



Referring Physician: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Provider Group: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Date Received: \_\_\_\_\_

Case #: \_\_\_\_\_

Date Reported: \_\_\_\_\_

## FINAL SURGICAL PATHOLOGY REPORT

### Diagnosis:

A. - G. LUNG, LEFT LOWER LOBE, HILAR, INTERLOBAR, PARA-AORTIC, SUBCARINAL,  
 PULMONARY LIGAMENT (N10L, N11L#1-2, N6, N7 and N9L), LYMPH NODES,  
 LOBECTOMY AND LYMPH NODE EXCISIONS:

- PULMONARY ADENOCARCINOMA, TWO SYNCHRONOUS PRIMARIES,  
MODERATE AND POORLY DIFFERENTIATED.
- Sizes: 2.7 cm and 1.4 cm.
- Pleura uninvolved.
- MARGINS NEGATIVE FOR MALIGNANCY.
- NINETEEN BENIGN LYMPH NODES (0/19).

### **PATHOLOGIC TUMOR STAGING SUMMARY:**

Type and grade: Adenocarcinoma, moderate and poorly differentiated,  
 two synchronous primaries.

Primary tumor: pT1b (2).

Regional lymph nodes: pN0 (0/19).

Distant metastasis: N/A.

Pathologic stage: IA.

Lymphovascular invasion: Single focus of large vessel invasion.

Margin status: R0, negative.

### **Lung Tumor Staging Information**

Data derived from current specimen. Staging in accordance with or modified from AJCC Cancer Staging  
 Handbook, 7th Ed, and CAP protocol,

ICD-O-3

adenocarcinoma, NOS  
 8140/3

site: lung, lower lobe C34.3  
 9112 RD

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Procedure:	Lobectomy and lymph node excisions.
Specimen type:	Lung, lower lobe
	Hilar, interlobar, para-aortic, subcarinal and pulmonary ligament (N10L, N11L, N6, N7 and N9L) lymph nodes.
Specimen laterality:	Left.
Specimen integrity:	Previously incised.
Tumor Features:	
Tumor site:	Left lower lobe.
Tumor size:	2.7 cm and 1.4 cm.
Tumor focality:	Two synchronous primaries.
Histologic type:	Adenocarcinoma.
Histologic grade:	Poorly differentiated (larger tumor); moderately differentiated (smaller tumor).
Lymphovascular invasion:	Single focus of large vessel invasion. Negative for diagnostic lymphatic invasion.
Perineural invasion:	Negative.
Visceral pleural invasion:	Negative.
Tumor extension into extra-pulmonary structures:	Negative.
Treatment effect:	N/A.
Lymph Nodes:	Nineteen benign lymph nodes (0/19).
Margin Evaluation:	
Distance to closest margin:	Larger tumor 5.0 cm. Smaller tumor 2.8 cm.
Bronchial margin:	Negative.
Vascular margin:	Negative.
Parenchymal margin:	Negative.
Parietal pleural margin:	Negative.
Chest wall margin:	N/A
Pathologic tumor staging descriptors:	
Primary tumor (pT):	pT1b (2).
Regional lymph nodes (pN):	pN0.
Distant metastasis (pM):	N/A.
Margin status (R):	R0, negative.
Pathologic stage:	IA.
Additional pathologic findings:	Distal emphysematous change.

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Comment:

There are two discrete tumors, both of which have an in situ "bronchioloalveolar" component. The larger tumor is poorly differentiated and the smaller tumor is moderately differentiated. In the absence of lymphatic invasion and lymph node involvement, these are considered to be synchronous primaries and thus staged according to the larger tumor.

Selected slides were reviewed in intradepartmental consultation with Dr.

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### Source of Specimen:

- A. Lymph node;N10L
- B. Lymph node;N11L
- C. Lymph node;N11L #2
- D. Lung;Left Lower lobe
- E. Lymph node;N6
- F. Lymph node;N7
- G. Lymph node;N9L

### Clinical History/Operative Dx:

Left lung nodule

### Intraoperative Diagnosis:

D. Left lower lobe: Tumor - non-small cell carcinoma. Bronchial margin - negative for tumor.  
The intraoperative interpretation(s) was/were performed and rendered at

### Gross Description:

A. The specimen is labeled N10L and is received in formalin. It consists of a 1.3 x 0.4 x 0.3 cm fragment of slightly disrupted, red-anthracotic tissue. It is bisected longitudinally and submitted in cassette A1.

