



## The Identification of Containing Tumors by Needle Biopsy Examinations of Resected Surgical Specimens for Small Lung Cancer

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### Editorial

The intraoperative cutting the central tumor lesion of resected lung specimens for the purpose of rapid diagnosing often makes it difficult to evaluate pleural or stromal invasion, which are indicators of tumor aggressiveness in early stage lung adenocarcinoma predicting such as minimally invasive adenocarcinoma that exhibit a ground glass with a little solid appearance on computed tomography.

We developed an intraoperative histological procedure for improving the diagnosis of such cases. We punctured the center of tumor lesion in a resected lung tissue specimen using a biopsy needle and microscopically examined the obtained tumor tissue during intraoperative evaluation. After surgery, a final pathological examination was performed using a complete (maximal diameter) tumor section, which was produced from the formalin-fixed resected surgical specimen without cutting through the tumor.

This technique is useful for checking whether resected lung tissue specimens contain cancerous tissue without having to cut the tumor during the intraoperative evaluation, which would make it difficult to evaluate pleural or stromal invasion during postoperative assessments of tumor aggressiveness based on the new World Health Organization classification [1].

### References

1. Travis WD, Brambilla E, Burke AP, Marx A, Nicholson AG, editors. WHO Classification of Tumours of the Lung, Pleura, Thymus and Heart. 4<sup>th</sup> ed. France: IARC Press; 2015.

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**Received Date:** 08 Apr 2017

**Accepted Date:** 27 Apr 2017

**Published Date:** 12 May 2017

#### Citation:

Araki K. The Identification of Containing Tumors by Needle Biopsy Examinations of Resected Surgical Specimens for Small Lung Cancer. *Ann Thorac Oncol Res.* 2017; 1(1): 1001.

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