

ADDENDUM SURGICAL PATHOLOGY REPORT

Addendum Information:

This addendum is issued to correct a typographical error in the report (pathologic diagnosis).

Diagnosis:

A. - C). LUNG, RIGHT, UPPER LOBE, AND PORTION OF SUPERIOR RIGHT LOWER LOBE, HILAR (N10R) AND LOWER PARATRACHEAL (N4R) LYMPH NODES, LOBECTOMY, SEGMENTECTOMY, AND LYMPHADENECTOMY,

- ADENOCARCINOMA, POORLY DIFFERENTIATED.

- Tumor measures 3.5 x 3.5 x 2.9cm.

- Visceral pleura not involved by tumor.

- MARGIN STATUS: POSITIVE.

- Soft tissue margin adjacent to the bronchial and vascular margins is positive for tumor; the bronchus and vascular wall are not involved by tumor. See comment below.

- Wedge margin is negative for tumor (tumor distance to margin=0.5cm).

- SIX BENIGN LYMPH NODES (0/6), (THREE BENIGN PERIBRONCHIAL LYMPH NODES, ONE BENIGN R10 NODE, TWO BENIGN R4 NODES).

Comment: Although there is technically no tumor involving the bronchial or vascular margins, the peribronchial soft tissue (connective and alveolar tissue) is positive for tumor. This should likely clinically and surgically be treated as a positive bronchovascular margin.

Immunohistochemical stains show positive staining for TTF-1, Napsin-A, and CK7. CK20, ER, and CDX-2 are negative. This staining pattern strongly supports the diagnosis of a primary lung adenocarcinoma.

PATHOLOGIC TUMOR STAGING SUMMARY:

Histologic type and grade: Adenocarcinoma, poorly differentiated (grade 3).

Primary tumor: pT2a. (3.5cm in greatest dimension).

Regional lymph nodes: pN0. (0/6).

Distant metastasis: pMX.

Pathologic stage: IB.

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Margin status: R1. (soft tissue margin adjacent to bronchovascular margins positive for tumor).

Lymphovascular invasion: Not identified.

Visceral pleural invasion: Not identified.

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Lung Tumor Staging Information

(data derived from current specimen, staging in accordance with or modified from AJCC Cancer Staging Handbook, 7th Ed, and CAP protocol)

Procedure:	Lobectomy with wedge resection.
Specimen type:	Lung, upper lobe, and attached wedge from lower lobe.
Specimen laterality:	Right.
Specimen integrity:	Intact.
Tumor Features:	
Tumor site:	Lung, right, upper lobe and apical portion of lower lobe.
Tumor size:	3.5 x 3.5 x 2.9cm
Tumor focality:	Unifocal.
Histologic type:	Adenocarcinoma.
Histologic grade:	3.
Lymphovascular invasion:	Not identified.
Perineural invasion:	Not identified.
Visceral pleural invasion:	Not identified.
Tumor extension into extra-pulmonary structures:	Not identified.
Treatment effect:	Not identified.
Lymph Nodes:	0/6. All lymph nodes negative for metastasis.
Margin Evaluation:	
Distance to closest margin:	0 cm (at margin).
Bronchial margin:	Negative (see comment)
Vascular margin:	Negative (see comment)
Parenchymal margin:	Negative wedge margin. (Tumor is 0.5cm from margin.)
Parietal pleural margin:	Negative.
Chest wall margin:	Negative.
Other margins:	Negative.
Pathologic tumor staging descriptors:	
Primary tumor (pT):	pT2a.
Regional lymph nodes (pN):	pN0.
Distant metastasis (pM):	pMX.
Margin status (R):	R1, positive.
Pathologic stage:	IB.

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Additional pathologic findings:

Comment:

Although the bronchial and vascular margins are negative, the peri-bronchovascular connective and alveolar tissue is positive for tumor. This should likely clinically and surgically be considered as a positive bronchovascular margin.



