

PATIENT HISTORY:

Clinical history is not given.

PRE-OP DIAGNOSIS: Right upper lobe mass.

POST-OP DIAGNOSIS: Not given.

PROCEDURE: Not given.

ADDENDA:**Addendum**

Fluorescence in-situ hybridization studies performed on the adenocarcinoma show a ratio of Her2/Neu to the centromere of chromosome 17 of 1.40, indicating low-level amplification in the targeted region. The ratio of cyclin-D1 gene to the centromere of chromosome 11 is 2.16, indicating cyclin-D1 amplification in the targeted region where this is associated with a monosomy rate of 85.7% of analyzed cells. The ratio of EGFR gene to the centromere of chromosome 7 is 9.33, indicating amplification in the targeted region and corresponding to hyperploidy rate of 87.3% of analyzed cells.

Her2/neu and Cyclin D1 amplification may help in identifying those patients likely to experience shorter survival when considered together with other major risk factors.

FINAL DIAGNOSIS:**Summary Statement**

The right upper lobe demonstrates a 1.6 cm invasive moderately differentiated adenocarcinoma. There is no angiolymphatic invasion or visceral pleural invasion. Surgical resection margins are free of tumor. All sampled lymph nodes are benign. Pathologic stage: T1 N0 MX.

PART 1: LYMPH NODE, "SUBCARINAL", BIOPSY –

FIVE (5) FRAGMENTS OF LYMPH NODE WITH ANTHRACOTIC PIGMENT.

PART 2: LYMPH NODE, "RIGHT TRACHEOBRONCHIAL ANGLE", BIOPSY –

SIX (6) FRAGMENTS OF LYMPH NODE WITH ANTHRACOTIC PIGMENT.

PART 3: LYMPH NODE, "RIGHT PARATRACHEAL", BIOPSY –

SIX (6) FRAGMENTS OF FRAGMENTS OF LYMPH NODE WITH ANTHRACOTIC PIGMENT.

PART 4: LYMPH NODE, "SUBINNOMINATE", BIOPSY –

TWO (2) FRAGMENTS OF REACTIVE LYMPH NODE WITH ANTHRACOTIC PIGMENT.

PART 5: PLEURA, RIGHT, BIOPSY –

FRAGMENTS OF FIBRIN WITH REACTIVE MESOTHELIAL CELLS, MACROPHAGES AND BONE MARROW.

PART 6: LUNG, RIGHT UPPER LOBE, WEDGE RESECTION–

A. INVASIVE MODERATELY DIFFERENTIATED ADENOCARCINOMA (1.6 CM IN DIAMETER). NO EVIDENCE OF VISCERAL PLEURAL OR ANGIOLYMPHATIC INVASION. MILD LYMPHOCYTIC HOST RESPONSE. PATHOLOGIC STAGE: T1 N0 MX.

B. SURGICAL RESECTION MARGINS ARE FREE OF TUMOR.

C. BACKGROUND LUNG WITH EMPHYSEMATOUS CHANGE AND RESPIRATORY BRONCHIOLITIS.

PART 7: LYMPH NODE, "ANTERIOR HILAR", BIOPSY –

THREE (3) FRAGMENTS OF LYMPH NODE WITH ANTHRACOTIC PIGMENT.

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis. Mucicarmine is negative. PAS and PAS with diastase are positive. Elastic stain shows an intact visceral pleura.

SYNOPTIC – PRIMARY LUNG TUMORS**A. Location: 1**

1. RUL

3. RLL

5. LUL

2. RML

4. LLL

6. Bronchus intermedius

B. Procedure: 1

1. Wedge/Segmental

3. Bilobectomy

2. Lobectomy

4. Pneumonectomy

C. Size of tumor (maximum dimension): 1.6 cm.**D. Satellite nodules: 2**

1. Yes

2. No

D1. If yes, Where: #

1. Same lobe

2. Ipsilateral lobes

3. Central lobe

D2. Grossly noted: #

1. Yes

2. No

D3. Microscopic satellites: #

1. Yes

2. No

E. Type: 3

1. Invasive squamous carcinoma

11. Fetal type adenocarcinoma

2. Basaloid squamous carcinoma

12. Small cell carcinoma

3. Invasive adenocarcinoma

13. Carcinoid

4. Bronchioloalveolar carcinoma, nonmucinous type

14. Atypical carcinoid

5. Bronchioloalveolar carcinoma, mucinous type

15. Sarcoma

6. Large cell carcinoma

16. Adenosquamous carcinoma

7. Clear cell carcinoma

17. Mixed non-small cell carcinoma, NOS

8. Giant cell carcinoma

18. Carcinosarcoma

9. Sarcomatoid carcinoma

19. Large cell neuroendocrine

10. Blastoma

20. Other

F. Architectural grade: 2

1. Well

2. Moderate

3. Poor/undifferentiated

G. Nuclear grade: 2

1. Low

2. Intermediate

3. High

H. Location in lung: 2

1. Central

2. Peripheral

I. Visceral pleural invasion through elastica: 2

1. Yes

2. No

J. Parietal pleural invasion: 2

1. Yes

2. No

K. Chest wall invasion (into skeletal muscle or soft tissue): 2

1. Yes

2. No

L. Angiolymphatic invasion: 2

1. Yes

2. No

M. Necrosis: 1

1. ≤50%

2. >50%

N. Surgical margins involved: 2

1. Yes

2. No

O. Inflammatory (desmoplastic) reaction: 1

1. Mild

2. Moderate

3. Severe

P. N1 lymph node involvement (N1 nodes): 2

1. Yes

2. No

Q. N1 hilar lymph nodes involved, number of positive lymph nodes: 0**R. Total number of N1 lymph nodes examined: 3****S. Extracapsular spread of N1 lymph node metastases: N/A**

1. Yes

2. No

T. Mediastinal (N2) nodes involved: 2

1. Yes

2. No

3. Not applicable

U. Mediastinal node group(s) involved (N2 nodes): N/A

1. Level 4R

4. Level 7R

7. Level 4L

10. Level 7L

13. Level 2L

16. Level 2R

2. Level 5R

5. Level 9R

8. Level 5L

11. Level 9L

14. Level 3L

17. Level 3R

3. Level 6R

6. Level 10R

9. Level 6L

12. Level 10L

15. Level 8L

18. Level 8R

V. Number of positive mediastinal N2 nodes: 0**W. Total number of mediastinal nodes N2 examined: 19****X. Extracapsular spread of mediastinal lymph node N2 metastases: N/A**

1. Yes

2. No

Y. Underlying disease(s): 1/4

1. Emphysema

4. Smokers bronchiolitis

7. Pneumoconiosis, NOS

2. Bronchiectasis

5. Asthma

8. Chronic interstitial pneumonia

3. Tumorlets

6. Parenchymal scar

9. Atypical alveolar hyperplasia

Z. TNM Stage: T 1 N 0 M x