

RUN DATE: [REDACTED]
RUN TIME: [REDACTED]
RUN USER: [REDACTED]

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PATIENT: [REDACTED]
REG DR: [REDACTED]

ACCT #: [REDACTED]
AGE/SX: [REDACTED]
DOB: [REDACTED]
STATUS: [REDACTED]

LOC: [REDACTED]
ROOM: [REDACTED]
BED: [REDACTED]

U #: [REDACTED]
REG: [REDACTED]
DIS: [REDACTED]

TIME IN FORMALIN: 5:52 hrs.

CLINICAL INFORMATION:

Pre-Op Diagnosis: Left lung CA
Remarks: Tissue banking
Specimen(s): A. Left lower lobe lung
B. Left level 8
C. Left level 11

UUID: ADB0E9E3-62E7-4461-9254-14DC15DCB877
TCGA-L9-A50W-01A-PR

Redacted



MICROSCOPIC DIAGNOSIS

A. LUNG, LEFT LOWER LOBE (LOBECTOMY):

- MODERATELY DIFFERENTIATED ADENOCARCINOMA, 2.5 CM IN GREATEST DIMENSION
- VISCELAR PLEURAL INVASION ABSENT
- BRONCHIAL MARGIN UNINVOLVED
- NO METASTASIS IN THREE PERIBRONCHIAL LYMPH NODES

B. LEFT LEVEL 8 LYMPH NODE (BIOPSY):

- METASTATIC ADENOCARCINOMA

ICD-O-3

adenocarcinoma, with mixed subtypes 8255/3
Site: Lung, Lower lobe C34.3

C. LEFT LEVEL 11 LYMPH NODE (BIOPSY):

- NEGATIVE FOR METASTASIS

fw
11/7/12

COMMENT(S)

SURGICAL PATHOLOGY CANCER CASE SUMMARY - CAP APPROVED

Specimen: Left lower lobe
Procedure: Lobectomy
Specimen Integrity: Intact
Specimen Laterality: Left
Tumor Site: Lower lobe
Tumor Size: 2.5 cm in greatest dimension
Tumor Focality: Unifocal
Histologic Type: Adenocarcinoma, mixed subtype
Histologic Grade: G2
Visceral Pleura Invasion: Not identified
Tumor Extension: Not applicable
Margins: Bronchial: Uninvolved by invasive carcinoma and carcinoma in situ
Vascular: Uninvolved by invasive carcinoma
Distance of invasive carcinoma

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SPEC #: [REDACTED]

PATIENT: [REDACTED]

(Continued)

COMMENT (S)

(Continued)

from closest margin: 2 cm from bronchial margin
Treatment Effect: Not applicable
Lymph-Vascular Invasion: Not identified
Pathologic Staging:
 Primary Tumor: pT1b
 Regional Lymph Nodes: pN1
 Number examined: 5
 Number involved: 1
 Distant Metastasis: Not applicable

GROSS DESCRIPTION:

Specimen A is received in the fresh state labeled "left lower lobe lung". This is a lobe of lung recognizable as lower lobe and measuring 11 x 10 x 6 cm. The pleural surfaces are smooth, dark reddish-tan to black. At the base of the lobe is a firm tumor. The overlying pleura is smooth and this surface is inked black. The cut surface of the tumor shows solid white tissue with the appearance of confluent nodules, forming a multinodular single mass which measures 2.5 x 2.0 cm in greatest surface area. Tumorous tissue focally extends to within 1 mm of the inked pleural surface at the base of the lobe. A portion of the tumor is harvested for tumor banking. The tumor is 2 cm from the bronchial margin. There is a blackened 8 mm peribronchial lymph node. Serial sections through the remainder of the lung tissue reveal no additional tumors. Representative sections are submitted as follows:

A1 - bronchial and vascular margin
A2 - peribronchial lymph node at margin
A3-6 - tumor
A7 - unininvolved lung
A8 - additional bronchi adjacent to tumor but unininvolved

Specimen B is received in formalin labeled "left level 8 lymph node". This is an ovoid piece of firm dark reddish-brown to white tissue measuring 1.3 x 1.3 x 0.7 cm. The cut surface is solid homogeneous white, suspicious for metastasis. The specimen is entirely submitted in cassette B1 and B2.

Specimen C is received in formalin labeled "left level 11 lymph node". It consists of multiple irregular pieces of dark reddish-brown tissue measuring 10 x 8 x 3 mm in aggregate. The specimen is entirely submitted in cassette C1.

MICROSCOPIC DESCRIPTION:

A. Sections of the lung tumor demonstrate a well to moderately differentiated adenocarcinoma with a mixed glandular, solid and papillary growth pattern. Areas of clear cell change are noted.

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SPEC #:

PATIENT [REDACTED]

(Continued)

INTRAOPERATIVE CONSULTATION:

LEFT LOWER LOBE LUNG, GROSS EXAM:

- TUMOR IDENTIFIED AND PLEURAL SURFACE INKED
- TUMOR HARVESTED FOR TISSUE BANKING

PHOTO DOCUMENTATION [REDACTED]

Signed _____ (signature on file) [REDACTED]

** END OF REPORT **

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is Cyclic:	QUALIFIED	/ DISQUALIFIED
Reviewer Initials:	Data Reviewed: 11/17/12	