

Surgical Pathology:

Collected 11/14/2023 15:39 Status: Edited Result - FINAL Dx: Rectal cancer (HC CODE)

Test Result Released: No (inaccessible in MyChart)

Component

Clinical Information

Rectal cancer (HC CODE)

Final Diagnosis

A. Colon, Rectum, sigmoid and anus, Resection:

-Rectal adenocarcinoma, poorly differentiated (7.7 cm in greatest dimension) with colonic wall perforation, See synoptic report.

-Proximal, distal, mesorectal and vascular mesenteric margins, negative for malignancy.

-Positive for perineural invasion.

B. Right posterior pelvis biopsy:

-Positive for colonic adenocarcinoma.

C. Posterior pelvis biopsy:

-Positive for colonic adenocarcinoma.

Electronically signed by [REDACTED] MD on 11/17/2023 at 1420 EST

Addendum 1

See attached report from CARIS.

Addendum electronically signed by [REDACTED] MD on 5/2/2024 at 1403 EDT

Synoptic Checklist**COLON AND RECTUM: Resection, Including Transanal Disk Excision of Rectal Neoplasms (COLON AND RECTUM: RESECTION - All Specimens)** 8th Edition - Protocol posted: 6/22/2022**SPECIMEN**

Procedure	Sigmoid, rectum and anus resection
Macroscopic Evaluation of Mesorectum	Complete

TUMOR

Tumor Site	Rectum
Rectal Tumor Location	Entirely below anterior peritoneal reflection
Histologic Type	Adenocarcinoma
Histologic Grade	G3, poorly differentiated
Tumor Size	Greatest dimension (Centimeters): 7.7 cm
Tumor Extent	Invades through muscularis propria into the pericolonic or perirectal tissue
Macroscopic Tumor Perforation	Present
Lymphovascular Invasion	Not identified
Perineural Invasion	Present
Treatment Effect	Absent, with extensive residual cancer and no evident tumor regression (poor or no response, score 3)

MARGINS

Margin Status for Invasive Carcinoma	All margins negative for invasive carcinoma
Closest Margin(s) to Invasive Carcinoma	Radial (circumferential) or mesenteric
Distance from Invasive Carcinoma to Closest Margin	5.0 mm
Distance from Invasive Carcinoma to Radial (Circumferential) Margin	Distance already reported as closest margin

Distance from Invasive Carcinoma to Distal Margin	3.0 cm
Margin Status for Non-Invasive Tumor	All margins negative for high-grade dysplasia / intramucosal carcinoma and low-grade dysplasia

REGIONAL LYMPH NODES

Regional Lymph Node Status	Tumor present in regional lymph node(s)
Number of Lymph Nodes with Tumor	1
Number of Lymph Nodes Examined	21
Tumor Deposits	Present
Number of Tumor Deposits	1

PATHOLOGIC STAGE CLASSIFICATION (pTNM, AJCC 8th Edition)

Reporting of pT, pN, and (when applicable) pM categories is based on information available to the pathologist at the time the report is issued. As per the AJCC (Chapter 1, 8th Ed.) it is the managing physician's responsibility to establish the final pathologic stage based upon all pertinent information, including but potentially not limited to this pathology report.

TNM Descriptors	y (post-treatment)
pT Category	pT3
pN Category	pN1a

Gross Description

A)The specimen is received fresh labeled with patient's name, medical record number, and "specimen 1: Rectum sigmoid and anus". It consists of a segment of colon rectum and anus. The specimen is 32 cm in length with a circumference range from 8.0 cm proximally to 9.5 cm distally. At the distal rectum there is a 6.0 x 3.5 cm transmural defect with surrounded cautery and a circumference that is 3.5 cm. This defect involves mesorectum which otherwise appears complete and intact. The soft tissue is markedly thinned near the anus/distal rectum. The circumferential cautery of the defect is inked green, mesorectal margin inked black.

Within the distal rectal mucosa, below the peritoneal reflection is a 7.7 x 3.5 cm gray-tan ulcer which corresponds to the area of the defect. The ulcer does not extend to the anal mucosa and is 3.0 cm from the nearest distal anal margin and greater than 10 cm from the proximal colon mucosal margin. The ulcer extends to the cauterized edges of the transmural defect. The ulcer has ill-defined white fibrous cut surfaces which extend to a greatest depth of 1.1 cm and abuts the cauterized margin in the thinnest area near the anus/distal rectum. The ulcer is 2 cm from the more proximal, thicker mesorectal soft tissue margin.

The remaining colonic and rectal mucosa are tan glistening, folded. There are occasional intact diverticula. The wall thickness averages 0.5 cm. The distal anal mucosa is tan folded unremarkable. No other lesions are identified. Multiple lymph nodes are identified up to 1.5 cm in greatest dimension. Representative sections are sampled for research. Sections are submitted as follows:

- A1) mirrored ulcer
- A2) mirrored normal mucosa and mesentery
- A3) proximal colon margin en face
- A4-A6) distal rectal margin en face
- A7) vascular mesenteric margin en face
- A8-A9) greatest depth of invasion of ulcer including relationship with cauterized distal radial margin
- A10) ulcer with mesorectal margin
- A11) ulcer with defect (perpendicular)
- A12-A14) additional representative ulcer including relationship with uninvolved mucosa
- A15-A16) uninvolved colon rectum and anus
- A17-A18) 1 lymph node
- A 19) 2 lymph nodes bisected, 1 inked black
- A 20) 4 lymph nodes in toto
- A 21) 1 lymph node trisected
- A 22) 1 lymph node bisected
- A 23) 2 lymph nodes bisected, 1 inked black
- A 24-A26) 4 lymph nodes in toto per cassette