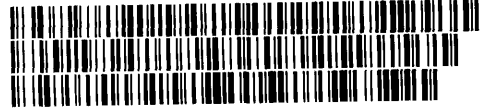


Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED / DISQUALIFIED	
Reviewer Initials	Date Reviewed: 9/16/13	

UUID: E86C3FFC-CD9C-46E4-BA1E-4A5226F87044
TCGA-96-A4JK-01A-PR Redacted



SURGICAL PATHOLOGY REPORT

COLLECTION DATE:

SPECIMENS:

1. F/S LUNG, RIGHT UPPER LOBECTOMY
 2. STATION 10 LYMPH NODE, RIGHT
 3. STATION 11 LYMPH NODE, RIGHT
 4. STATION 4 LYMPH NODE, RIGHT
 5. STATION 7 LYMPH NODE, RIGHT
- SEE ADDENDUM

Reason For Addendum #1: Special Stains Results

DIAGNOSIS:

1. LUNG, RIGHT UPPER LOBE: LOBECTOMY

- INVASIVE SQUAMOUS CELL CARCINOMA, POORLY DIFFERENTIATED (SEE SUMMARY)
- ONE OF FOUR PERIBRONCHIAL/HILAR LYMPH NODES IS POSITIVE FOR CARCINOMA BY DIRECT EXTENSION (1/4).

Comment: The carcinoma cells are diffusely positive for P63, CK5/6, and negative for TTF-1 and CK7. The findings are confirmatory for the histologic diagnosis of invasive squamous cell carcinoma.

2. LYMPH NODE, STATION #10: EXCISION

- ONE LYMPH NODE, NEGATIVE FOR CARCINOMA, (0/1).

3. LYMPH NODE, STATION #11: EXCISION

- FOUR LYMPH NODES, NEGATIVE FOR CARCINOMA (0/4).

4. LYMPH NODE, STATION #4: EXCISION

- THREE LYMPH NODES, NEGATIVE FOR CARCINOMA, (0/3).

1CB-0-3

carcinoma, squamous cell, NOS 8070/3

Site: Lung, upper lobe C34.1

10/2/21

5. LYMPH NODE, STATION #7: EXCISION
- TWO LYMPH NODES, NEGATIVE FOR CARCINOMA, (0/2).

Specimens: 1: F/S LUNG, RIGHT UPPER LOBECTOMY
2: STATION 10 LYMPH NODE, RIGHT
3: STATION 11 LYMPH NODE, RIGHT
4: STATION 4 LYMPH NODE, RIGHT
5: STATION 7 LYMPH NODE, RIGHT

LUNG: Resection

SPECIMEN

Specimen: Lobe(s) of lung (specify)

Right Upper Lobe

Procedure: Lobectomy

Specimen Integrity: Intact

Specimen Laterality: Right

Tumor Site: Upper lobe

Tumor Focality: Unifocal

TUMOR

Histologic Type: Squamous cell carcinoma

Histologic Grade: G3: Poorly differentiated

EXTENT

Tumor Size: Greatest dimension (cm)

3.7cm

Additional Dimension (cm): 3cm x 3cm

Visceral Pleura Invasion: Not identified

MARGINS

Bronchial Margin

**Bronchial Margin Involvement by Invasive Carcinoma: Uninvolved by
invasive carcinoma**

**Bronchial Margin Involvement by Squamous Cell Carcinoma in situ
(CIS):**

**Squamous cell carcinoma in situ (CIS) not identified at bronchial
margin**

Vascular Margin: Uninvolved by invasive carcinoma

Parenchymal Margin: Uninvolved by invasive carcinoma

Parietal Pleural Margin: Uninvolved by invasive carcinoma

Chest Wall Margin: Not applicable

ACCESSORY FINDINGS

Treatment Effect: Not applicable

Lymph-Vascular Invasion: Present

Comment(s): venous invasion

STAGE (pTNM)

