

[REDACTED]

SPECIMENS:

1. F/S PLEURAL BIOPSY
2. LEVEL 9 LYMPH NODE
3. LEVEL 11 LYMPH NODE
4. LEVEL 7 LYMPH NODE
5. LEFT LOWER LOBE
6. LEVEL 5 LYMPH NODE

DIAGNOSIS:

1. PLEURA, BIOPSY:

- BENIGN MESOTHELIAL HYPERPLASIA

2. LYMPH NODE, LEVEL #9, BIOPSY:

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

3. LYMPH NODE, LEVEL #11, BIOPSY:

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

4. LYMPH NODE, LEVEL #7, BIOPSY:

- METASTATIC CARCINOMA IN TWO OF THREE LYMPH NODES (2/3)

Note: The immunostains for the cytokeratins AE1/AE3 and CK7 are confirmatory.

5. LUNG, LEFT LOWER LOBE, LOBECTOMY:

- ADENOCARCINOMA, MODERATELY DIFFERENTIATED, MEASURING 4.7 CM (SEE SUMMARY)
- FIFTEEN LYMPH NODES, NEGATIVE FOR CARCINOMA (0/15)

6. LYMPH NODE, LEVEL #5, BIOPSY:

- ONE ANTHRACOTIC LYMPH NODE, NEGATIVE FOR CARCINOMA (0/1)
- FOCAL NON-NECROTIZING GRANULOMATOUS INFLAMMATION

Specimens: 1: F/S PLEURAL BIOPSY

- 2: LEVEL 9 LYMPH NODE
- 3: LEVEL 11 LYMPH NODE
- 4: LEVEL 7 LYMPH NODE
- 5: LEFT LOWER LOBE
- 6: LEVEL 5 LYMPH NODE

LUNG: Resection

SPECIMEN

Specimen: Lung

**Procedure: Lobectomy**

**Specimen Integrity: Intact**

**Specimen Laterality: Left**

**Tumor Site: Lower lobe**

**Tumor Focality: Unifocal**

**TUMOR**

**Histologic Type: Adenocarcinoma, mixed subtype**

**Comment(s): The tumor is composed of papillary, acinar, solid and focally bronchioloalveolar subtypes**

**Histologic Grade: G2: Moderately differentiated**

**EXTENT**

**Tumor Size: Greatest dimension (cm)**

**4.7cm**

**Visceral Pleura Invasion: Not identified**

**Tumor Extension: Not identified**

**MARGINS**

**Bronchial Margin**

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

**Vascular Margin: Uninvolved by invasive carcinoma**

**Parenchymal Margin: Uninvolved by invasive carcinoma**

**Parietal Pleural Margin: Not applicable**

**Chest Wall Margin: Not applicable**

**Other Attached Tissue Margin: Not applicable**

**All margins uninvolved by invasive carcinoma**

**ACCESSORY FINDINGS**

**Treatment Effect: Not applicable**

**Lymph-Vascular Invasion: Present**

**LYMPH NODES**

**Extranodal Extension: Not identified**

**SPECIAL STUDIES**

**Epidermal Growth Factor Receptor (EGFR) Analysis Results (specify method):**

**See previous [REDACTED])**

**KRAS Mutational Analysis (specify results): See previous [REDACTED]**

**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)**

**pN2: Metastasis in ipsilateral mediastinal and / or subcarinal lymph node(s)**

**Number Examined**

**23**

**Number Involved**

**2**

**Distant Metastases (pM): Not applicable**

**ADDITIONAL NON-TUMOR**

**Additional Pathologic Finding(s): None identified**

**Comment(s):**

The immunohistochemical studies performed on the previous biopsy

[REDACTED] show the tumor cells to be positive for TTF-1 and CK7

supporting a lung origin.

[REDACTED]  
**Pathologist**

**CLINICAL HISTORY AND PRE - OPERATIVE DIAGNOSIS:**

Lung cancer

**MACROSCOPIC DESCRIPTION:**

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

1. Part one is received fresh, labeled 'pleural biopsy'. It consists of white to yellow soft tissue measuring 0.2 x 0.1 x 0.1 cm. The specimen is entirely submitted for frozen section then into cassette 1A.
2. Part two is labeled 'level # 9 lymph node'. It consists of an anthracotic lymph node measuring 0.5 x 0.5 x 0.2 cm. The specimen is submitted entirely in cassette 2A.
3. Part three is received in formalin, labeled 'level # 11 lymph node'. It consists of three anthracotic lymph nodes measuring 1.2 x 0.8 x 0.3 cm in aggregate. The specimen is submitted entirely in cassette 3A.
4. Part four is received in formalin, labeled 'level #7 lymph node'. It consists of three lymph nodes measuring 1 x 0.8 x 0.3 cm, 0.5 x 0.5 x 0.3 cm and 0.3 x 0.3 x 0.2 cm. The specimen is submitted entirely.
5. Part five is labeled 'left lower lobe'. It consists of a left lower lobe of lung, weighing 180 grams, measuring 18 x 12 x 8.5 cm. The pleura is pink tan glistening and has a puckered area, measuring 3 x 3 cm which is inked in black. The pleura is heavily mottled with

fine black streaks. The resected bronchial margin measures 2.5 cm, and the hilar margin measures 3 cm. The specimen is serially sectioned and cut surface reveals an ill-defined firm gray white tumor, measuring 4.7 x 3.5 cm, located 1 cm from the resected bronchial margin; the overlying pleura is puckered. The remainder of the lung parenchyma is pink red blotchy. Also noted are ten anthracotic firm lymph nodes, ranging from 0.5 cm to 1.2 cm obtained from the peri-hilar area. Representative sections are submitted.

6. Part six is received in formalin, labeled 'level #5 lymph node'. It consists of an anthracotic lymph node measuring 2.5 x 1 x 0.3 cm. The specimen is bisected and submitted entirely in 6A.

[REDACTED]

#### SUMMARY OF SECTIONS:

1A frozen section  
2A entirely submitted  
3A entirely submitted  
4A one lymph node bisected  
4B two lymph nodes  
5A bronchial resected margin at the hilum, shaved  
5B hilar black vessel, shaved  
5C-5F full face of the tumor, deepest invasion, dissected in four pieces  
5G tumor and adjacent lung parenchyma  
5H-5I tumor and overlying puckered pleura  
5J tumor and adjacent bronchial  
5K random section of lung parenchyma  
5L-5M ten anthracotic lymph nodes  
6A entirely submitted

#### SPECIAL PROCEDURES:

CK7; AE1/AE3 (4B)

#### INTRA - OPERATIVE CONSULTATION:

1. Pleura, biopsy:  
- Benign mesothelial hyperplasia

The results were reported by Dr. [REDACTED]  
and repeat-back was obtained from [REDACTED]  
Intra-Operative Consultation #1 performed by  
[REDACTED]  
[REDACTED]

Final Diagnosis performed by  
[REDACTED]  
[REDACTED]

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 [REDACTED]

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.