



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. Steffa, 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: MONTOYA, CECILIA L

Med Rec#: 2930518 PV: 176281929

DOB: 05/24/1953 Age: 67 Sex: F

Physician(s):

DEPRIEST KIRK D.O.

POUDRE VALLEY HOSPITAL

Attn: ALISTAIR JORDAN, DO

Accession #: 12111485

Date Collected: 06/10/2020

Date Received: 06/10/2020

Date Reported: 06/11/2020

Report Modified: 06/12/2020

Test Requested: PVH Surgical

Result ID: VS20-02515

Revision (06/12/2020)

ADDENDUM COMMENT:

PD-L1 (SP263) IHC Results:

NEGATIVE: <1%

-Tumor proportion score: Less than 1% of cells staining

Dr. Bee has also reviewed this study 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, NEEDLE CORE BIOPSY:

MODERATELY DIFFERENTIATED INVASIVE SQUAMOUS CELL CARCINOMA

COMMENT:

PD-L1 analysis is pending and will be reported in a supplement above. The results were discussed with Dr. DePriest's nurse Amy on 6/11/20.

Jeremiah Andersen, MD
Pathologist, Electronic Signature

The case has been reviewed with the following pathologist(s) who concur with the interpretation: Heath D Worcester, MD

Clinical History: Increasing size of pulmonary nodule



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GROSS DESCRIPTION:

Received in a formalin filled bottle/container, which has been verified to belong to patient: MONTOYA, CECILIA L and labeled "R lung" is a 0.8 x 0.7 x 0.2 cm aggregate of tan-yellow, stringy and fragmented needle core biopsies. The specimen is bagged and submitted in toto in cassettes A1-A2 (A2, conserve).

MICROSCOPIC DESCRIPTION:

2 blocks, 1 slide examined each block. Immunohistochemistry is positive for CK5/6 and p40 (both strong and diffuse) with only focal CK7 staining. TTF-1 and CK20 are negative. Positive and negative controls were examined and reacted appropriately.

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 x4, 88360, G9418, 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