
SURGICAL PATHOLOGY:

PROCEDURE DATE: [REDACTED] RECEIVED DATE: [REDACTED] REPORT DATE: [REDACTED]

COPY TO: [REDACTED]

Pre-Op Diagnosis
Lung cancer
Post-Op Diagnosis
Same as above
Clinical History
Nothing indicated
Gross Description:
Seven parts

Container labeled "[REDACTED] - level 11 lymph node right chest" has a 0.8 x 0.6 x 0.3 cm irregular nodular portion of gray-black fleshy tissue which is entirely submitted in a single cassette.

Container labeled "[REDACTED] - level 10 lymph node right chest" has a 1.0 x 0.6 x 0.3 cm shaggy portion of gray-black fleshy tissue which is entirely submitted in a single cassette.

Container labeled "[REDACTED] - upper lobe right lung" has a previously partially sectioned 103 gram portion of recognizable pulmonary parenchyma grossly consistent with right upper lobe of lung. The specimen is received after tissue harvest for genomic study and measures 13.4 x 10.0 x 4.0 cm. The margin of resection is the stapled bifurcated tertiary bronchus with two surrounding fleshy gray-black nodules measuring 1.2 and 1.8 cm. The larger of these nodules has focal areas of calcification on sectioning. The pleura is smooth to slightly wrinkled and gray-tan with focal anthracotic streaking. The specimen has been previously sectioned at the apex to reveal a previously sectioned 4.0 x 3.2 x 2.6 cm irregular gray-tan fibrotic nodule with a rubbery firm gray-tan fibrotic cut surface. This grossly extends to the slightly umbilicated pleura but does not extend through it. This is seen at its nearest point 2.9 cm from the

[REDACTED]

bronchial margin. An apparent bronchial connection is identified. The remaining parenchyma is spongy tan-pink with minimal anthracotic streaking. No additional gross lesions are identified. Within the specimen container are three tissue cassettes each labeled [REDACTED]. Representative sections are submitted labeled as follows: A - shaved bronchial margin; B - smaller peribronchial nodule, bisected; C - larger peribronchial nodule, sectioned; D-G - lesion and surrounding tissue with nearest pleura inked; H - random uninvolved parenchyma.

Container labeled "[REDACTED] - level 9 lymph node right chest" has 0.6 x 0.5 x 0.2 cm of tan-gray to brown fleshy tissue fragments which are entirely submitted in a single cassette.

Container labeled "[REDACTED] - level 8 lymph node right chest" has a 1.0 x 0.6 x 0.3 cm ovoid nodular portion of gray-tan fleshy tissue surrounded by a small amount of yellow adipose tissue. The specimen is entirely submitted in a single cassette.

Container labeled "[REDACTED] - level 7 lymph node right chest" has 2.0 x 1.6 x 0.5 cm of partially fragmented fleshy gray-black tissue fragments with associated yellow adipose tissue. The specimen is sectioned and entirely submitted in a single cassette.

Container labeled "[REDACTED] - level 4 lymph node right chest" has a 1.0 x 1.0 x 0.4 cm fleshy portion of gray-tan tissue surrounded by yellow adipose tissue. The specimen is sectioned and entirely submitted in a single cassette.

[REDACTED]

Microscopic Description:
The slides labeled [REDACTED] are examined. See diagnosis.

Final Diagnosis

Lymph node, level 11, right chest (biopsy):
Anthracosilicosis and mild reactive lymphoid hyperplasia, no metastatic carcinoma identified within one lymph node (0/1). [REDACTED]

Lymph node, level 10, right chest (biopsy):
Anthracosilicosis and mild reactive lymphoid hyperplasia, no metastatic carcinoma identified within one lymph node (0/1). [REDACTED]

Lymph node, level 9, right chest (biopsy):
Anthracosilicosis and mild reactive sinus histiocytosis, no metastatic carcinoma identified within one lymph node (0/1). [REDACTED]

Lymph node, level 8, right chest (biopsy):
Anthracosilicosis and mild reactive lymphoid hyperplasia, no metastatic carcinoma identified within one lymph node (0/1). [REDACTED]

Lymph node, level 7, right chest (biopsy):
Anthracosilicosis, mild reactive lymphoid hyperplasia and reactive sinus histiocytosis, no metastatic carcinoma identified within three lymph nodes (0/3). [REDACTED]

Lymph node, level 4, right chest (biopsy):
Anthracosilicosis and reactive sinus histiocytosis, no metastatic carcinoma identified within one lymph node (0/1). [REDACTED]

[REDACTED]

Lung, right upper lobe (lobectomy):

Tumor characteristics:

Specimen integrity: Intact.

Specimen laterality: Right.

Tumor site: Upper lobe.

Tumor size: 4.0 cm in greatest diameter.

Tumor focality: Unifocal.

Histologic type: Adenocarcinoma with associated fibrosis (see comment).

Histologic grade: Well differentiated.

Visceral pleural invasion: Carcinoma extends into but not through visceral pleura (see comment).

Tumor extension: Not identified.

Margins:

Bronchial margin: Not involved, grossly tumor is 2.9 cm from the bronchial margin.

Distance of invasive carcinoma from closest margin: Carcinoma extends to within less than

1 mm of the visceral pleural margin but does not extend to that margin.

Treatment effect: Unknown.

Lymphovascular space invasion: No unequivocal lymphovascular space invasion identified.

Peribronchial lymph nodes: Anthracosilicosis and calcified fibrous nodule, no carcinoma

identified within two lymph nodes (0/2). [REDACTED]

Stage:

pT2a N0

CPT: 88309, 88305 x 6, 88313 (elastic)

Comments

The carcinoma is a well differentiated adenocarcinoma with associated fibrosis which may represent a so-called scar carcinoma. The adenocarcinoma extends into the visceral pleura and extends into the elastic lamina but does not extend through to the visceral pleural surface. The carcinoma extends to within less than 1 mm of the visceral pleural surface. This is staged as a pT2a N0 based on invasion of the visceral pleural surface confirmed on elastic stain. This can be further classified as a pL1.

At the request of the undersigned pathologist, these slides have been additionally reviewed by Dr. [REDACTED] who concurs with the diagnosis.

This report has been finalized at the [REDACTED] Campus.

<Sign Out Dr. Signature>

[REDACTED]