Source of Specimen:

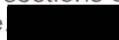
- A. Right Upper Lobe Lung
- B. R4
- C. R10

Clinical History/Operative Dx:

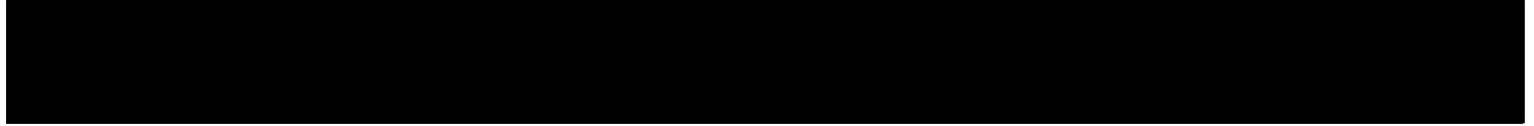
Lung cancer

Gross Description:

A. The specimen is labeled right upper lobe lung and is received without fixative. It consists of a lobectomy of lung weighing 163 grams. The lobe measures 12 x 11.5 x 3.5 cm. Just superior to the hilum of this lobectomy specimen, there is a wedge resection of additional lung suggestive of apical portion of right lower lobe. This adherent wedge resection measures 8 x 2.5 x 2 cm. The pleural surface of the upper lobe varies from tan to violet and appears smooth with very little anthracotic stippling. Where the lung wedge is adherent to the mid portion of the upper lobe, there is palpable firmness and slight retraction of the pulmonary parenchyma. The wedge resection is similarly adherent to the pleural surface of the lower portion of the upper lobe. A metallic staple line runs from the hilum of the lung along the inferior edge of the upper lobe and is 11 cm in length. The pleural surface overlying the adherent lung wedge and in the vicinity of the palpable firmness is inked blue. The staple line along the lung wedge is dissected free and the resection edge is inked green. On sectioning of this area of palpable firmness, there is a relatively well-circumscribed tan to pale yellow neoplasm which overall measures 3.5 x 3.5 x 2.9 cm. This neoplasm abuts the pleural surface of the upper lobe and passes across the interlobar fissure between the upper lobe and the apical portion of the lower lobe, to involve the adherent wedge resection. This neoplasm is 0.5 cm from the closest bronchial margin, abuts the pleural surface in several areas, and is 0.4 cm from the stapled resection margin of the apical portion of the lower lobe. Sections of the remaining lung reveal pale red pulmonary parenchyma which appears relatively well-aerated. At the hilum of the lung, there are two 0.5-0.7 cm peribronchial dull red nodes. Dissection of the major bronchi reveal no intrabronchial tumor. The neoplasm is 6 cm or greater from the inferior staple line. Representative neoplasm is obtained in its fresh state for research purposes. Following fixation, representative sections are submitted. Section summary: A1) bronchial resection margins, A2) vascular margins, A3) peribronchial nodes, A4-A5) tumor and pleural surface of upper lobe, A6) additional section of tumor and upper lobe, A7-A8) full longitudinal cross-section extending from upper lobe into adherent lower lobe wedge, including wedge resection margin, A9) tumor adjacent to upper lobe segmental bronchus, A10) sections of upper lobe parenchyma away from tumor, A11) sections of wedge of lower lobe away from tumor, A12) sections of inferior upper lobe along staple line.



B. The specimen is labeled R4 and is received in formalin. It consists of a single 1.6 x 1.1 x 0.8 cm



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fragment of gray-tan to focally anthracotic tissue. Adjacent to this in the adherent adipose tissue is a smaller 0.5 cm red-brown area of nodularity. The larger fragment is serially sectioned and submitted in cassette B1. The smaller fragment is submitted intact in cassette B2. [REDACTED]

C. The specimen is labeled R10 and is received in formalin. It consists of a 0.8 x 0.6 x 0.4 cm fragment of red-brown tissue. It is trisected and submitted in cassette C1. [REDACTED]

Microscopic Description:

A. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

B. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

C. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]