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INTERPRETATION AND DIAGNOSIS:

1. LYMPH NODE, R4 (LYMPHADENECTOMY): ONE (1) LYMPH NODE AND ASSOCIATED FIBROADIPOSE TISSUE, NEGATIVE FOR TUMOR.
2. LYMPH NODE, STATION 7 (LYMPHADENECTOMY): THREE (3) LYMPH NODES AND ASSOCIATED FIBROADIPOSE TISSUE, NEGATIVE FOR TUMOR.
3. "LYMPH NODE", L4 (DISSECTION): HISTOLOGICALLY UNREMARKABLE PORTION OF PERIPHERAL NERVE AND ADIPOSE TISSUE. NEGATIVE FOR TUMOR.
4. LYMPH NODE, STATION 11 (LYMPHADENECTOMY): ONE (1) LYMPH NODE AND ASSOCIATED FIBROADIPOSE TISSUE, NEGATIVE FOR TUMOR.

5. RIGHT MIDDLE AND RIGHT LOWER LOBE:

SPECIMEN TYPE:

Lobectomy (middle and lower)

TUMOR SITE:

Right lower lobe

HISTOLOGIC TYPE:

Adenocarcinoma, acinar and papillary type

TUMOR SIZE:

Greatest dimension: 6.5 cm

HISTOLOGIC GRADE:

G2: Moderately differentiated

LYMPH NODES:

All 16 nodes negative for tumor (includes parts 1-9)

EXTENT OF INVASION

PRIMARY TUMOR: pT2: Tumor which is >3 cm

REGIONAL LYMPH NODES:

pNO: No regional lymph node metastasis

DISTANT METASTASIS:

PMX: Cannot be assessed

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ICD-O-3

Adenocarcinoma, acinar 8550/3

Adenocarcinoma mixed subtypes (acinar & papillary) 8255/3

Per TSS dx discrepancy form, 100%, acinar.

Date: 5/20/14 Site: Lung, Lower Lobe C84.3

QW 5/20/14

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MARGINS:

Margins uninvolved by invasive carcinoma
Distance of invasive carcinoma from nearest margin: 2 mm
(surgical stapled margin)

VENOUS/ARTERIAL (LARGE VESSEL) INVASION:
Absent

LYMPHATIC (SMALL VESSEL) INVASION:
Absent

ADDITIONAL PATHOLOGIC FINDINGS:
None identified

6. LYMPH NODE, STATION 7 (LYMPHADENECTOMY): ONE (1) LYMPH NODE AND
ASSOCIATED FIBROADIPOSE TISSUE, NEGATIVE FOR TUMOR.

7. LYMPH NODE, MORE STATION 7 (LYMPHADENECTOMY): ONE (1) LYMPH NODE
AND ASSOCIATED FIBROADIPOSE TISSUE, NEGATIVE FOR TUMOR.

8. LYMPH NO DE, STATION 11 (LYMPHADENECTOMY): ONE (1) LYMPH NODE
AND ASSOCIATED FIBROADIPOSE TISSUE, NEGATIVE FOR TUMOR.

9. NEW BRONCHIAL MARGIN (BX.): HISTOLOGICALLY UNREMARKABLE
BRONCHUS. NEGATIVE FOR TUMOR.

*Electronic signature
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Clinical History:
RIGHT MIDDLE AND RIGHT LOWER LOBES

GROSS DESCRIPTION

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PART #1: FS: R4 LYMPH NODE
Resident Pathologist:

FROZEN SECTION DIAGNOSIS:
Staff Pathologist:
Other Pathologists / PAs:

FS: R-4 Lymph Node: Negative for tumor.

Dictated by:

The specimen is received in nine (9) parts.

The specimen for Part 1 is received fresh for frozen section analysis, labeled with the patient's name, [REDACTED], and designated "R-4 Lymph Node." The specimen consists of multiple pieces of tan-yellow soft tissue measuring, in aggregate, 0.4 x 0.4 x 0.3 cm. All of the fragments are submitted for frozen section, its remnants in FSC.

SUMMARY OF SECTIONS :
1 - FSC - M
1 - TOTAL - MULTIPLE

PART #2: FS: STATION 7
Resident Pathologist:

FROZEN SECTION DIAGNOSIS:
Staff Pathologist:
Other Pathologists / PAs:

FS: Station 7: Negative for tumor.

