

UUID:9D29FA79-BE75-4FA6-933E-4185C0B5D03C
TCGA-NJ-A55A-01A-PR

Redacted



ICD-O-3

Path Adenocarcinoma NOS
8140/3
CSCF Adenocarcinoma, Acinar
8550/3
Site R Lung, Lower lobe
C34.3
JSD 1/14/13

Procedure Location:

PATHOLOGY SURGICAL

Results

Status: Final result

Entry Date

Component Results

PATHOLOGY RESULT:

Department of Pathology

Final

Clinical Data Repository* This report may not match the original report
format

FINAL DIAGNOSIS

A. (Level 7 lymph node; excision): One reactive lymph node with anthracosis.

B. (Level 11 lymph node; excision): Fragments of reactive lymphoid tissue with anthracosis.

C. (Level 11 lymph node; excision): Fragments of reactive lymphoid tissue with anthracosis.

D. (Level 10R lymph node; excision): Fragments of reactive lymphoid tissue with anthracosis.

E. (Right lower lung lobe; lobectomy): Moderately-differentiated adenocarcinoma, measuring 3.2 cm in greatest dimension, with extension to visceral pleura. Surgical, vascular, and bronchial margins free of tumor. Stage pT2 N0. (See note).

Remaining lung parenchyma with emphysema and mild chronic inflammation.

F. (Level 2 lymph node; excision): Fragments of reactive lymphoid tissue with anthracosis.

G. (Level 4R lymph node; excision): Fragments of reactive lymphoid tissue with anthracosis.

INTRAOPERATIVE CONSULTATION

E. FROZEN:RIGHT LOWER LOBECTOMY (FROZEN ON BRONCHIAL MARGIN): Negative for malignancy. (A91)

NOTE

E. TTF-1 and cytokeratin 7 are positive in the tumor cells, and cytokeratin 20 is negative, supporting a primary lung neoplasm.

Lung Cancer Summary

Specimen type: Lobectomy

Tumor location: Right lower lobe

Tumor size: 3.2 x 2.4 x 2.2 cm

Histologic type: Adenocarcinoma

Histologic grade: 2 (Moderately-differentiated)

Status of margins:

Bronchial: Negative

Vascular: Negative

Parenchymal: Negative

Pleural: Positive

Visceral/Parietal pleural invasion: Invasion of visceral pleura

Lymphatic vascular invasion: Not seen

Lymph node status: Negative

Extension into other structures: Absent

Non-neoplastic pathology: Emphysema and mild chronic inflammation

TMN stage: pT2 N0

GROSS DESCRIPTION

A. The specimen is labeled level 7 lymph node. Received fresh is a 0.7 x 0.5 x 0.3 cm anthracotic lymph node that is bisected and entirely submitted in cassette A1.

B. The specimen is labeled level 11 lymph node. Received fresh is a 1.5 x 1.2 x 0.8 cm aggregate of red-black lymphoid tissue. Sections are submitted in cassettes as follows: B1 and B2, intact lymph nodes. The entire specimen is submitted.

C. The specimen is labeled level 11 lymph node. Received fresh is a 1.4 x 1.2 x 0.8 cm aggregate of anthracotic lymph nodes. The entire specimen is submitted in cassettes C1 and C2. All cassettes contain intact lymph nodes.

D. The specimen is labeled level 10 right lymph node. Received fresh is a 1.7 x 1.1 x 0.8 cm aggregate of anthracotic lymph nodes that are entirely submitted in cassette D1.

E. The specimen is labeled right lower lobectomy. Received fresh for frozen section is 126 gram, 17.5 x 11.5 x 2.7 cm lobectomy with stapled surgical, bronchial and vascular margins of resection. There is a palpable mass which appears to be puckering the overlying pleura. Serial sectioning reveals that the tumor measures 3.2 x 2.4 x 2.2 cm. The remaining lung parenchyma is pink and spongy with no additional masses. The specimen is submitted as follows:

E91, frozen section bronchial margin; E1, vascular margin; E2, surgical margin; E3 through E5, tumor.

