

01:00:23.256 --> 01:00:24.200 to do a tonsillectomy,

NOTE Confidence: 0.3216313

 $01:00:24.200 \rightarrow 01:00:26.440$ you put the whole thing through and

NOTE Confidence: 0.3216313

 $01:00:26.440 \rightarrow 01:00:28.560$ there's nothing really that screams cancer.

NOTE Confidence: 0.3216313

01:00:28.560 --> 01:00:30.920 So I'm not going to do it on 20 slides,

NOTE Confidence: 0.3216313

01:00:30.920 --> 01:00:34.079 but in going through that I might find more,

NOTE Confidence: 0.3216313

 $01{:}00{:}34.080 \dashrightarrow 01{:}00{:}35.520$ so I didn't compare and contrast.

NOTE Confidence: 0.3216313

 $01{:}00{:}35{.}520 \dashrightarrow 01{:}00{:}37{.}160$ So the reticulated epithelium

NOTE Confidence: 0.3216313

 $01:00:37.160 \longrightarrow 01:00:38.800$ is usually not cohesive.

NOTE Confidence: 0.3216313

 $01{:}00{:}38{.}800 \dashrightarrow 01{:}00{:}40{.}558$ It can be cohesive at times,

NOTE Confidence: 0.3216313

 $01{:}00{:}40.560 \dashrightarrow 01{:}00{:}42.720$ but it's very low NC ratio

NOTE Confidence: 0.3216313

 $01:00:42.720 \longrightarrow 01:00:43.800$ and not hypochromatic.

NOTE Confidence: 0.3216313

01:00:43.800 --> 01:00:45.258 So if I see something that's

NOTE Confidence: 0.3216313

 $01:00:45.258 \rightarrow 01:00:47.481$ more even a tiny nest and there's

- $01{:}00{:}47{.}481 \dashrightarrow 01{:}00{:}48.678$ nucleoplemorphism in hypochromatia
- NOTE Confidence: 0.3216313
- 01:00:48.678 --> 01:00:50.786 and I'm not convinced, yes,
- NOTE Confidence: 0.3216313
- 01:00:50.786 --> 01:00:54.834 I will do AP16 and if that's positive,
- NOTE Confidence: 0.3216313
- $01:00:54.840 \longrightarrow 01:00:55.485$ that's your primary.
- NOTE Confidence: 0.3216313
- 01:00:55.485 --> 01:00:57.758 But I would like to back it up with insight.
- NOTE Confidence: 0.35769647
- $01:01:02.960 \longrightarrow 01:01:06.440$ I don't see any chat questions.
- NOTE Confidence: 0.35769647
- 01:01:06.440 --> 01:01:08.840 So thank you for your time.
- NOTE Confidence: 0.35769647
- $01:01:15.680 \longrightarrow 01:01:16.520$ Chad, questions.
- NOTE Confidence: 0.35769647
- 01:01:19.320 --> 01:01:22.440 Yes. Yeah, I have one to ask.
- NOTE Confidence: 0.35769647
- $01:01:22.440 \longrightarrow 01:01:24.305$ Are you there? Yeah, I'm here,
- NOTE Confidence: 0.35769647
- $01:01:24.305 \longrightarrow 01:01:25.080$ but I can't hear you.
- NOTE Confidence: 0.75608546
- $01:01:27.320 \longrightarrow 01:01:29.880$ The question is, can
- NOTE Confidence: 0.75608546
- 01:01:29.880 --> 01:01:33.480 HPV be transmitted mouth to mouth by kissing?
- NOTE Confidence: 0.75608546
- 01:01:34.760 --> 01:01:36.000 Did anybody understand that?
- NOTE Confidence: 0.75608546
- $01:01:44.600 \rightarrow 01:01:46.437$ You should look at the chat if you can.
- NOTE Confidence: 0.47786745
- $01:01:49.560 \rightarrow 01:01:52.220$ So the question is, can HPV transmitted

- NOTE Confidence: 0.47786745
- $01:01:52.220 \longrightarrow 01:01:55.880$ mouth to mouth so low risk can.

01:01:55.880 --> 01:01:58.038 I don't know about high risk, I I don't

NOTE Confidence: 0.47786745

 $01:02:00.920 \longrightarrow 01:02:02.666$ you know, maybe you can through saliva.

NOTE Confidence: 0.47786745

01:02:02.666 --> 01:02:05.196 So it's certainly a possibility,

- $01{:}02{:}05{.}200 \dashrightarrow 01{:}02{:}07{.}234$ but I don't have an absolute answer for that.
- NOTE Confidence: 0.53351223
- 01:02:18.560 --> 01:02:20.000 Oh, thank you.