

**Results**

**GROSS AND MICROSCOPIC SURGICAL PANEL**

**Specimen Information**

**Component Results**

**DIAGNOSIS**

A) LYMPH NODE, RIGHT PARATRACHEAL, RESECTION: One benign lymph node (0/1)

B) LYMPH NODES, 4R, PARATRACHEAL, RESECTION: Four benign lymph nodes (0/4)

C) LYMPH NODE, LEVEL 7 SUBCARINAL, RESECTION: One benign lymph node (0/1)

D) LUNG, RIGHT UPPER LOBE, RIGHT UPPER LOBECTOMY:

1. Moderately-differentiated adenocarcinoma characterized by:

a. Size: 4 cm

b. Margins: Negative

2. No evidence of malignancy in one peribronchial lymph node

3. Background lung with no additional changes

4. Please see staging parameters

E) LYMPH NODE, LEVEL 12R, RESECTION: One benign lymph node (0/1)

F) LYMPH NODES, LEVEL 9, RESECTION: Three benign lymph nodes (0/3)

G) LYMPH NODES, SUBCARINAL, LEVEL 7, RESECTION: Four benign lymph nodes (0/4)

H) LYMPH NODE, LEVEL 11R, RESECTION: One benign lymph node (0/1)

**\*\*LUNG CANCER STAGING PARAMETERS\*\***

Case number: Patient name:

Final TNM: pT2aN0M0

Stage: IB

**MACROSCOPIC**

**SPECIMEN TYPE**

Lobectomy

**TUMOR SITE**

Right Lung-Upper Lobe

**TUMOR SIZE**

4 X 3.5 X 3 cm

**TUMOR FOCALITY**

Unifocal

**MICROSCOPIC**

**HISTOLOGIC TYPE**

Adenocarcinoma

**HISTOLOGICAL GRADE**

G2: (moderately differentiated) of G4

**VISCERAL PLEURAL INVASION**

Not identified

LYMPHATIC VASCULAR INVASION

Absent

TREATMENT EFFECT

Not applicable

MARGINS

Uninvolved by tumor (Bronchial, Vascular, Parenchymal)

Distance from margins:

1.4 cm from parenchymal staple line, 3.5 cm from bronchial margin

PATHOLOGIC STAGING

EXTENT OF INVASION

pT2a. (Tumor greater than 3 cm, but 5 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); or Tumor 5 cm or less in greatest dimension with any of the following features of extent: involves main bronchus, 2 cm or more distal to the carina; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung)

REGIONAL LYMPH NODES

pN0. (No regional lymph node metastasis)

Total nodes: 16

Total positive nodes: 0

N1 nodes: 3

N1 positive nodes: 0

N2 nodes: 13

N2 positive nodes: 0

N2 sites sampled:

Station 7: Subcarinal nodes

Station 9: Pulmonary ligament nodes

Station 4: Lower paratracheal nodes

DISTANT METASTASIS

pM0. (No distant metastasis)

PATHOLOGIC STAGE Summary

Final TNM: pT2aN0M0

Stage: IB

\*\* The pathologic stage presumes no distant metastasis.

\*\*\*LUNG ANCILLARY TESTING PROTOCOL\*\*\*

Case number: Patient name:

HISTOLOGIC TYPE

Adenocarcinoma

STAGE IV STATUS

No stage IV disease pathologically

TISSUE BLOCKS AVAILABLE FOR ANCILLARY TESTING

D 5-10

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 10 years for possible future ancillary testing. Please call for any ancillary testing requests.

Attending Pathologist:

[REDACTED]

[REDACTED]

#### CLINICAL INFORMATION

The patient has a history of adenocarcinoma of the right upper lobe of lung. The patient undergoes right upper lobectomy and thoracic lymphadenectomy.

#### SPECIMEN/GROSS DESCRIPTION

##### A) SOURCE: Right paratracheal lymph node

The specimen is received labeled "right paratracheal lymph node" and consists of a 0.3 cm red-black soft lymph nodal tissue, submitted in toto on one block for frozen microscopy.

INTRAOPERATIVE PATHOLOGY CONSULTATION WITH FROZEN SECTION: "One lymph node, negative for carcinoma" is rendered by [REDACTED]

##### B) SOURCE: 4R paratracheal lymph node

The specimen is received labeled "paratracheal lymph node, 4R" and consists of four soft red-black tissues, ranging 0.4-0.7 cm, submitted entirely on block for frozen microscopy.