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B. The specimen is labeled N11L and is received in formalin. It consists of a 0.5 x 0.2 x 0.2 cm fragment of dark red-black tissue which is submitted intact in cassette B1.

C. The specimen is labeled N11L #2 and is received in formalin. It consists of a 0.6 x 0.4 x 0.3 cm fragment of tan to anthracotic tissue which is submitted in cassette C1.

D. The specimen is labeled left lower lobe and is received without fixative. It consists of a lobe of lung measuring 18 x 12 x 5 cm with a partially fixed weight of 123 grams. The pleural surface is pink to pale tan and smooth. It is inked blue. Along the posterolateral edge of the lung, there has been a previous incision made revealing a subpleural tan-white tumor nodule. This tumor measures 2.7 x 2 x 1.5 cm. It is approximately 5 cm from the closest bronchial margin. A representative section of the tumor is submitted for frozen section as DFS1. At the hilum, the bronchial and vascular margins are removed and submitted for frozen section as DFS2. There appears to be a single 0.5 cm peribronchial node. The pleural surface is inked blue. Dissection of the bronchi reveals no grossly obvious intrabronchial tumor. The pulmonary parenchyma is pink to pale red and well-aerated with a focus of peribronchial consolidation in the mid-upper aspect. This area is 2.8 cm from the bronchial margin. Representative sections are submitted.

Section summary: D1) representative section of tumor from FS, D2) bronchial and vascular margins from FS, D3) peribronchial node, D4-D6) additional sections of tumor, D7) representative apical lung, D8) consolidated area D9) basilar lung.

E. The specimen is labeled N6 and is received in formalin. It consists of a 1.4 x 0.7 x 0.2 cm fragment of fibrofatty tissue with a few small foci of scattered anthracotic discoloration. The specimen is submitted intact in cassette E1.

F. The specimen is labeled N7 and is received in formalin. It consists of five fragments of anthracotic tissue which vary from 0.5-1.1 cm in maximum dimension. Also in the specimen container is a 1 cm aggregate of fibrofatty tissue containing punctate foci of anthracotic discoloration. The two largest fragments of anthracotic tissue are inked with contrasting colors. They are sectioned and submitted in cassette F1. The remaining anthracotic tissue fragments are submitted in cassette F2. The separate fibrofatty tissue is submitted in cassette F3.

G. The specimen is labeled N9L and is received in formalin. It consists of a 0.7 x 0.5 x 0.3 cm fragment of fibrofatty tissue with a 0.2 cm area of gray-brown discoloration. Also in the specimen container is a 0.2 cm fragment of hemorrhagic material. The specimen is submitted in cassette G1.

### Microscopic Description:

A. Sections of the hilar (N10L) lymph node show a single benign lymph node (0/1). No malignancy is identified.

B. Sections of the interlobar (N11L#1) lymph node show a single benign lymph node (0/1). No malignancy is identified.

C. Sections of the interlobar (N11L #2) lymph node show a single benign lymph node (0/1). No

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malignancy is identified.

D. Sections of the left lower lobe lobectomy show invasive adenocarcinoma. There are two tumors, the largest measuring 2.7 cm. This tumor is moderate to poorly differentiated with focal areas of cribriform and solid growth with more prominent nuclear pleomorphism. The pleura is uninvolved. There is a single focus of large vessel invasion. No lymphatic invasion is identified. The smaller tumor which measure 1.4 cm is entirely gland forming with in situ carcinoma around the periphery of the mass. This tumor is also clear of the pleura. No lymphovascular invasion is identified in association with this mass. The margins are well clear of both tumors. There is a single benign peribronchial lymph node (0/1). The uninvolved lung has distal emphysematous changes.

An identical immunohistochemical panel was performed on both tumors (block D5 and D8). The panel shows both tumors are strongly positive for cytokeratin 7 and TTF-1. Both tumors are negative for cytokeratin 20. This immunoprofile confirms primary lung origin and excludes metastasis.

E. Sections of the para-aortic (N6) lymph node a single benign lymph node (0/1). No malignancy is identified.

F. Sections of the subcarinal (N7) lymph nodes show an estimated thirteen benign lymph nodes (0/13). No malignancy is identified.

G. Sections of the pulmonary ligament (N9L) lymph node show a single benign lymph node (0/1). No malignancy is identified.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History	X	
Dual/Synchronous Primary Nodules		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 8/30/12	

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