

Pre-Op Diagnosis

Lung cancer

Post-Op Diagnosis

Same

Clinical History

Nothing indicated on requisition

Gross Description:

Five parts

Container labeled [REDACTED] "1 - level 6 lymph node" is a 1.4 x 1.0 x 0.6 cm of gray yellow to black fleshy and fatty tissue fragments entirely submitted in a single cassette.

Container labeled [REDACTED] "2 - level 7 lymph node" are 0.7 x 0.5 x 0.4 cm of gray black fleshy tissue fragments entirely submitted in a single cassette.

Container labeled [REDACTED] "3 - upper lobe of left lung" is a 193 gram previously partially sectioned lobular portion of recognizable pulmonary parenchyma grossly consistent with left up lobe. This is received after tissue harvest for genomic study. Within the specimen container are three tissue cassettes each labeled [REDACTED]". The specimen on reconstruction is 16.8 x 10.0 x 4.8 cm. The margin of resection includes the bifurcated tertiary bronchi with an adjacent 1.0 cm fragmented gray black fleshy nodule. The pleura is slightly wrinkled mottled tan brown with moderate anthracotic streaking. Noted on the posterior aspect in the mid region of the specimen there is an area of indurated umbilication which is previously sectioned over an area of 4.0 x 4.0 cm. On sectioning within this region there is a fairly well defined 3.7 x 3.5 x 3.3 cm gritty gray tan fibrotic lesion with a gritty necrotic gray tan fibrotic cut surface. This is seen at [REDACTED]

its nearest point 3.2 cm from the bronchial margin. An apparent bronchial connection is identified. This grossly extends to within 0.1 cm of the medial pleura and within 0.2 cm of the lateral pleura. The remaining parenchyma is spongy and pink red with focal anthracotic streaking. No additional gross lesions are identified. Representative sections are submitted labeled as follows: A - bronchial margin in adjacent nodule, B through F - representative lesion and surrounding tissue, G - random uninvolved parenchyma.

Container labeled [REDACTED] 4 - level 9 lymph node" is a 1.1 x 0.8 x 0.7 cm partially fragmented nodular portion of fleshy gray tan to brown black tissue which is bisected and entirely submitted in a single cassette.

Container labeled [REDACTED] 5 - level 5 lymph node" is a 0.6 x 0.4 x 0.3 cm of gray black fleshy tissue fragments entirely submitted in a single cassette.
[REDACTED]

Microscopic Description:

Reviewed are slides labeled [REDACTED]

Final Diagnosis

Lymph node, level 6, excisional biopsy:

One lymph node negative for metastatic carcinoma (0/1).

Lymph node, level 7, excisional biopsy:

One lymph node negative for metastatic carcinoma (0/1).

Lung, left upper lobe, lobectomy:

Tumor characteristics:

Specimen integrity: Intact.

Specimen laterality: Left upper lobe.

Histologic type: Poorly differentiated carcinoma with features of adenosquamous carcinoma
(see comment).

Histologic grade: III (poorly differentiated)

Tumor site: Left upper lobe, posterior mid region.

Tumor focality: Unifocal.

Tumor size: 3.7 x 3.5 x 3.3 cm.

Visceral pleural invasion: Not identified.

Lymphovascular space invasion: No unequivocal lymphovascular space invasion identified.

Tumor extension: Tumor confined to lung parenchyma.

Treatment effect: Not identified/not applicable.

Surgical margin status:

Tumor distance from bronchial margin: 3.2 cm.

Tumor distance from parenchymal margin: Not applicable.

Tumor distance from pleural surface: 1 mm.

Lymph node status:

One peribronchial lymph node negative for metastatic carcinoma (0/1).

See also parts 1, 2, 4 and 5.

Other:

Emphysematous change.

pTN stage: pT2a N0

Lymph node, level 9, excisional biopsy:

One lymph node negative for metastatic carcinoma (0/1).

Lymph node, level 5, excisional biopsy:

One lymph node negative for metastatic carcinoma (0/1). PAS 9

SPC-A

Comments

The histologic sections of the neoplasm demonstrate a poorly differentiated non-small cell carcinoma composed of large pleomorphic cells with large nuclei demonstrating irregular nuclear contours. In areas, the cells demonstrate smooth chromatin; in other areas, the nuclei appear more vesicular. The cells are arranged in groups and clusters including large sheet-like growth patterns. Rare pseudoglandular-like structures are noted. Occasional cells appear vacuolated.

To better characterize this neoplasm, a limited panel of immunohistochemical stains is performed (with working controls). The cells are strongly positive for CK5/6 and positive for CK7. The majority of the nuclei are positive for p63 (greater than 75%). Occasional nuclei (approximately 10%) appear positive for TTF1.

The histologic and immunohistochemical features of this neoplasm have overlap between both adenocarcinoma as well as squamous cell carcinoma. In areas, features histologically compatible with squamous cell carcinoma are seen. In other areas, however, features of adenocarcinoma are present. Clinical correlation is recommended.

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

This report has been finalized at the [REDACTED]

This test was developed and its performance characteristics determined by [REDACTED]. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of [REDACTED] as qualified to perform high complexity clinical laboratory testing.

[REDACTED]

[REDACTED]