Lung, Lobectomy for Tumor

(10.2 Lung_Lobectomy_Tumor); Updated October 26, 2018 by Lacey Schrader, MD

SAMPLE DICTATION

(Labeled: __, __; __) Received (fresh/in formalin) and inflated with formalin is a __ x __ x __ cm, (right/left) (upper/lower/middle) lobectomy.

Major pathologic finding(s): A __ x __ x __ cm mass is located (centrally/peripherally). The mass lies __ cm from the stapled parenchymal margin, __ cm from the bronchial margin, __cm from the vascular margin, and __ cm from the pleura. The mass (does/does not) invade into the bronchus. The overlying pleura is (retracted, smooth/rough, unremarkable) and the mass (does/does not) grossly invade through the pleura. __ lymph node candidates are identified.

[*Satellite nodules (measure size, distance to index lesion, pleura, and bronchial margin]*

Other findings: Remaining lung parenchyma is (emphysematous, spongiform, fibrotic, unremarkable).

Specimen Handling: (RS / TE, __ caps). Ink Key: __

SUGGESTED SAMPLING

1: Shave of bronchial and vascular resection margins
2: Parenchymal resection margin (perpendicular if close to tumor)
3-7: Tumor (tumor sampling in total or 1 section per centimeter):
- Full face section (contiguous section)
- Transition from bronchus to tumor (if demonstrable)
- Perpendicular section of tumor with visceral pleura at maximal pleural retraction
- Solid tumor with adjacent lung parenchyma (needed to fully assess histologic classification)

8: Any other identified lesions of interest (satellite nodules, apical scar)
9: Section of uninvolved lung distal to tumor, one random section of uninvolved lung (including bronchi)
>9: Submit all lymph nodes (indicate intrapulmonary versus peribronchial)

STAGING CRITERIA (AJCC 8TH EDITION)

- pT staging is determined by size of tumor, infiltration of adjacent structures and separate tumor nodules
- pN status is determined by involved lymph node station
- pM status is determined by presence of malignant pericardial and/or pleural effusions, separate tumor nodules in a contralateral lobe, pleural tumor nodules, or discontinuous tumor nodules in the pericardium, chest wall or diaphragm.

ADDITIONAL CONSIDERATIONS

- Gross correlates should be found for all mass lesions detected by imaging
- The visceral pleura is important for staging, but it is not a margin.
- Tumor staging (see grossing manual Tumor Wedge Resection - Additional Considerations section)
- A **sleeve lobectomy** is indicated when a tumor is arising at the origin of a lobar bronchus precluding a simple lobectomy, but not infiltrating as far as to require a pneumonectomy.
- Lymph nodes around the bronchovascular margin (level 12) are best identified before sectioning the lung. Lung lymph nodes are a gray-black color and not the tan-pink color found elsewhere in the body.
- Do not label peribronchial nodes included with the resected lobe as hilar nodes. Hilar lymph nodes are almost always separately submitted.