F. The specimen is labeled level 2 lymph node. Received fresh is a 1.5 x 1 x 0.8 cm aggregate of adipose tissue containing lymph nodes. The specimen is entirely submitted in cassettes F1 and F2 containing intact lymph nodes.

G. The specimen is labeled level 4 right lymph node. Received fresh is a 2.1 x 1.1 x 1 cm aggregate of fibroadipose tissue containing anthracotic lymph nodes. The entire specimen is submitted in cassettes G1 through G3 containing intact lymph nodes.

SPECIMEN(S) RECEIVED

A: LLEVEL 7 LYMPH NODE

B: LEVEL 11 LYMPH NODE

C: LEVEL 11 LYMPH NODE (FRESH)

D: LEVEL 10R LYMPH NODE (FRESH)

E: FROZEN:RIGHT LOWER LOBECTOMY (FROZEN ON BRONCHIAL MARGIN)

F: LEVEL 2 LYMPH NODE (FRESH)

G: LEVEL 4 R LYMPH NODE (FRESH)

* The above listed tests (if any) were developed and the performance characteristics determined by Department of Pathology. These tests have

not been cleared or approved for commercial use by the U.S. Food and Drug Administration. The FDA has determined that FDA review is not required for such in-house assays. (21 CFR 809.30(e))

OPERATIVE INFORMATION

DIAGNOSIS: LUNG CANCER; PROCEDURE: BRONCHOSCOPY FLEXIBLE FIBEROPTIC,
THORACOSCOPY VIDEO ASSISTED

INTRADEPARTMENT CONSULTATION PATHOLOGIST: QA COMMITTEE

ICD-9(s): 162.5

CPT(s): A: 88305

B: 88305

C: 88305

D: 88305

E: 88309, 88331, 88342 ttf1, 88342 ck7, 88342 ck20

F: 88305

G: 88305

The attending pathologist was physically present when this specimen was diagnosed, and actively participated in all key decisions.

Lab and Collection

Lab and Collection Information

Pathology

Procedure Location:

Diagnostic discrepancy form provided that
states TCGA tumor to be adenocarcinoma, serous.

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HR/AA Discrepancy		/
Prior Malignancy History		/
Diff/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials		

TCGA Pathologic Diagnosis Discrepancy Form

V1.00

Instructions: The TCGA Pathologic Diagnosis Discrepancy Form should be completed when the pathologic diagnosis documented on the initial pathology report for a case submitted for TCGA is inconsistent with the diagnosis provided on the Case Quality Control Form completed for the submitted case.

Tissue Source Site (TSS) _____

Completed By (Interviewer Name on OpenClinica) _____

Diagnosis Information

#	Data Element	Entry Alternatives	Working Instructions
1	Pathologic Diagnosis Provided on Initial Pathology Report	<u>Moderately differentiated Adenocarcinoma</u>	Provide the diagnosis/ histologic subtype(s) documented on the initial pathology report for this case. If the histology for this case is mixed, provide all listed subtypes.
2	Histologic features of the sample provided for TCGA, as reflected on the CQCF.	<u>Acinar.</u>	Provide the histologic features selected on the TCGA Case Quality Control Form completed for this case.

Discrepancy between Pathology Report and Case Quality Control Form

3	Provide the reason for the discrepancy between the pathology report and the TCGA Case Quality Control Form.	<u>Path report does not subtype.</u>	Provide a reason describing why the diagnosis on the initial pathology report for this case is not consistent with the diagnosis selected on the TCGA Case Quality Control Form.
4	Name of TSS Reviewing Pathologist or Biorepository Director	_____	Provide the name of the pathologist who reviewed this case for TCGA.

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.

TSS Reviewing Pathologist or Biorepository Director

Date

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled. The Attending Pathologist or the Department Chairman has been informed or is aware of the above discrepancy in diagnoses.

Date