

Lung, Wedge Resection, Tumor

(10.3 Lung_Wedge_Resection_Tumor); Updated October 20th, 2018 by Lacey Schrader, MD

SAMPLE DICTATION

(Labeled: ____, ____, ____) Received __ (*fresh/in formalin*) and inflated with formalin is a __ x __ x __ cm, __ gram __ (*right/left*) (*upper/lower/middle*) lobe wedge resection.

Major pathologic finding(s): A __ x __ x __ cm mass is identified, lying __ cm from the stapled parenchymal margin and __ cm from the visceral pleura. The overlying visceral pleura is __ (*retracted, smooth, rough, unremarkable*) and the mass (*does/does not*) grossly invade through the pleura. Intrapulmonary lymph nodes (*are/are not*) identified.

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

Other findings: The remaining lung parenchyma is __ (*emphysematous, spongiform, unremarkable*).

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

SUGGESTED SAMPLING

For small specimens: 1-10: Totally embed the wedge resection specimen

For large specimens:

1: Parenchymal resection margin

3-7: Tumor (tumor sampling in total or 1 section per centimeter):

- Full face section (contiguous section)
- Transition from bronchus to tumor (if present)
- 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**)

9: Two random sections of uninvolved lung (including bronchi)

>9: Lymph node candidates

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 an 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:
 - **Be accurate to nearest mm**, for example a 3 cm tumor has a different stage than a 3.1 cm tumor. How you measure can determine what type of treatment a patient gets!
 - Separate tumor nodules can affect staging. **Sample separate tumor nodules.**
 - Pleural invasion: **If present sample the area of maximal pleural retraction.**
- Neoplasms tend to be closer to the resection margin in a wedge resection versus a lobectomy.