

Results

GROSS AND MICROSCOPIC SURGICAL PANEL

Specimen Information

Collection Date and Time

Component Results

SURGICAL PANEL:

SURGICAL PATHOLOGY REPORT

LAB:

Phone:

Fax:

Final Report

DIAGNOSIS

A) WEDGE RESECTION, LEFT UPPER LOBE:

1. Poorly differentiated adenocarcinoma forming a mass measuring 2.6 x 2.4 x 1.7 cm
2. Tumor abuts but does not infiltrate within visceral pleura
3. Tumor is situated 0.6 cm from nearest inked stapled parenchymal resection margin

B) LYMPH NODE, LEVEL 9L, BIOPSY:

1. Benign anthracotic lymph node
2. No evidence of metastatic carcinoma

C) LYMPH NODE, LEVEL 5, EXCISION:

1. Benign anthracotic lymph node
2. No evidence of metastatic adenocarcinoma

D) LYMPH NODE, LEVEL 6, EXCISION:

1. Benign anthracotic lymph node
2. No evidence of metastatic adenocarcinoma

E) LYMPH NODE, LEVEL 7, EXCISION:

1. Benign anthracotic lymph node
2. No evidence of metastatic adenocarcinoma

F) LYMPH NODE, LEVEL 12L, EXCISION:

1. Benign anthracotic lymph node
2. No evidence of metastatic adenocarcinoma

G) LUNG, LEFT UPPER LOBE, LOBECTOMY:

1. No residual adenocarcinoma identified
2. Benign bronchial and vascular resection margins
3. Patchy interstitial fibrosis with nonspecific emphysematous changes within pulmonary parenchyma
4. Three benign hilar lymph nodes with marked anthracosis

** LUNG CANCER STAGING PARAMETERS **

Case number: Patient name:

Final TNM: pT1bN0M0

stage: IA

MACROSCOPIC

SPECIMEN TYPE

Lobectomy

TUMOR SITE

Left Lung-Upper Lobe

TUMOR SIZE
2.6 X 2.4 X 1.7 cm
TUMOR FOCALITY
Unifocal

MICROSCOPIC
HISTOLOGIC TYPE
Solid adenocarcinoma
HISTOLOGICAL GRADE
G3: (poorly differentiated) of G4
VISCERAL PLEURAL INVASION
Not identified
LYMPHATIC VASCULAR INVASION
Absent
TREATMENT EFFECT
Not applicable
TUMOR EXTENSION
Not applicable
MARGINS
Uninvolved by tumor (Bronchial)
Distance of tumor from closest margin is 4.5 cm

PATHOLOGIC STAGING
EXTENT OF INVASION
pT1b. [Tumor greater than 2 cm, but 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (ie, not in the main bronchus)]

REGIONAL LYMPH NODES
pN0. (No regional lymph node metastasis)
Total nodes: 8
Total positive nodes: 0
N1 nodes: 4
N1 positive nodes: 0
N2 nodes: 4
N2 positive nodes: 0
N2 sites sampled:
Station 9: Pulmonary ligament nodes
Station 5: Subaortic nodes (aorto-pulmonary window)
Station 6: Para-aortic nodes (ascending aorta or phrenic)
Station 7: Subcarinal nodes

DISTANT METASTASIS
pM0. (No distant metastasis)
PATHOLOGIC STAGE Summary
Final TNM: pT1bN0M0
stage: IA

** The pathologic stage presumes no distant metastasis.

LUNG ANCILLARY TESTING PROTOCOL

Case number Patient name

HISTOLOGIC TYPE
Solid adenocarcinoma
STAGE IV STATUS
No stage IV disease pathologically
TISSUE BLOCK AVAILABLE FOR ANCILLARY TESTING

COMMENT

This patient's sample does not meet criteria* for reflex EGFR and ALK testing. No fresh tissue is available for ancillary testing. The block identified above will be stored in

pathology for [REDACTED] for possible future ancillary testing. Please call [REDACTED] for any ancillary testing requests.

[REDACTED] EGFR and ALK reflex testing criteria:
Stage IV disease (histologically proven or clinically suspicious)
Adenocarcinoma or TTF-1 positive adenosquamous cell carcinoma.

Attending Pathologist: [REDACTED]
[REDACTED]

CLINICAL INFORMATION

Lung mass; cancer study

SPECIMEN/GROSS DESCRIPTION

A) SOURCE: Wedge resection left upper lobe lung
Labeled "wedge resection left upper lobe lung" is a 23 gram, 8 x 4 x 3 cm lung wedge excision with an incorporated staple line (8.5 x 0.5 cm). The red-tan pleural surface includes a discrete indurated puckered 1 x 0.8 cm area centrally (inked green). The stapled margin is trimmed and subjacent tissue inked black. Cut surfaces disclose a 2.6 x 2.4 x 1.7 cm solid gray-tan tumor mass with partially circumscribed to focally infiltrating borders, abutting the green-inked puckered serosa and 0.6 cm from the black-inked staple resection surface.

Central tumor is submitted on one block for frozen microscopy.

