SURGICAL PATHOLOGY REPORT

Patient Name: [redacted]
Med. Rec.#: [redacted] Visit #: [redacted] Accession #: [redacted]
DOB: [redacted] Sex: Male Service Date: [redacted]
Soc. Sec. #: [redacted] Location: [redacted] Received: [redacted]
Physician(s): [redacted] Client: [redacted]

FINAL PATHOLOGIC DIAGNOSIS

A. Kidney, right, nephrectomy: Papillary renal cell carcinoma (9.2 cm), Fuhrman grade 3; see comment.

B. "Retrocaval lymph node," excision:
1. **Papillary renal cell carcinoma (5.8 cm), apparently replacing a lymph node.**
2. **Adrenal gland with no significant pathologic abnormality, no tumor present.**

ICD-0.3
Carcinoma, papillary renal cell 8260/3
Site: R Kidney NOS C64.9
9/23/20/14

COMMENT:
Kidney Tumor Synoptic Comment
-Histologic type: Renal cell carcinoma, papillary.
-Grade: Fuhrman grade 3.
-Maximum tumor diameter: 9.2 cm.
-Site within kidney: Mid kidney.
-Renal pelvis: Normal.
-Ureter: Normal.
-Renal sinus: Tumor invades renal sinus.
-Hilar renal veins: Normal, no tumor.
-Intrarenal veins and lymphatics: Normal, no tumor.
-Adrenal gland: Normal.
-Capsule/perirenal fat: Tumor does not penetrate capsule.
-Hilar lymph nodes (number positive/number of nodes): 0/0. We searched for hilar lymph nodes, but none were identified.
-Resection margins: Negative.
-Proximity to nearest margin: 0.25 cm from the renal capsule and overlying perirenal adipose tissue.
-Stage: pT2N1Mx.
-Additional comments: The kidney tumor demonstrates a papillary architecture throughout, with presence of foam cells focally. Papillary renal cell carcinomas are divided into grades 1 and 2 based on morphologic features. This tumor contains some features of type 1, including cuboidal cells with small nuclei and presence of foam cells. Other areas demonstrate type 2 features, with abundant eosinophilic cytoplasm,

[redacted]

stratification, and larger nuclei. Overall, this tumor would be classified as a more aggressive papillary renal cell carcinoma type 2. A few foci with clear cells are present. A recent study showed that papillary renal cell carcinomas which showed extensive clear cell change (>75%) had cytogenetic abnormalities that were characteristic of conventional clear cell carcinomas rather than papillary renal cell carcinomas. However, the significance of the presence of few clear cell foci is not known, and this tumor is viewed as a papillary renal cell carcinoma. Papillary renal cell carcinomas have a better 5- and 10- year survival rate at 86% and 82% than that of conventional renal cell carcinomas at 77% and 70%. Besides the main tumor mass, multiple other satellite tumor nodules were present that measured 1.0 cm in aggregate. Multifocality is a prominent feature of papillary renal cell carcinomas. The hilar region was carefully examined to look for the presence of lymph nodes, but none were identified.

Part B (retrocaval lymph nodes) contains a well-circumscribed tumor mass, measuring 5.8 cm. In the periphery, a small amount of lymphoid tissue is present, consistent with lymph node metastasis with almost entire replacement of the lymph node. Also adjacent to this tumor mass, the adrenal gland is identified, which shows no gross or microscopic evidence of tumor involvement. In the peri-adrenal adipose tissue, a small nodule was present which was a potential lymph node, but morphologic examination revealed a sympathetic ganglion.

Specimen(s) Received
A:Right kidney
B:Retrocaval lymph nodes

Clinical History
The patient is a [redacted]year-old man with a right kidney tumor. He undergoes nephrectomy.

Gross Description
The specimen is received fresh in two parts, each labeled with the patient's name and medical record number.

Part A is additionally labeled "right kidney." It consists of a kidney with attached perirenal fat, weighing 861 gm and measuring 16.0 x 14.0 x 9.5 cm. Bivalving reveals a 10.0 x 8.5 x 7.5 cm kidney. The mid-kidney is largely occupied by a tumor, measuring 9.2 x 8.0 x 8.0 cm, with some peripheral uninvolved kidney. The tumor is well circumscribed, the cut surface is heterogeneous and tan-white to yellow, with some gelatinous areas. The tumor abuts the capsule but does not invade it at any point. It appears to involve the renal sinus, and compresses the structures present there, but does not invade into a vessel. Also present within the kidney, separate from the main tumor mass, are multiple small tumor nodules, measuring 1.0 x 1.0 cm in aggregate. In the unaffected kidney, the cortex measures 0.8 cm, and the medulla measures 1.8 cm. The ureter, renal artery, and renal vessel resection margins are clear and uninvolved by tumor. Sectioning of the perirenal and hilar adipose tissue reveals no tumor or lymph nodes. No adrenal gland is identified. Sections are submitted as follows:

Cassette A1:	Resection margins of renal artery, vein, and ureter.
Cassette A2:	Tumor with closest proximity to capsule.
Cassettes A3-A6:	Representative tumor.
Cassette A7:	Tumor nodules away from the main tumor mass.
Cassette A8:	Tumor with adjacent uninvolved kidney.
Cassette A9:	Uninvolved kidney.
Cassette A10:	Representative perirenal adipose tissue.

Part B is additionally labeled "retrocaval lymph nodes." It consists of an unoriented fragment of yellow-tan fibroadipose tissue, measuring 10.5 x 5.5 x 3.0 cm. The external surface is inked in black. Serial sectioning reveals a well-circumscribed tumor nodule, measuring 5.8 x 4.2 x 3.2 cm, which is apparently encapsulated; it has a tan-yellow cut surface and grossly is almost identical to the primary renal tumor. No definite peripheral lymph node tissue is identified. Adjacent to this tumor nodule but apparently separated from it, the adrenal gland is identified, measuring 7.0 x 2.0 x 0.3 cm. Serial sectioning of the adrenal gland demonstrates a yellow-black, speckled cut surface. No discrete lesions or involvement by tumor is identified. Sectioning of the attached adipose tissue reveals one possible lymph node. Sections are submitted as follows:

[redacted]

Cassettes B1-B2: Tumor mass.
Cassettes B3-B4: Representative cross sections of adrenal gland.
Cassette B5:
Possible peri-adrenal lymph node.

Diagnosis based on gross and microscopic examinations. Final diagnosis made by attending pathologist following review of all pathology slides.

[redacted]athology Resident

[redacted]hologist

Electronically signed out on [redacted]

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 [redacted] Date Reviewed: 12/24/2013		

[redacted]