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

ABNORMAL

SURGICAL PATHOLOGY REPORT

Patient: LUEHRING, BEATRICE
Med Rec#: **2892758** PV: **182416348**
DOB: **09/03/1953** Age: **66** Sex: **F**
Physician(s):
SMITH JR. RONALD MD MEDICAL CENTER OF THE ROCKIES

Accession #: 12148297
Date Collected: **08/18/2020**
Date Received: **08/18/2020**
Date Reported: **08/20/2020**

Test Requested: **MCR Surgical** **Result ID: RS20-03296**

FINAL DIAGNOSIS:

A) LUNG, LEFT LOWER LOBE BASILAR SEGMENTS, WEDGE RESECTION:
POORLY DIFFERENTIATED SQUAMOUS CELL CARCINOMA.
PLEURAL SURFACE INVOLVED; PARENCHYMAL MARGIN NEGATIVE FOR MALIGNANCY
ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).
SEE SYNOPTIC REPORT BELOW.

B) LYMPH NODE, PULMONARY LIGAMENT 9, EXCISION:
ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).

C) LYMPH NODE, HILAR 10L, EXCISION:
ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).

D) LYMPH NODE(S), AP WINDOW 5, EXCISION:
TWO LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/2).

SYNOPTIC DIAGNOSIS / CASE SUMMARY: PRIMARY LUNG TUMORS

PROCEDURE: Resection, segmental basilar
SPECIMEN LATERALITY: Left
TUMOR SITE: Lower lobe
TOTAL TUMOR SIZE: 1.9 cm
TUMOR FOCALITY: Single focus
HISTOLOGIC TYPE: Squamous cell carcinoma
HISTOLOGIC GRADE: Poorly differentiated
SPREAD THROUGH AIR SPACES (STAS): Absent
VISCERAL PLEURA INVASION: Present, tumor invades through the pleura and involves the pleural surface (PL2)
LYMPHOVASCULAR INVASION: Absent
DIRECT INVASION OF ADJACENT STRUCTURES: Not applicable
MARGINS: Pleural surface is involved by tumor. No additional overlying tissue is included for histologic evaluation; clinical/surgical correlation is needed to ensure the tumoral area was not adherent to adjacent structures; the parenchymal margin is 3.6 cm from tumor; bronchovascular margins are 3.8 cm from tumor.

REGIONAL LYMPH NODES: Uninvolved
- NUMBER OF LYMPH NODES INVOLVED: 0
- NUMBER OF LYMPH NODES EXAMINED: 5

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TREATMENT EFFECT: Not applicable

PATHOLOGIC STAGE CLASSIFICATION (pTNM, AJCC 8TH EDITION):
- TNM DESCRIPTORS: none
- PRIMARY TUMOR: pT2a
- REGIONAL LYMPH NODES: pN0
- DISTANT METASTASIS: Requires clinical correlation

ASSOCIATED FINDINGS: The tumor displays central cavitation.
ANCILLARY STUDIES: The histologic type is supported by immunohistochemical assessment, see microscopic description below.

Jeremiah Andersen, MD
Pathologist, Electronic Signature

The case has been reviewed with the following pathologist(s) who concur with the interpretation: Craig L Nerby, MD

Clinical Diagnosis: Lung nodule

GROSS DESCRIPTION:

A) Received fresh, which has been verified to belong to patient: LUEHRING, BEATRICE and labeled "basilar segment L lower lobe" is a 119 and g, 13.3 x 8.7 x 4.0 cm left lower lung lobe wedge resection. The pleura is purple-pink and predominantly smooth with a focal area tan-white, scarred puckering, this areas over inked black. The stapled resection margin (10.5 cm in length) is shaved, and inked blue. Sectioning through the previously mentioned puckered area reveals a 1.9 x 1.8 x 1.5 cm ill-defined, tan-white, centrally cavitary mass which abuts the black inked pleura. A representative section is submitted for frozen section evaluation. The mass is 3.6 cm from the nearest stapled resection margin, and is 3.8 cm from the bronchial and vascular margins. Sectioning through the remainder of the lung revealing pink-tan, spongy cut surfaces with focal anthracosis. A possible 0.3 cm in greatest dimension gray-black lymph node is identified, further sectioning reveals no other lymph nodes. Representative tissue submitted as follows:
Cassette Summary:
A1: FSA1, lung mass with pleura
A2: Bronchial and vascular margins, en face
A3-A5: Lesion, entirely with pleura
A6: Perpendicular section of proximal margin closest to lesion
A7: 1 possible lymph node

B) Received in a formalin filled bottle/container, which has been verified to belong to patient: LUEHRING, BEATRICE and labeled "left lymph node 9-pulmonary ligament" is a 1.2 x 0.9 x 0.6 cm gray-black, rubbery lymph node with a minimal amount of attached tan-red soft tissue. The specimen is sectioned, and submitted entirely in block B1.

C) Received in a formalin filled bottle/container, which has been verified to belong to patient: LUEHRING, BEATRICE and labeled "lymph node 10 L-hilar" is a 0.5 x 0.4 x 0.3 cm gray-black, rubbery lymph node. The specimen is submitted entirely, intact in block C1.

D) Received in a formalin filled bottle/container, which has been verified to belong to patient: LUEHRING, BEATRICE and labeled "left lymph node 5-A-P window" are 2 gray-black, rubbery lymph nodes, 0.6 and 0.4 cm in greatest dimension. The larger lymph node is bisected. The specimens are submitted entirely as follows:
Cassette Summary:
D1: Bisected lymph node

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D2: 1 intact lymph node

INTRAOPERATIVE CONSULT DIAGNOSIS:

A) Frozen: Non small cell carcinoma. 3.6 from staple line.

8/18/20 at 11:54 [performed by Jeremiah Andersen, MD]

MICROSCOPIC DESCRIPTION:

A) 7 blocks, 1 slide examined each block. Visceral pleural involvement is noted with elastin staining (blocks A1 and A5). Immunohistochemical analysis is performed to assist in determination of histologic type given the poorly differentiated features. The following markers are positive: pankeratin, CK7, CK5/6 and p63. Focal Moc-31 and Per-Ep4 staining are also noted. The following markers are negative: CK20, CD68, S100, TTF-1, napsin-A, Pax-8, Gata-3, CDX-2, chromogranin, synaptophysin, CD56, p40 and D2-40. Weak non-specific calretinin staining is noted. WT-1 and CEA are also negative. These collective features support the tumor being regarded as poorly differentiated squamous cell carcinoma and assist in exclusion of adenocarcinoma and mesothelioma respectively. 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.

B) 1 block, 1 slide and 1 level examined.

C) 1 block, 1 slide and 6 levels examined.

D) 2 blocks, 1 slide examined each block.

CPT Code(s): 88313 x2, 88341 x21, 88331, 88305 x2, 88309, 88342, 88307

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