



ICD-0-3

Adenocarcinoma, w/ mixed subtypes

(2)

8255/3

Site: Lung, upper lobe C34.1

HW
10/4/12

SURGICAL PATHOLOGY REPORT

COLLECTION DATE:

SPECIMENS:

1. F/S LUNG, RIGHT UPPER LOBE WEDGE RESECTION
2. STATION 11 LYMPH NODE, RIGHT
3. COMPLETION RIGHT UPPER LOBECTOMY
4. STATION 4 LYMPH NODE, RIGHT
5. STATION 2 LYMPH NODE, RIGHT
6. RIGHT LOWER LOBE WEDGE RESECTION

DIAGNOSIS:

- 1. LUNG, RIGHT, UPPER LOBE: WEDGE RESECTION AND COMPLETION LOBECTOMY (PARTS 1 AND 3)**
- ADENOCARCINOMA, LEPIDIC PREDOMINANT TYPE. SEE TEMPLATE AND NOTE.
- BRONCHIAL AND VASCULAR MARGINS ARE NEGATIVE FOR TUMOR.

NOTE:

The tumor is 60% lepidic and 40% acinar.

has reviewed this part and concurs.

Specimens: 1: F/S LUNG, RIGHT UPPER LOBE WEDGE RESECTION

LUNG: Resection

SPECIMEN

Specimen: Lobe(s) of lung (specify)

Right upper lobe

Procedure: Lobectomy

Specimen Integrity: Intact

Tumor Site: Upper lobe

Tumor Focality: Unifocal

TUMOR

Histologic Type: Adenocarcinoma, mixed subtype

EXTENT

Tumor Size: Greatest dimension (cm)

1.3cm

Visceral Pleura Invasion: Not identified

Tumor Extension: Not identified

MARGINS

Bronchial Margin

Bronchial Margin Involvement by Invasive Carcinoma: Uninvolved by invasive carcinoma

Vascular Margin: Uninvolved by invasive carcinoma

ACCESSORY FINDINGS

Lymph-Vascular Invasion: Not identified

LYMPH NODES

Extranodal Extension: Not identified

STAGE (pTNM)

Primary Tumor (pT):

pT1a: Tumor 2 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus); or Superficial spreading tumor of any size with its invasive component limited to the bronchial wall, which may extend proximally to the main bronchus

Regional Lymph Nodes (pN)

pN0: No regional lymph node metastasis

ADDITIONAL NON-TUMOR

Additional Pathologic Finding(s): subpleural fibroelastotic scar, consistent with apical cap

2. LYMPH NODE, RIGHT, STATION 11: EXCISION

- THREE LYMPH NODES NEGATIVE FOR TUMOR (0/3).

3. LYMPH NODE, RIGHT, STATION 4: EXCISION

- FOUR LYMPH NODES NEGATIVE FOR TUMOR (0/4).

4. LYMPH NODE, RIGHT, STATION 2: EXCISION

- ONE LYMPH NODE NEGATIVE FOR TUMOR (0/1).

5. LUNG, RIGHT, LOWER LOBE: WEDGE RESECTION

- PULMONARY HARMARTOMA (0.8 CM).

- TUMOR IS COMPLETELY EXCISED.

Pathologist

CLINICAL HISTORY AND PRE - OPERATIVE DIAGNOSIS:
Right nodule.

MACROSCOPIC DESCRIPTION:

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

1. Part one is received fresh, labeled 'lung, right upper lobe wedge resection, r/o carcinoma, 11:09'. It consists of a pre cut wedge biopsy of the lung measuring 6.5 x 2 x 1.5 cm. The stapled line measures 7 cm, shaved and the parenchyma inked blue. At the pre cut area there is a sub pleural light tan nodule with ill-defined borders, measuring 1.3 x 1.2 x 1 cm. The mass is located 0.5 cm from the stapled line margin. Frozen section performed on the nodule and resubmitted for permanent section. The remainder of the parenchyma is pink-red and grossly unremarkable. Representative sections of the specimen and entire nodule are submitted.
2. Part two is received in saline, labeled 'station 11 lymph node right'. It consists of multiple soft red-black lymph nodes measuring 0.8 x 0.8 x 0.3 cm in aggregate. Entirely submitted in one cassette.
3. Part three is received in saline, labeled 'completion right upper lobe lobectomy'. It consists of a right lobe of the lung measuring 15 x 11 x 3 cm. The bronchial margin measures 1.5 cm and the vascular margin measures 1 cm at the hilum. The pleura is grey-pink, glistening and mottled moderately with fine black streaks. There are two stapled lines at the mediastinal surface measuring 12 cm and 8 cm in length. Also noted a third stapled line at the costal surface measures 8 cm in length. The staples shaved and the parenchyma inked black. Cut surface of the lung is dark red crepitant and blotchy. No nodule grossly identified. Representative sections are submitted.
4. Part four is received in saline, labeled 'station 4 lymph node right'. It consists of multiple soft red-black lymph nodes measuring 1 x 0.7 x 0.5 cm in aggregate. Entirely submitted in one cassette.

5. Part five is received in saline, labeled 'station 2 lymph node right'. It consists of one soft red-black lymph node measuring 1 x 1 x 0.5 cm. Entirely submitted in one cassette.

6. Part six is received in saline, labeled 'right lower lobe wedge resection'. It consists of a wedge biopsy of the lung measuring 8 x 3 x 1 cm. The stapled line measures 8.5 cm, shaved and the parenchyma around it inked black. The pleura is pink-tan, glistening and reveals a pre cut area. At the pre cut area there is a light tan well circumscribed firm nodule measuring 0.8 x 0.5 x 0.5 cm located 1.2 cm from the stapled line margin. The remainder of the parenchyma is pink-red and crepitant. No other nodule grossly identified. Entire nodule and representative section of the specimen submitted.

SUMMARY OF SECTIONS:

1A frozen section of the nodule

1B-1E nodule

1F random section of the parenchyma

2A entirely submitted

3A bronchial margin, shaved

3B vascular margin, shaved

3C-3D random section of the lung parenchyma

3E stapled line margin from mediastinal surface

4A entirely submitted

5A entirely submitted

6A-6C nodule

6D stapled line margin

SPECIAL PROCEDURES:

INTRA - OPERATIVE CONSULTATION:

1. Lung, right, upper lobe, wedge resection; frozen section

Adenocarcinoma. Results reported by

and repeat-back provided by

Intra-Operative Consultation #1 performed by

Electronically signed

Final Diagnosis performed by

Electronically signed

The electronic signature attests that the named Attending

Pathologist has evaluated the specimen referred to in the signed section of the report and formulated the diagnosis therein.

This report may include one or more immunohistochemical stain results that use analyte specific reagents.

The tests were developed and their performance characteristics determined by

They have not been cleared or approved by the US Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary.

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials:	AB	Date Reviewed: 9/21/12