

RUN DATE:  
RUN TIME:  
RUN USER:

PAGE 1

PATIENT:

ACCT #:

LOC:

U #:

REG DR:

AGE/SX:

ROOM:

REG:

DOB:

BED:

DIS:

STATUS:

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
- VISCERAL PLEURAL INVASION ABSENT
- BRONCHIAL MARGIN UNINVOLVED
- NO METASTASIS IN THREE PERIBRONCHIAL LYMPH NODES

B. LEFT LEVEL 8 LYMPH NODE (BIOPSY):

- METASTATIC ADENOCARCINOMA

C. LEFT LEVEL 11 LYMPH NODE (BIOPSY):

- NEGATIVE FOR METASTASIS

1CD-0-3  
adenocarcinoma, with mixed subtypes 8255/2  
Site: lung, lower lobe C34.3

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

\*\* CONTINUED ON NEXT PAGE \*\*

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

PAGE 2

SPEC #:

PATIENT:

(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 - uninvolved lung
- A8 - additional bronchi adjacent to tumor but uninvolved

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.

\*\* CONTINUED ON NEXT PAGE \*\*

RUN DATE:  
RUN TIME:  
RUN USER:

PAGE 3

SPEC #:

PATIENT

(Continued)

**INTRAOPERATIVE CONSULTATION:**

LEFT LOWER LOBE LUNG, GROSS EXAM:

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

PHOTO DOCUMENTATION

Signed \_\_\_\_\_ (signature on file) \_\_\_\_\_

\*\* 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 (file):	QUALIFIED	DISQUALIFIED
Reviewed Initials	11/7/12	12