

### SUMMIT PATHOLOGY

Offices located at Medical Center of the Rockies

2500 Rocky Mountain Avenue Loveland, CO 80538 Tel: (970) 624-1500

Fax: (970) 624-1593

R. Barner, MD C. Bee, MD J. Andersen, MD S. Alam, MD P. Haberman, MD W. Hamner, MD

N. Johnston, DO C. McLaughlin, MD A. Libby, MD D. Long, MD C. Murphy, MD C. Nerby, MD

C. Pizzi, MD M. Riley, MD C. Salisbury, MD J. Stefka, MD M. Walts, MD H. Worcester, MD

### **ABNORMAL**

# SURGICAL PATHOLOGY REPORT

**ADDENDED** 

Patient: ALEXANDER, GARY D

Med Rec#: 2757885 PV: 178725894 DOB: **05/29/1952** Age: **68** Sex: M

Physician(s):

STEVENS ERIC MEDICAL CENTER OF THE ROCKIES Date Collected: 06/30/2020 06/30/2020 Date Received: Date Reported: 07/01/2020

Accession #: 12122331

Report Modified: 07/02/2020

Result ID: RS20-02537 Test Requested: MCR Surgical

Revision (07/02/2020)

ADDENDUM:

**BLOCK TESTED: A1** 

PD-L1 (SP263) IHC Results: **LOW EXPRESSION: 1-49%** 

-Tumor proportion score: 35% staining

Dr. Bee has also reviewed this case and concurs.

### 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.

> Arlene Libby, MD Pathologist, Electronic Signature

## **FINAL DIAGNOSIS:**

LUNG, RIGHT UPPER LOBE MASS, ENDOBRONCHIAL BIOPSIES:

HISTOLOGIC FEATURES AND IMMUNOHISTOCHEMICAL STAINING RESULTS CONSISTENT WITH SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED.

> H Wentzell Hamner, MD Pathologist, Electronic Signature

The case has been reviewed with the following pathologist(s) who concur with the interpretation: Christopher Bee, MD

Clinical History: History of pneumonia, unresolved or complicated. Radiology report: Multifocal ground-glass and consolidation with dominant 4 cm cavitary lesion in suprahilar right upper lobe. New osseous lytic lesions, low-attenuation hepatic lesions, and left adrenal nodule are highly concerning for metastasis. Bilateral small pleural effusions. T6 inferior endplate compression fracture.



#### SUMMIT PATHOLOGY

Offices located at Medical Center of the Rockies

2500 Rocky Mountain Avenue Loveland, CO 80538 Tel: (970) 624-1500

Fax: (970) 624-1593

R. Barner, MD C. Bee, MD J. Andersen, MD S. Alam, MD P. Haberman, MD W. Hamner, MD

N. Johnston, DO C. Pizzi, MD C. McLaughlin, MD A. Libby, MD D. Long, MD C. Murphy, MD C. Nerby, MD

M. Riley, MD C. Salisbury, MD J. Stefka, MD M. Walts, MD H. Worcester, MD

# **ABNORMAL**

# SURGICAL PATHOLOGY REPORT

**ADDENDED** 

Patient: ALEXANDER, GARY D

Med Rec#: 2757885 PV: 178725894 DOB: **05/29/1952** Age: **68** Sex: M

Physician(s):

STEVENS ERIC MEDICAL CENTER OF THE ROCKIES Date Collected: 06/30/2020 06/30/2020 Date Received: Date Reported: 07/01/2020 Report Modified: 07/02/2020

Accession #: 12122331

Clinical Diagnosis: Lung mass.

# GROSS DESCRIPTION:

Received in a formalin filled bottle/container, which has been verified to belong to patient: ALEXANDER, GARY D and labeled "5/29/1952" is a 0.6 x 0.6 x 0.1 cm aggregate of multiple fragments of tan tissue, which are filtered submitted A1.

### MICROSCOPIC DESCRIPTION:

Sections of the right upper lobe lung mass biopsies show bronchial mucosa and submucosa infiltrated by irregular islands of highly atypical epithelial cells with enlarged, hyperchromatic nuclei and nucleoli. There also appears to be focal intercellular bridges and keratinization, suggestive of squamous cell carcinoma. Abundant focally necrotic keratin debris is also present in the background. Immunohistochemistry is performed on the tissue with the following results: Squamous cell carcinoma markers CK5/6 and P40 both diffusely strongly positive, primary lung adenocarcinoma markers CK7, TTF-1, and napsin A all negative, GI tumor markers CK20 and CDX-2 negative, and prostate carcinoma marker NKX3.1 negative. These immunohistochemical staining results are consistent with squamous cell carcinoma.

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 x7, 88360, G9418, 88305, 88342

Specimen grossed and processed at: Summit Pathology 5802 Wright Dr., Loveland, CO, 80538 Specimen interpreted at: Medical Center Rockies 2500 Rocky Mountain Avenue, Loveland, CO 80538