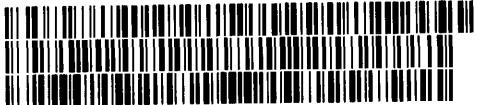


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TCGA-95-A4VK-01A-PR **Redacted**



Anat Path Reports

* Final Report *

Document Type: Anat Path Reports
Document Date:
Document Status: Modified
Document Title: Histology
Performed By:
Verified By:
Encounter info:

ICD-O-3

adenocarcinoma, w/ mixed subtypes

Site: Lung, upper lobe 8255/3
C34.1

*** Final Report ***
Document Contains Addenda

JW
10/27/12

APRPT (Verified)

Patient Name: _____ Acc #: _____
MRN: _____ DOB: _____ Pulmonary Blg
Location: _____ Gender: F Collected: _____
Client: _____ Received: _____
Submitting Phys: _____ Reported: _____

Amended Surgical Pathology Report *** ADDENDUM PRESENT ***

Addendum Diagnosis

Lung, Right Upper Lobe, EGFR Analysis (block _____) performed by

- NEGATIVE for detectable EGFR alteration.

Addendum Comment

For the complete report from _____ please refer to the _____ section of the lab result flowsheet
in the _____ This analysis was performed by _____
) and was not performed at _____ The results are being reported here for
convenience and as supplemental information only.

The final diagnosis as reported below remains unchanged.

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Final Pathologic Diagnosis

- A. LYMPH NODE, R10/SUMP, EXCISION, A1FS:
 - METASTATIC CARCINOMA INVOLVING ONE OF ONE LYMPH NODE (1/1).
- B. LUNG, RIGHT UPPER LOBE, LOBECTOMY:
 - ADENOCARCINOMA, PREDOMINANTLY MICROPAPILLARY PATTERN WITH LESSER PROPORTIONS OF ACINAR AND LEPIDIC (AKA BAC) PATTERNS OF GROWTH.
 - THE TUMOR IS MODERATELY DIFFERENTIATED AND MEASURES 6 X 5.1 X 4.1 CM.
 - LYMPHOVASCULAR INVASION IS IDENTIFIED.
 - NO PERINEURAL INVASION IS IDENTIFIED.
 - NO VISCERAL PLEURAL INVASION IS IDENTIFIED (CONFIRMED WITH AN ELASTIC STAIN).
 - BRONCHIAL AND VASCULAR MARGINS ARE NEGATIVE FOR CARCINOMA.
 - THE UNINVOLVED LUNG PARENCHYMA SHOWS NO SIGNIFICANT PATHOLOGIC CHANGES.
 - TWO PERIBRONCHIAL LYMPH NODES ARE NEGATIVE FOR CARCINOMA (0/2).
 - SEE SYNOPTIC.
- C. LYMPH NODES, RIGHT 10 SUMP, EXCISION:
 - METASTATIC CARCINOMA INVOLVING TWO OF TWO LYMPH NODES (2/2).
- D. LYMPH NODES, LEVEL 4, EXCISION:
 - METASTATIC CARCINOMA INVOLVING FIVE OF FIVE LYMPH NODES (5/5)
- E. LYMPH NODES, 4R, EXCISION:
 - ONE LYMPH NODE IS NEGATIVE FOR CARCINOMA (0/1)
- F. LYMPH NODES, R7, EXCISION:
 - ONE LYMPH NODE NEGATIVE FOR CARCINOMA (0/1)
- G. LUNG, RIGHT LOWER LOBE, WEDGE RESECTION:
 - BENIGN LUNG TISSUE WITH MILD EMPHYSEMATOUS CHANGES.

Comment

Per _____ Both parts D and G are from the RIGHT side.

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Addendum / Signed Out

Amendments

Reason: Wrong Site by MD

Synoptic Worksheet

B. Right upper lobe, bronchus is marked with stitch:

Specimen:	Lobe(s) of lung: RIGHT UPPER LOBE
Procedure:	Lobectomy
Specimen Integrity:	Intact
Specimen Laterality:	Right
Tumor Site:	Upper lobe
Tumor Focality:	Unifocal
Histologic Type:	Adenocarcinoma, mixed subtype
Histologic Grade:	G2: Moderately differentiated
Tumor Size:	Greatest dimension: 6.0 cm Additional dimension: 5.1 cm Additional dimension: 4.1 cm
Visceral Pleura Invasion:	Not identified
Tumor Extension:	Not applicable
Bronchial Margin:	Uninvolved by invasive carcinoma
Vascular Margin:	Involvement by squamous cell carcinoma in situ (CIS) not applicable
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:	Distance of invasive carcinoma from closest margin: 10 mm Margin closest to invasive carcinoma: bronchial
Treatment Effect:	Not applicable
Lymph-Vascular Invasion:	Present
Extranodal Extension:	Not identified
TNM Descriptors:	Not applicable
Primary Tumor (pT):	pT2b: Tumor greater than 5 cm, but 7 cm or less in greatest dimension
Regional Lymph Nodes (pN):	pN2: Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s) Nodes examined: 12 Nodes involved: 8
Distant Metastasis (pM):	Not applicable

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Clinical History

Right VATS, lobectomy. Right upper lobe lung mass.