Dictated by:

The specimen for Part 2 is received fresh for frozen section analysis, labeled with the patient's name, [REDACTED], and designated "Station 7." The specimen consists of multiple fragments of tan-yellow soft tissue measuring 1.0 x 0.7 x 0.3 cm. The specimen is submitted in its entirety for frozen section, its remnants in FSC.

SUMMARY OF SECTIONS :

(Continued on next page.)

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1 - FSC - M
1 - TOTAL - MULTIPLE

PART #3: FS: L4 LYMPH NODE
Resident Pathologist:

FROZEN SECTION DIAGNOSIS:
Staff Pathologist:
Other Pathologists / PAs:

FS: L-4 Lymph Node: Segment of peripheral nerve. Negative for tumor.

Dictated by:

The specimen for Part 3 is received fresh for frozen section analysis, labeled with the patient's name, [REDACTED] and designated "L-4 Lymph Node." The specimen consists of one (1) piece of yellow-tan soft tissue measuring 0.3 x 0.3 x 0.3 cm. The specimen is submitted in its entirety for frozen section, its remnants in FSC.

SUMMARY OF SECTIONS :

1 - FSC - 1
1 - TOTAL - 1

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PART #4: FS: STATION 11
Resident Pathologist:

FROZEN SECTION DIAGNOSIS:
Staff Pathologist:
Other Pathologists / PAs:

FS: Station 11: Negative for tumor.

Dictated by:

The specimen for Part 4 is received fresh for frozen section analysis, labeled with the patient's name, [REDACTED] and designated "Station 11." The specimen consists of a single piece of red-tan soft tissue measuring 1.3 x 0.9 x 0.3 cm. The specimen is submitted in its entirety for frozen section, its remnants in FSC.

SUMMARY OF SECTIONS :

1 - FSC - 1
1 - TOTAL - 1

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PART #5: FS: RIGHT MIDDLE & RIGHT LOWER LOBE
Resident Pathologist:

FROZEN SECTION DIAGNOSIS:

Staff Pathologist:

Other Pathologists / PAs:

FS: Right middle and right lower lobes:

Stapled margin: Negative for tumor (3.0 mm from the tumor).

Bronchial margin: Negative for tumor.

Tumor: Adenocarcinoma (6.5 cm).

Dictated by:

The specimen is received fresh for frozen section labeled with the patient's name, [REDACTED] and is designated "right middle and right lower lobes." The specimen consists of a grossly recognizable segment of lung weighing 538.2 gm and measuring 21.0 x 16.5 x 4.6 cm. Two lobes of lung are grossly recognizable and are the middle and lower lobes respectively. There is a tumor palpable in the lower lobe measuring approximately 6.5 x 5.0 x 4.5 cm. The pleural surface is red-purple and smooth without noted areas of puckering. The surface is also notable for two staple lines; a 6.0 cm staple line in the middle lobe which is approximately 5.0 cm from the nearest palpable mass and a 9.0 cm staple line adjacent to the tumor. The staple lines are removed and the underlying lung parenchyma is inked orange. The bronchial and vascular margins are shaved. The bronchi are notable for white-tan tumor in the lumen of the bronchi. The tumor appears grossly at the shaved bronchial margin. The lung is serially sectioned to reveal a large multinodular and confluent white-tan solid and partially necrotic tumor. This large tumor grossly involves the central and peripheral aspects of the lung lobe.

The tumor grossly approaches the pleural margin and is less than 1.0 mm grossly from the nearest pleural surface. The nearest staple line is also closely involved by tumor and is grossly 3.0 mm from the nearest stapled margin. One representative section of tumor adjacent to the nearest staple margin and one representative section of the bronchial margin are submitted for frozen section. Representative sections of the tumor next to the nearest pleural surfacr and next to

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the nearest bronchi are submitted. The entire staple lines are submitted. The hilum reveals three possible lymph nodes ranging in size from 0.3 to 0.8 cm in greatest dimension. These lymph nodes are entirely submitted.

