



SUMMIT PATHOLOGY
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C. Bee, MD	C. McLaughlin, MD	M. Riley, MD
J. Andersen, MD	A. Libby, MD	C. Salisbury, MD
S. Alam, MD	D. Long, MD	J. Stefk, MD
P. Haberman, MD	C. Murphy, MD	M. Walts, MD
W. Hamner, MD	C. Nerby, MD	H. Worcester, MD

ABNORMAL
SURGICAL PATHOLOGY REPORT

ADDED

Patient: SANCHEZ, ERNEST A

Med Rec#: 1159951 PV: 175693906

DOB: 09/07/1945 Age: 74 Sex: M

Physician(s):

HATZIS CHRISTOPHER M.D.

POUDRE VALLEY HOSPITAL

Accession #: 12104843

Date Collected: **05/27/2020**

Date Received: **05/27/2020**

Date Reported: **05/28/2020**

Report Modified: **05/28/2020**

Test Requested: **PVH Surgical**

Result ID: VS20-02283

Revision (05/28/2020)

ADDENDUM:

PD-L1 (SP263) IHC Results (Performed on Block A1)

LOW EXPRESSION: 1-49%

-Tumor proportion score: 5% staining

Interpretive information:

PD-L1 SP263 Ventana Assay performed by immunohistochemistry. Routinely processed formalin-fixed, paraffin-embedded tissues are suitable for use with this primary antibody when used with OptiView DAB IHC detection kit and BenchMark Ultra IHC/ISH instrument. PD-L1 protein expression is determined by using tumor proportion score, which is the presence of viable tumor cells showing partial or complete membrane staining at any intensity above baseline. This assay is indicated as an aid in identifying treatment. Positive and negative controls react satisfactorily.

Dr. Murphy has also reviewed this study and concurs with the diagnosis.

Billing code(s) associated with this addendum: 88360

Christopher Bee, MD
Pathologist, Electronic Signature

FINAL DIAGNOSIS:

LUNG, LEFT LOWER LOBE MASS, FORCEPS BIOPSY:

SQUAMOUS CELL CARCINOMA, MODERATELY TO POORLY DIFFERENTIATED.

Christopher Bee, MD
Pathologist, Electronic Signature

The case has been reviewed with the following pathologist(s) who concur with the interpretation: Claire E. Murphy, MD

Clinical Diagnosis: Left lung mass

GROSS DESCRIPTION:

Received in a formalin filled bottle/container, which has been verified to belong to patient: SANCHEZ, ERNEST A and labeled



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"LLL" are multiple tan-red irregular soft tissues, less than 0.1 cm to 0.3 cm. The specimen is filtered and entirely submitted in A1-A2, with block A2 for conserve protocol.

MICROSCOPIC DESCRIPTION:

Sections show small fragments of bronchial wall admixed with fragments of malignant neoplasm. The tumor is composed of large nests and aggregates of cells with markedly enlarged and irregular nuclear membranes, coarse chromatin, inconspicuous nucleoli, and moderate amounts of focally densely eosinophilic cytoplasm. There is the suggestion of single cell keratinization. Definitive gland formation is not seen. Features of small cell carcinoma are not identified.

A panel of immunohistochemical stains is performed to further characterize the nature of the malignant infiltrate with appropriate controls. The results are as follows:

Cytokeratin 5/6: Positive

p63: Positive

p40: Positive

CK7: Negative

TTF-1: Negative

Napsin-A: Negative

NOTE: The immunoperoxidase tests utilized in this examination were developed and their performance characteristics determined by the laboratory at Summit Pathology. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

CPT Code(s): 88341 x5, 88360, 88305, 88342

Specimen grossed and processed at: Summit Pathology 5802 Wright Dr., Loveland, CO, 80538

Specimen interpreted at: Poudre Valley Hosp 1024 S Lemay, Fort Collins, CO 80524