INTRAOPERATIVE PATHOLOGY CONSULTATION WITH FROZEN SECTION: "Lymph node tissue, negative for carcinoma" is rendered by [REDACTED]

##### C) SOURCE: Level 7 subcarinal lymph node

The specimen is received labeled "subcarinal lymph node level 7" and consists of a single 0.4 cm red-black tissue, submitted in toto on one block for frozen microscopy.

INTRAOPERATIVE PATHOLOGY CONSULTATION WITH FROZEN SECTION: "Lymph node tissue, negative for carcinoma" is rendered by [REDACTED]

[REDACTED]

##### D) SOURCE: Right upper lobe, bronchial margin for frozen

Labeled "right upper lobe, bronchial margin for frozen" is a 195 g, 20.5 x 8 x 4 cm lung lobectomy with a continuous parenchymal staple line along 18 cm of the hilar aspect of the specimen. A visceral pleural surface is puckered apically (inked blue). Cut surfaces disclose a 4 x 3.5 x 3 cm firm solid gray-tan tumor mass with irregular borders within the superior one half of the specimen, focally less than 0.1 cm from the puckered serosa and 3.5 cm from the bronchial resection. The bronchial resection margin is trimmed (three lumina) en face for frozen microscopy.

INTRAOPERATIVE PATHOLOGY CONSULTATION WITH FROZEN SECTION: "Bronchial margin negative for carcinoma" is rendered by [REDACTED]

The tumor is found 1.4 cm from the nearest parenchymal staple line (inked blue). The remaining cut surfaces disclose soft red-tan focally crepitant lung without additional discrete lesions. A single black peribronchial 1.3 cm lymph node is identified. The pulmonary vasculature is thin-walled and patent.

NOTE: Tumor is retained for additional possible ancillary studies.

Representative sections are submitted in 12 cassettes as follows:

1. Frozen section residue
  2. Pulmonary vasculature en face margins
  3. One peribronchial bisected lymph node
  4. Parenchymal staple line nearest tumor, perpendicular to blue ink
  - 5-8. Lung tumor with puckered pleura (inked black
- [REDACTED]
- [REDACTED]

- [REDACTED]
- 9-10. Lung tumor and adjacent lung
  11. Normal lung adjacent to tumor
  12. Normal lung inferior half of specimen

Note: Specimen removed from patient at [REDACTED] Specimen placed in 10% neutral buffered formalin at [REDACTED] Specimen fixed in formalin for a minimum of 6 hours, and not longer than 48 hours.

[REDACTED]

E) SOURCE: Lymph node resection, level 12R  
The specimen is received labeled "level 12R lymph node." It consists of a 1 cm anthracotic lymph node. The specimen is entirely submitted in one cassette.

F) SOURCE: Lymph node resection, level 9  
The specimen is received labeled "level 9 lymph node." It consists of three anthracotic possible lymph nodes averaging 0.3 cm in greatest dimension. The specimen is submitted in toto in one cassette.

G) SOURCE: Lymph node resection, subcarinal, level 7  
The specimen is received labeled "subcarinal lymph node, level 7." It consists of four anthracotic pigmented lymph nodes ranging from 0.5 to 1.4 cm in greatest dimension. The specimen is entirely submitted in three cassettes labeled:

- G1. Three lymph nodes  
2-3. One node, sectioned

H) SOURCE: Lymph node resection, level 11R  
The specimen is received labeled "level 11R lymph node." It consists of a 1 cm anthracotic lymph node. The specimen is entirely submitted in one cassette.

[REDACTED]

#### MICROSCOPIC

A-H) The microscopic appearance substantiates the diagnosis.

Dictation by: [REDACTED] transcribed by: [REDACTED]

[REDACTED]

#### Lab and Collection

GROSS AND MICROSCOPIC SURGICAL PANEL [REDACTED] on [REDACTED] Lab and Collection Information

#### Result History

GROSS AND MICROSCOPIC SURGICAL PANEL [REDACTED] Order Result History Report.

Lab Status  
Order Complete [3]

#### Reviewed by List

[REDACTED]

#### Result Information

[REDACTED]

[REDACTED]