INTRAOPERATIVE PATHOLOGY CONSULTATION WITH FROZEN SECTION: "Non-small cell carcinoma" is rendered by [REDACTED]

Fresh tumor is banked for additional ancillary studies.

The remaining cut surfaces are soft red-tan, with mild emphysematous change and no additional discrete lesions.

Representative sections are submitted in seven cassettes as follows:

1. Frozen section residue
2. Black-inked staple margin nearest tumor
- 3-6. Tumor mass with green-inked puckered pleural surface
7. Lung with emphysematous change

The specimen is removed from the patient at [REDACTED] and placed in formalin at [REDACTED] for a minimum of [REDACTED] fixation per protocol.

B) SOURCE: Lymph node biopsy, level 9L

The specimen is received in formalin labeled "level 9L lymph node." It consists of three red-black soft tissues aggregating 0.7 x 0.5 x 0.2 cm. The specimen is submitted in toto in one cassette.

C) SOURCE: Lymph node biopsy, level 5

The specimen is received fresh labeled "level 5 lymph node." It consists of 1 x 1 x 0.2 cm of fragmented black-red tissue which is submitted in toto for frozen on one block.

INTRAOPERATIVE PATHOLOGY CONSULTATION WITH FROZEN SECTION: "Negative for carcinoma." is rendered by [REDACTED]

D) SOURCE: Lymph node biopsy, level 6

[REDACTED]

The specimen is received in formalin labeled "level 6 lymph node." It consists of two tan-red soft tissues aggregating 0.9 x 0.4 x 0.2 cm. The specimen is submitted in toto in one cassette.

[REDACTED]

E) SOURCE: Lymph node biopsy, level 7

The specimen is received labeled "level 7 lymph node." It consists of a single 1.2 cm anthracotic lymph node. The specimen is entirely submitted in one cassette.

F) SOURCE: Lymph node biopsy, level 12L

The specimen is received labeled "level 12L lymph nodes." It consists of three anthracotic lymph nodes ranging from 0.5 to 0.8 cm in greatest dimension. The specimen is submitted in toto in one cassette.

[REDACTED]

G) SOURCE: Left upper lobe bronchial margin for frozen section

Received fresh from the OR labeled "left upper lobe bronchial margin for frozen section and consists of a 3 g lung lobe (19 x 12 x 4 cm). The bronchial resection margin is received stapled. The staple line is removed and the subjacent tissue is taken en face for frozen section diagnosis.

INTRAOPERATIVE PATHOLOGY CONSULTATION WITH FROZEN SECTION: "Benign bronchial margin" is rendered by [REDACTED]

The vascular margins and hilar lymph nodes are taken. The pleural surface is tan-red to red-purple, smooth and glistening. There is a 9 cm staple line grossly corresponding to the earlier wedge resection. The staple line is removed and the subjacent tissue is inked blue. The staple line lies 4.5 cm from the bronchial resection margin. The lung lobe is sectioned revealing pink-tan to red-purple spongy tissue. No discrete masses or lesions are identified.

Representative sections of the specimen are submitted in nine cassettes as follows:

1. Frozen section bronchial resection margin
2. Hilar lymph nodes
3. Vascular resection margins, en face
4. Staple line nearest bronchial margin
5. Additional inked staple line
- 6-9. Grossly unremarkable lung parenchyma

This case is accessioned in [REDACTED]

Gross dictation by [REDACTED]

MICROSCOPIC

A) Sections through the wedge resection from the left upper lobe confirm the presence of non-small cell carcinoma. The tumor is predominantly composed of solid nests of cells with large vesicular nuclei and abundant eosinophilic cytoplasm. Mitotic activity is fairly abundant and areas of tumor necrosis are seen. The tumor is predominantly growing in solid nests with minimal acinar formation, although occasional foci of both intracellular and extracellular mucin are suggested. This lesion abuts but does not appear to specifically infiltrate within the overlying visceral pleura. Assessment in this regard includes an elastic stain on block A6. Noninvolved pulmonary parenchyma demonstrates nonspecific emphysematous changes but is otherwise unremarkable. A limited immunohistochemical evaluation of this lesion is performed with results as follows:

[REDACTED]

TTF-1: Positive
Napsin A: Negative
Negative
P63: Limited/focal positivity is seen

The combination of TTF-1 positivity with apparent focal mucin production by this neoplasm would confirm a poorly differentiated adenocarcinoma.

B-G) The microscopic appearance substantiates the diagnosis.

Interpreted at

COLLECTED: ACCESSED: SIGNED

Lab and Collection

GROSS AND MICROSCOPIC SURGICAL PANEL on - Lab and Collection Information

Result History

GROSS AND MICROSCOPIC SURGICAL PANEL - Order Result History Report

Lab Status

Order Complete [3]

Result Information

Result Date and Time	Status	Provider Status
	Final result	Ordered

Lab Information

Lab

Order Details

Parent Order ID	Child Order ID

Entry Date

Specimen Information

Specimen Source	Collection Date	Collection Time
Other		

Audit Trail

Action	User	Date/Time

Status:

This result is currently not released to