Gross Description: Lobe with free bronchus; on section, a well-limited parahilar tumoral structure of 7/8/7 cm in diameter, with anthracotic tattoo; the tumor retracts the visceral pleura; an attached fragment of atypical resection with possible tumoral infiltration.

Microscopic Description: TUMOR FRAGMENT:

Bronchopulmonary neoplasm of mucinous adenocarcinoma type, G2, with solid and papillary pattern, formed of a monomorphous cellularity of relatively small size, with nuclear cell atypias and hotbeds of necrosis, with moderate fribrocollagenous stromal reaction.

BRONCHIAL RECUPA:

Fragment of bronchial wall without tumoral infiltration.

TUMOR FRAGMENT WITH RETRACTED PLEURA:

Pleuropulmonary fragment with tumoral infiltration to the level of the pleura, without infiltrating it; the pleura is thickened, with inflammatory reaction and stasis.

PARENCHYMA FRAGMENT -FOWLER SEGMENT:

Fragments of pulmonary parenchyma with tumoral infiltrates of adenocarcinoma, with hotbeds of necrosis.

INTERLOBAR LYMPH NODE:

Lymph node with anthracosis; no metastases.

LOBAR LYMPH NODE: No metastases.

HILAR LYMPH NODE: No metastases.

ICD-O-3
CRCP: adenocarcinoma, NOS 8140/3
path: adenocarcinoma, mucinous, NOS 8480/3
site: lung, upper lobe C34.1

lw
10/2/12

Diagnosis Details:

Comments:

Formatted Path Reports: LUNG TISSUE CHECKLIST

Specimen type: Lobectomy

Tumor site: Lung

Tumor size: 7 x 8 x 7 cm

Histologic type: Mucinous adenocarcinoma

TSS submitted path diagnostic discrepancy form to reflect dx as "adenocarcinoma, NOS"

-BCR

Histologic grade: Moderately differentiated

Tumor extent: Not specified

Other tumor nodules: Not specified

Lymph nodes: 0/3 positive for metastasis (St.11,12,10 0/3)

Lymphatic invasion: Not specified

Venous invasion: Not specified

Margins: Not specified

Evidence of neo-adjuvant treatment: Not specified

Additional pathologic findings: Not specified

Comments: Right- upper

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X

Case is (circle): QUALIFIED / DISQUALIFIED

Reviewer Initials: KMA Date Reviewed: 9/24/12

9/25/12

TCGA Pathologic Diagnosis Discrepancy Form

V4.00

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): ____ TSS Identifier: _ TSS Unique Patient Identifier: _

Completed By *(Interviewer Name* _____ Completed Date: ___

Diagnosis Information

#	Data Element	Entry Alternatives	Working Instructions
1	Pathologic Diagnosis Provided on Initial Pathology Report	Mucinous Colloid Adenocarcinoma	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.	Adenocarcinoma	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.	6 slides	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.

_____ _____

Principal Investigator Signature Date