TNM Descriptors: Not applicable

Primary Tumor (pT):

pT2a: Tumor greater than 3 cm, but 5 cm or less in greatest dimension surrounded by lung or visceral pleura without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus); or Tumor 5 cm or less in greatest dimension with any of the following features of extent: involves main bronchus, 2 cm or more distal to the carina; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung

Regional Lymph Nodes (pN)

pN1: Metastasis in ipsilateral peribronchial and / or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension

Number Examined

14

Number Involved

1

Lymph node(s) involved, (specify involved nodal station(s))

Peribronchial/hilar

ADDITIONAL NON-TUMOR

Additional Pathologic Finding(s): Hyalinized nodule

Pathologist

CLINICAL HISTORY AND PRE - OPERATIVE DIAGNOSIS:

Lung mass

MACROSCOPIC DESCRIPTION:

The specimen is received in five parts, each labeled with the patient's name.

1. Part one is received fresh, labeled 'right lobectomy, r/o carcinoma'. It consists of a right upper lobe of the lung measuring 18 x 17 x 5 cm. The stapled line measures 11 cm and 7 cm in length. The bronchial margin measures 2 cm and the vascular margin measures 1 cm at the hilar area. The pleura is gray pink glistening and heavily mottled with fine black streaks. There is a surgical cut overlying a tumor mass. The serial sectioning reveals a gray white firm tumor with ill-defined borders measuring 3.7 x 3 x 3 cm, located 1 cm from the overlying pleura and 1.5 cm from the bronchial resection margin. The mass grossly surrounds the bronchus and vascular structure at the hilum. Also noted a pink nodular area measuring 1.5 cm, located at the upper pole of the lung on the

pleural surface. The remainder of the parenchyma is pink red blotchy and emphysematous. Representative sections are submitted.

2. Part two is received in saline, labeled 'station #10 lymph node'. It consists of one anthracotic lymph node measuring 1.2 x 1 x 0.5 cm. Entirely submitted in one cassette.

3. Part three is received in saline, labeled 'station #11 lymph node'. It consists of four anthracotic lymph nodes, ranging from 0.5 cm to 1 cm in greatest dimension. Entirely submitted in one cassette.

4. Part four is received in saline, labeled 'station #4 lymph node'. It consists of three anthracotic lymph nodes, measuring from 0.7 cm up to 1 cm in greatest dimension. Entirely submitted in one cassette.

5. Part five is received in saline, labeled 'station #7 lymph node'. It consists of two anthracotic lymph nodes, measuring from 0.5 cm up to 0.7 cm in greatest dimension. Entirely submitted in one cassette.

SUMMARY OF SECTIONS:

- 1A frozen section of tumor
- 1B-1C bronchial and vascular margins
- 1D-1E tumor bisected
- 1F-1G tumor, bisected
- 1H-1I overlying pleura
- 1J tumor and adjacent bronchus
- 1K tumor and adjacent blood vessel
- 1L stapled line margin
- 1M nodular area from upper pole of the lung
- 1N random section of lung parenchyma
- 2A entirely submitted
- 3A entirely submitted
- 4A entirely submitted
- 5A entirely submitted

SPECIAL PROCEDURES:

CK7, CK5/6, TTF-1, P63 (1F).
Elastic stain (1J).

INTRA - OPERATIVE CONSULTATION:

1. Lung, right upper lobe: lobectomy (FS & TP)
- Invasive squamous cell carcinoma.

repeat-back provided by

Intra-Operative Consultation #1 performed by

Electronically signed

Final Diagnosis performed by

Electronically signed

ADDENDUM 1:

Special stain (Elastic) is confirmatory for venous invasion.

Addendum #1 performed by

Electronically signed

The electronic signature attests that the named Attending Pathologist has evaluated the specimen referred to in the signed section of the report and formulated the diagnosis therein.

This report may include one or more immunohistochemical stain results that use analyte specific reagents.

The tests were developed and their performance characteristics determined by

They have not been cleared or approved by the US Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary.
