

LABORATORY MEDICINE PROGRAM

DEPARTMENT OF PATHOLOGY
200 Elizabeth Street
Toronto, Ontario, M5G 2C4
TEL: 416-340-3325
FAX: 416-586-9901

Surgical Pathology Consultation Report

* Addended *

Patient Name:	Patient, USCAP	Accession #:	S16-12345
MRN:	9876543	Collected:	May-05-2016
DOB:	11/22/1947 (Age: 68)	Received:	May-05-2016
Gender:	F	Reported:	Jun-01-2016
HCN:	123456775CH		
Ordering MD:	Deep Cutter, MD		
Copy To:	Good P Friend, MD		
	Stat Response, MD		

Specimen(s) Received

1. Lymph-Node: ST10R TB Angle
2. Right middle lobe
3. Station 11R
4. Station 4R
5. Station 7
6. Interlobar ST11
7. Right middle and upper bilobectomy

Consolidated Theranostic Report

Interpretation

Invasive moderately differentiated adenocarcinoma, acinar-predominant, pT2aN1

- POSITIVE for EGFR L858R mutation (see Molecular Diagnostics report)
- NEGATIVE for ALK by immunohistochemistry (performed using the 5A4 antibody with a protocol optimized for detection of ALK gene rearrangement)
- See Diagnosis, Comment, and Synoptic Report below for further details

Signed out by: Lung Path, MD
Date Reported: Jun-01-2016

Diagnosis

- 1,3-6. Lymph nodes (ST10R right tracheobronchial, ST11R right interlobar, ST4R right lower paratracheal, ST7 subcarinal, ST11 interlobar):
 - At least one lymph node per station, negative for malignancy (x5) (0/5)
2. Lung, resection (right middle lobectomy):
 - a. Invasive moderately differentiated adenocarcinoma, acinar-predominant, pT2aN1, with:
 - i. Greatest tumor dimension: 1.2 cm (see Comment)
 - ii. Visceral pleural and lympho-vascular invasion present
 - iii. Stapled parenchymal resection margin positive for carcinoma (see Comment)
 - b. One of five lymph nodes focally positive for adenocarcinoma by direct invasion (1/5) (see Comment)