

Lung, Pneumonectomy, Tumor

(10.5 Lung_Pneumonectomy_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) pneumonectomy.

Major pathologic finding(s): A __x__x__ cm mass is located (*centrally/peripherally*) in the (*upper/middle/lower/lingula*) lobe. The mass lies __ cm from the bronchial margin, __ cm from the vascular margin, and __ cm from the pleura. The mass (*does/does not*) invade into the closest bronchus. The overlying pleura is (*retracted, smooth/rough, unremarkable*) and the mass (*does/does not*) grossly invade through the pleura. Multiple hilar and intrapulmonary lymph nodes are identified.

*Satellite nodules (*location; measure the 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

2-6: 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**)

7: Any other identified lesions of interest (**satellite nodules**, apical scar)

8-9: One representative section of normal parenchyma from each lobe

>10: Submit all lymph nodes (indicate hilar versus intrapulmonary)

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.
- Lung tumors that focally invade into the chest wall, may be resected in continuity with portions of several ribs. Make sure to sample chest wall margins and tumor invasion into chest wall soft tissue and/or bone.
- Lymph nodes around the hilar region (level 10) 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.
- Rib removed for procedural access are for gross only, unless an abnormal lesion is identified.