

**LUNG CASE 1**

Pathology Report  
02/14/2007

Specimen:  
Left upper lobe lung mass

Gross Description:  
Received in formalin are two elongate portions of tan tissue, each measuring 1.3 cm in length and slightly less than 0.1 cm in diameter. Entirely submitted in one cassette.

Microscopic Description:  
An elongated needle biopsy submitted as lung consists predominantly of relatively dense fibrous tissue with areas of necrosis. In one end of the biopsy are nests of cohesive epithelial cells exhibiting markedly large, hyperchromatic nuclei. Cells are aggregated into relatively well-defined clusters and have moderate quantities of well-defined cytoplasm. A small space possibly representing a lumen is present in the center of one of these. Nuclei contain very large nucleoli. No keratinization or obvious intercellular bridges are identified. Other areas show fibrous tissue merging with granulation tissue. In areas of granulation tissue are identified small nests of dysplastic cells similar to those described previously. Rare cells exhibit somewhat vacuolated cytoplasm.

Final Diagnosis:  
Specimen submitted as left upper lobe mass (needle biopsy): Infiltrating non-small cell carcinoma; fibrosis, chronic active inflammation, and granulation tissue formation. Immunohistochemical stains will be performed and a supplemental report will follow.

T28600, M0300, E94280, M83313, M49000, M40000, M45020

ICD9/CPT Code: 162.9/88305

Discussion:  
Immunohistochemical stains for cytokeratin 7 and 20 and TTF1 are performed on a needle biopsy of lung tissue. Infiltrating carcinoma note earlier is very strongly positive for CK7 but is negative for CK20 and for TTF1.

Final Diagnosis:  
Lung (needle biopsy): Non-small cell carcinoma with features of squamous cell ca.  
Immunohistochemical stains, although not by themselves diagnostic, are supportive of a pulmonary primary of non-small cell type. Correlate clinically and radiographically for full interpretation.

**How many primaries?**

**Why?**

**Primary Site 1** \_\_\_\_\_

**Histology** \_\_\_\_\_

**Primary Site 2** \_\_\_\_\_

**Histology** \_\_\_\_\_

**LUNG CASE 2**

Pathology Report  
03/22/2007

Clinical History: 85-year-old smoker with right upper lung mass

Specimen:  
Right upper lung mass

Gross Description:  
Received in formalin are three fragments of tan tissue varying from 0.1 to 0.4 cm in maximum dimension and measuring 0.4 x 0.2 x 0.1 cm in aggregate. Strained and entirely submitted in one cassette.

Microscopic Description:  
Sections show portions of transbronchial biopsy of lung. The surface bronchial epithelium shows a small amount of squamous metaplasia. There is only a small amount of adjacent small airway parenchyma represented and this shows some fibrous thickening of septae, but this is of uncertain significance adjacent to a bronchus. There is focal acute and chronic inflammation with a high component of eosinophils within the bronchus and the immediately adjacent lung. There is infiltrating carcinoma consisting of individual cells and small groups of cells. These are large cells, often with hyperchromatic angulated nuclei. The tumor groups are somewhat discohesive. This may represent poorly differentiated squamous cell carcinoma, but the findings are not definitive. Additional studies will be obtained in an attempt to further define the lesion.

Final Diagnosis:  
Right, upper lung, transbronchial biopsy: Poorly differentiated non-small cell carcinoma; predominantly squamous cell ca, focal acute and chronic inflammation of the bronchus and immediately adjacent lung.

Left lower lobe lung transbronchial biopsy: Moderately differentiated adenocarcinoma.

Note: Additional studies will be obtained in order to further define the carcinoma. Results will follow in an addendum report

T28230, TYX000, M80103

ICD9/CPT Code: 162.9/88305/88342 x 4

**How many primaries?**

**Why?**

**Primary Site 1** \_\_\_\_\_

**Histology** \_\_\_\_\_

**Primary Site 2** \_\_\_\_\_

**Histology** \_\_\_\_\_

## ANSWERS TO LUNG MULTIPLE PRIMARY EXERCISES

### CASE 1

How many primaries? One Why? Single tumor/Single primary

Primary site: Left upper lobe C34.1 Histology: Squamous cell carcinoma  
8070/3

**Note:** Code the more specific histology as shown in Chart 1. In the revised final diagnosis, “features of” squamous carcinoma is more specific than non-small cell carcinoma.

### CASE 2

How many primaries? Two Why? Single tumor in each lung/Multiple primaries

Primary site 1: Right upper lobe C34.1 Histology: Squamous cell carcinoma  
8070/3

Primary site 2: Left lower lobe C34.3 Histology: Adenocarcinoma, NOS 8140/3

**Note:** For the right lung tumor, code the more specific histology as shown in Chart 1; “predominantly” squamous cell carcinoma is more specific than non-small cell carcinoma. There is only a single histology mentioned for the left lung tumor.