

## AP Report

\* Final Report \*

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\* Final Report \*

### SURGICAL PATHOLOGY REPORT

#### DIAGNOSIS:

1. LUNG AND CHEST WALL, RIGHT UPPER LOBE WITH RIBS 2, 3, AND 4, RESECTION, FS1A:
  - ADENOCARCINOMA, MODERATELY DIFFERENTIATED, 3.3 CM IN MAXIMUM GROSS DIMENSION.
  - TUMOR EXTENDS THROUGH THE PLEURA INTO THE SOFT TISSUE OF THE CHEST WALL, SUPERFICIALLY AND FOCALLY INVOLVING ADJACENT BONE OF RIBS.
  - SURGICAL MARGINS INCLUDING BRONCHIAL, VASCULAR, SOFT TISSUE, AND BONE ARE FREE OF TUMOR.
  - PERINEURAL AND ANGIOLYMPHATIC INVASION ARE IDENTIFIED.
  - TWO LYMPH NODES NEGATIVE FOR MALIGNANCY (0/2).
  - ADJACENT LUNG WITH EMPHYSEMATOUS CHANGES, ALVEOLAR HEMORRHAGE AND HEMOSIDERIN-LADEN MACROPHAGES.
  - SEE COMMENT.
  - SEE SYNOPTIC REPORT.
2. LYMPH NODE, RIGHT LEVEL #11, EXCISION:
  - ONE LYMPH NODE NEGATIVE FOR MALIGNANCY (0/1).
3. LYMPH NODE, RIGHT LEVEL #9, EXCISION:
  - ONE LYMPH NODE NEGATIVE FOR MALIGNANCY (0/1).
4. LYMPH NODE, RIGHT LEVEL #4, EXCISION:
  - TWO LYMPH NODES NEGATIVE FOR MALIGNANCY (0/2).
  - ANGIOLYMPHATIC INVASION IS FOCALLY PRESENT IN CAPSULAR LYMPHATICS.
  - SEE COMMENT.

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5. LYMPH NODE, RIGHT LEVEL #10, EXCISION:  
- ONE LYMPH NODE NEGATIVE FOR MALIGNANCY (0/1).
6. LYMPH NODE, RIGHT LEVEL #7, EXCISION:  
- ONE LYMPH NODE NEGATIVE FOR MALIGNANCY (0/1).

Histologic type : Adenocarcinoma

-- AJCC TNM Staging, 7th Edition, [REDACTED]

Primary tumor (pT) extent : pT3 - Tumor greater than 7 cm  
- Tumor of any size that directly invades any of the following: parietal pleura (PL3), chest wall (including superior sulcus tumors), diaphragm, phrenic nerve, mediastinal pleura, parietal pericardium. - Tumor of any size in the main bronchus, less than 2 cm distal to the carina, but without involvement of the carina. - Tumor of any size associated with atelectasis or obstructive pneumonitis of the entire lung - Tumors of any size with separate tumor nodule(s) in the same lobe

Tumor size : Maximum tumor diameter : 3.3 cm

Histologic grade : G2 Moderately differentiated

Surgical margins :  
Tumor is 7.1 cm from the bronchial margin  
Bronchial margin: negative  
Pulmonary artery margin: negative  
Pulmonary vein margin: negative

Vascular invasion : Absent

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Patient: [REDACTED]  
Patient [REDACTED]

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#### DIAGNOSIS:

Lymphatic invasion : Present

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Perineural invasion : Present

Pleural involvement : The tumor extends into the deep chest wall

Extra-pulmonary invasion : No

Lymph Node Summary (pN) : Number examined 9  
Number involved 0  
pN0 No regional lymph node metastasis

Distant Metastasis (pM) : pMX Cannot be assessed

### COMMENT:

EGFR mutation analysis is pending on section 1H.

In specimen #4, the right level #4 lymph node, no tumor is present within the lymph node parenchyma. However, a small focus of tumor is noted in transit within a lymphovascular channel of the lymph node capsule.

### SPECIMEN:

1. Right upper lobe and en bloc chest wall resection with ribs 2, 3, and 4; frozen section, freeze bronchial margin which is marked as stitch.
2. Right level 11 lymph node.
3. Right level 9 lymph node.
4. Right level 4 lymph node.
5. Right level 10 lymph node.
6. Right level 7 lymph node.

### CLINICAL HISTORY/OPERATIVE FINDINGS:

Right lung cancer. Right VATS, right thoracotomy with right upper lobectomy, chest wall resection.

### GROSS DESCRIPTION:

The specimen is received in six parts, each part labeled with the patient's name and hospital number.

Specimen #1 is received fresh designated as "right upper lobe en bloc chest wall resection with ribs 2, 3 and 4". It consists of a lung lobe attached to ribs which measures 15 x 10 x 4.5 cm and weighs 220.0 grams. Just beneath the ribs and adherent to the pleura and chest wall is a mass measuring 3.3 x 2.0 x 1.0 cm. The mass is located 7.1 cm from the bronchial margin. The pleura has been inked blue, and the soft tissue around the ribs is inked red. Tissue has been submitted for [REDACTED]

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Specimen #2 is received in formalin designated as "right level 11 lymph node". It consists of a single lymph node measuring 0.7 x 0.5 x 0.2 cm and is entirely submitted in cassette "2A".

Specimen #3 is received in formalin designated as "right level 9 lymph node". It consists of a single lymph node measuring 0.6 x 0.5 x 0.2 cm and is submitted entirely in cassette "3A".

Specimen #4 is received in formalin designated as "right level 4 lymph node". It consists of a fragment of soft tissue measuring 3.5 x 0.8 x 0.5 cm. Two lymph nodes are identified and submitted in cassettes as follows:

Specimen #5 is received in formalin designated as "right level 10 lymph node". It consists of a single lymph node measuring 0.8 x 0.5 x 0.2 cm. The specimen is submitted entirely in cassette "5A".

Specimen #6 is received in formalin designated as "right level 7 lymph  
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#### GROSS DESCRIPTION:

node". It consists of a fragment of tissue measuring 2.5 x 1.0 x 0.4 cm. Two lymph nodes are identified and submitted as follows:

#### CODE OF MICROSCOPIC SECTIONS:

- 1A: Bronchial margin, frozen section
- 1B: Anterior rib margin
- 1C: Posterior rib margin
- 1D-1F: Perpendicular margin of tumor with respect to ribs and soft tissue (Decal)
- 1G: Soft tissue surrounding ribs
- 1H: Tumor with relation to surrounding lung
- 1I-1J: Representative unremarkable lung
- 1K: Peribronchial lymph nodes
- 1L: Vascular margin
- 4A-4B: One lymph node bisected
- 4C: One lymph node bisected

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6A-6B: One lymph node bisected  
6C: One lymph node whole

### INTRAOPERATIVE CONSULTATION:

FS1A: BRONCHIAL MARGIN: NO IN SITU OR INVASIVE CARCINOMA.  
Frozen Section results were communicated to the surgical team and  
were repeated back by [REDACTED]

### MICROSCOPIC DESCRIPTION:

Microscopic examination performed.

### ANALYTE SPECIFIC REAGENT (ASR) DISCLAIMER:

Some of the above tests may use [REDACTED] [REDACTED]. These tests were developed and  
their performance characteristics determined by [REDACTED] They  
have not been cleared or approved by the FDA. The FDA does not require these  
tests to go through premarket FDA review. These tests are used for clinical  
purposes, and should not be regarded as investigational or for research [REDACTED]

[REDACTED] is certified under the [REDACTED]  
Amendments (CLIA) as qualified to perform high complexity clinical laboratory  
testing.

Medical Records

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