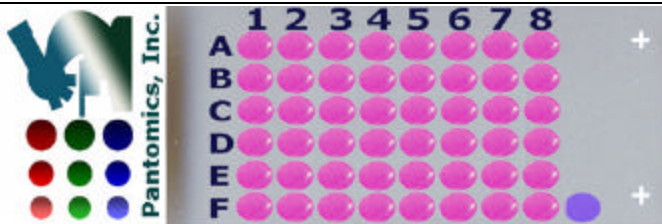


Cat No: LUD481 – Lung disease tissue array

Lot#	Cores	Size	Cut	Format	QA/QC	
LUD48101	48	2mm	4um	6X8	H&E, IHC anti-Cytokeratin	

Recommended applications: For Research use only. RNA or protein analyses using IHC or ISH designed for general comparative lung diseased tissue profiling.

Description: Lung disease tissue array, non-overlapping with LUD151, 24 cases of normal, chronic bronchitis, emphysema, TB and tumor tissues of the lung in duplicates. All the tissues were from surgical resection. They were fixed in 10% neutral buffered formalin for 24 hours and processed using identical SOPs. Sections were picked onto Superfrost Plus or APES coated Superfrost slides. They all have a guaranteed six months' shelf-life at 4C from the date of shipment.

Array position	Sex	Age	Anatomic site	Pathology	Grade	Stage (TNM)
A1,B1	35	M	Trachea	Trachea (from autopsy)		
A2,B2	54	M	Lung	Normal bronchus		
A3,B3	51	M	Lung	Chronic bronchitis (small broncus)		
A4,B4	40	F	Lung	Normal lung (may contain small bronchus)		
A5,B5	19	M	Lung	Normal lung		
A6,B6	59	F	Lung	Normal lung (may contain small bronchus)		
A7,B7	48	M	Lung	Normal lung		
A8,B8	57	F	Lung	Chronic bronchitis with goblet cell hyperplasia		
C1,D1	61	M	Lung	Chronic bronchitis		
C2,D2	65	M	Lung	Bronchiectasis		
C3,D3	66	M	Lung	Emphysema		
C4,D4	50	F	Lung	Emphysema		
C5,D5	57	M	Lung	Chronic pneumonia		
C6,D6	56	M	Lung	Tuberculosis		
C7,D7	60	M	Lung	Adenocarcinoma	I	T2N0M0
C8,D8	42	M	Lung	Adenocarcinoma	II	T2N0M0
E1,F1	72	M	Lung	Adenocarcinoma	III	T2N0M0
E2,F2	65	F	Lung	Bronchioloalveolar carcinoma		
E3,F3	62	M	Lung	Squamous cell carcinoma	I	T2N0M0
E4,F4	58	M	Lung	Squamous cell carcinoma	II	T2N0M0
E5,F5	50	M	Lung	Squamous cell carcinoma	III	T2N0M0
E6,F6	55	M	Lung	Adenosquamous carcinoma		T2N0M0
E7,F7	44	F	Lung	Small cell carcinoma		T2N0M0
E8,F8	48	M	Lung	Undifferentiated large cell carcinoma		T2N0M0

Notes: Bake at 60C for 30 minutes before use. If antigen retrieving is needed, it is always a good idea to start with a protocol with weak to mild strength.

Certified by: Fancai Li, M.D.



TNM Classification: Lung carcinoma

T- Primary tumor

- TX - Primary tumor cannot be assessed or tumor proven by the presence of malignant cell in sputum or bronchial washing but not visualized by imaging of bronchoscopy;
- TO - No evidence of primary tumor;
- Tis- Carcinoma in situ;
- T1 - Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura without bronchoscopic evidence of invasion more proximal than lobular bronchus;
- T2 - Tumor with any of the following features of size or extent; more than 3 cm in greatest dimension; involves main bronchus, 2 cm more proximal to carina; invades visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the hilar region but not involve the entire lung;
- T3 - Tumor of any size that directly invades any of the followings: chest wall (including superior sulcus tumor), diaphragm, mediastinal pleura, parietal pericardium; tumors in the main bronchus less than 3 cm distal to the carina; associated with atelectasis or obstructive pneumonitis of entire lung;
- T4 - Tumor of any size that invades any of the following: mediastinum, heart, great vessel, trachea, esophagus, vertebral body, carina, separate tumor nodule(s) in the same lobe; tumor with malignant pleural effusion.

N - Regional lymph nodes

- NX - Regional lymph nodes cannot be assessed;
- NO - No regional lymph node metastasis;
- N1 - Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension;
- N2 - Metastasis in ipsilateral mediastinal and/or subcarinal lymph nodes;
- N3 - Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph nodes.

M - Distant metastasis

- MX - Distant metastasis cannot be assessed MO - No distant metastasis;
- M1 - Distant metastasis, including separate tumor nodule(s) in a different lobe (ipsilateral or contralateral).