SUMMARY OF SECTIONS

1 - A - 3	(VASCULAR MARGIN)
1 - B - 1	(BRONCHI AND TUMOR)
1 - C - 3	(3 POSSIBLE LNS)
1 - D - 1	(TUMOR AND ADJACENT STAPLE MARGIN)
1 - E - 1	(TUMOR AND ADJACENT STAPLE MARGIN)
2 - F,G - 2 EACH	(MIDDLE LOBE STAPLE MARGIN, SHAVED)
1 - H - 3	(SHAVE OF THE REMAINDER OF LOWER LOBE STAPLE MARGIN)
1 - I - 1	(NORMAL CENTRAL LUNG)
1 - J - 1	(NORMAL PERIPHERAL LUNG)
1 - FSC ST - 1	(TUMOR AT NEAREST STAPLE MARGIN)
1 - FSC BR - 1	(BRONCHIAL MARGIN)
2 - K,L - 1 EACH	(TUMOR AND NEAREST PLEURA)
1 - M - 1	(TUMOR AND ADJACENT VESSELS)
1 - N - 1	(TUMOR AND ADJACENT BRONCHI)
1 - O - 1	(TUMOR AND ADJACENT NORMAL LUNG PARENCHYMA)
17 - TOTAL - 25	

PART #6: STATION 7
Resident Pathologist:

Dictated by: (Parts 6-9)

The specimen is received fresh labeled with the patient's name, [REDACTED] and is designated "station 7." The specimen consists of a single piece of tan-brown, soft tissue measuring 1.5 x 1.0 x 0.4 cm. The tissue is entirely submitted.

SUMMARY OF SECTIONS

1 - A - 1
1 - TOTAL - 1

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PART #7: MORE STATION 7
Resident Pathologist:

The specimen is received fresh labeled with the patient's name, [REDACTED] and is designated "more station 7." The specimen consists of a single piece of brown-black-red soft tissue measuring 1.0 x 1.0 x 0.3 cm. The tissue is entirely submitted.

SUMMARY OF SECTIONS

1 - A - 1
1 - TOTAL - 1

PART #8: STATION 11 R
Resident Pathologist:

The specimen is received fresh labeled with the patient's name, [REDACTED] and is designated "station 11R." The specimen consists of a single piece of tan-brown soft tissue measuring 0.6 x 0.5 x 0.4 cm. The tissue is entirely submitted on lens paper.

SUMMARY OF SECTIONS

1 - A - 1
1 - TOTAL - 1

PART #9: NEW BRONCHIAL MARGIN
Resident Pathologist:

The specimen is received fresh labeled with the patient's name, [REDACTED] and is designated "new bronchial margin." The specimen consists of a single fragment of unoriented cartilage and red-tan soft tissue measuring 2.5 x 0.7 x 0.5 cm. The piece is entirely submitted.

SUMMARY OF SECTIONS

1 - A - 1
1 - TOTAL - 1

[REDACTED]

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(End of Report)

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PwTSS dx discrepancy form,
TC6A tumor is 100% acinar adenoc.

Criteria	Yes	No
Diagnosis Discrepancy <i>100%</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary <i>Noted</i>		
Case is (circle): <i>QUALIFIED</i> / DISQUALIFIED		
Reviewer Initials <i>ML</i>	Date Reviewed: <i>12-12-13</i>	

TCGA Pathologic Diagnosis Discrepancy Form

V4.00

Instructions: The TCGA Pathologic Diagnosis Discrepancy Form should be completed when the pathologic diagnosis documented on the initial pathology report for a case submitted for TCGA is inconsistent with the diagnosis provided on the Case Quality Control Form completed for the submitted case.

Tissue Source Site (TSS): _____ Identifier: _____ TSS Unique Patient Identifier: _____
 Completed By (Interviewer Name on OpenClinica): _____ Completed Date: _____

Diagnosis Information

#	Data Element	Entry Alternatives	Working Instructions
1	Pathologic Diagnosis Provided on Initial Pathology Report	adeno - papillary + acinar	Provide the diagnosis/ histologic subtype(s) documented on the initial pathology report for this case. If the histology for this case is mixed, provide all listed subtypes.
2	Histologic features of the sample provided for TCGA, as reflected on the CQCF.	Papillary 0% acinar 100%	Provide the histologic features selected on the TCGA Case Quality Control Form completed for this case.

Discrepancy between Pathology Report and Case Quality Control Form

3	Provide the reason for the discrepancy between the pathology report and the TCGA Case Quality Control Form.	Pathologist needed to further identify percentage of top slide.	Provide a reason describing why the diagnosis on the initial pathology report for this case is not consistent with the diagnosis selected on the TCGA Case Quality Control Form.
4	Name of TSS Reviewing Pathologist or Biorepository Director		Provide the name of the pathologist who reviewed this case for TCGA.

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.

 TSS Reviewing Pathologist or Biorepository Director

 Date

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled. The Attending Pathologist or the Department Chairman has been informed or is aware of the above discrepancy in diagnoses.

 Principal Investigator Signature

 Date