Specimen(s) Received

- A: R10 lymph node/sump lymph node
- B: Right upper lobe, bronchus is marked with stitch
- C: R10 sump lymph node
- D: Level 4 lymph node
- E: 4R lymph node
- F: R7 lymph node
- G: Right lower lobe wedge

Gross Description

The specimen is received fresh for intraoperative consultation, labeled with the patient's name, medical record number and designated "R10/sump lymph node." It consists of a single lymph node measuring 1.8 x 1.1 x 0.8 cm. The lymph node is submitted entirely for frozen section diagnosis in cassette "A1FS." A touch prep is performed. Dictated by _____

Specimen B is received fresh in a container labeled with the patient's name and medical record number and as "FS3 right upper lobe." The specimen consists of a lobe of lung measuring 13.8 x 9.5 x 4.5 cm and weighing 160 grams. Multiple stapled margins are present on the specimen and a stitch is present for orientation. Multifocally abutting the pleura is a multilobulated firm partly mucoid mass measuring 6.0 x 5.1 x 4.1 cm. This mass extends to the stapled parenchymal margin of resection and extends to within 1.0 cm of the bronchial and vascular margins of resection. The lung adjacent to and distal to this mass appears slightly mottled. No other lesions are identified within the lung. Tissue is submitted for Tumor Bank. The pleural overlying the mass is inked black and the parenchymal margin of resection is inked blue after removal of the staple line. The bronchial margin is shaved and submitted for frozen section diagnosis in cassette "B1FS." Representative sections of the remainder of the specimen are submitted as stated below. Dictated by _____

Specimen C is received in formalin, labeled with the patient's name, medical record number and as "right 10 sump lymph node." The specimen consists of multiple fragments of dark colored soft tissue measuring in aggregate, 0.7 x 0.5 x 0.3 cm. The specimen is submitted entirely in lens paper in cassette "C1." Dictated by _____

Specimen D is received in formalin, labeled with the patient's name, medical record number and as "level 4 lymph node (per specimen is from the right side)." The specimen consists of multiple fragments of fibroadipose tissue measuring in aggregate, 4.2 x 2.9 x 0.5 cm. Multiple lymph nodes are identified in the specimen ranging in size from 0.3 to 1.7 cm. The specimen is submitted as stated below. Dictated by _____

Specimen E is received in formalin, labeled with the patient's name, medical record number and as "4R lymph node." The specimen consists of a single lymph node measuring 1.2 x 0.7 x 0.5 cm. The specimen is bisected and submitted entirely in cassette "E1." Dictated by Dr. _____

Specimen F is received in formalin, labeled with the patient's name, medical record number and as "R7 lymph node." The specimen consists of a single fragment of soft tissue measuring 0.9 x 0.6 x 0.4 cm. The specimen is submitted entirely in cassette "F1." Dictated by Dr. _____

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Specimen G is received in formalin, labeled with the patient's name, medical record number and as "right lower lobe wedge. (per _____ this specimen is from the right side)" The specimen consists of a wedge of lung measuring 5.8 x 2.6 x 1.8 cm. There are two intersecting staple lines on the specimen, one measuring 5.5 cm, the other measuring 2.8 cm. There is a 0.7 cm crescent shaped defect in the serosa, and the serosa is otherwise unremarkable. No lesions are identified in the lung parenchyma. Representative sections are submitted in cassettes "G1" through "G3." Dictated by Dr.

CASSETTE SUMMARY:

A1FS: One lymph node, bisected
B1FS: Bronchial margin
B2: Vascular margins
B3: Three possible parabronchial lymph nodes submitted whole
B4: Representative mucoid mass
B5: Mass and parenchymal margin of resection
B6: Mass and pleura
B7: Mass, pleura and surrounding lung
B8: Mass and surrounding lung
B9: Mass and segmental bronchus
B10: Lung parenchyma distant from mass
D1: One lymph node, trisected
D2: One lymph node, bisected
D3: Three lymph nodes, submitted whole

Intraoperative Consult Diagnosis

A1FS, A1TP: R10 LYMPH NODE/SUMP LYMPH NODE (FROZEN SECTION AND TOUCH PREPARATION): LYMPH NODE
WITH METASTATIC ADENOCARCINOMA.
Frozen section results were communicated to the surgical team and were repeated back by _____ on

B1FS: RIGHT UPPER LOBE (FROZEN SECTION): BRONCHIAL MARGIN IS BENIGN.
Frozen section results were communicated to the surgical team and were repeated back by _____ on

Pathologist:

Microscopic Description

Microscopic examination performed.

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(End of Report)

Discrepancy	Yes	No
Comments		
DISQUALIFIED	DISQUALIFIED	
RB	Date Received: 10/11/12	10/11/12