

Surgical Pathology

Collected 8/6/2024 11:34 Status: Final result Dx: Rectal cancer (HC CODE)

Test Result Released: Yes (not seen)

Component

Clinical Information

Rectal cancer (HC CODE)

Final Diagnosis

A. Rectum, Low Anterior Resection:

INVASIVE ADENOCARCINOMA, pT2N0

- Negative margins of resection
- No definitive lymphovascular perineural invasion identified
- Please see Cancer Case Summary below
- Twenty-nine benign lymph nodes (0/29)

B. Rectum, Distal Anastomotic Ring, Excision:

Benign port shin of colon with no specific histopathologic diagnosis

- Negative for malignancy and dysplasia

Electronically signed by [REDACTED] MD on 8/16/2024 at 0906 EDT

Microscopic

Description

SMM and multiple additional levels performed on Block A8 demonstrate that the tumor essentially transverses the muscularis propria near entirely, but it is not believed that the tumor has "invaded the pericolic soft tissue". Multiple intradepartmental consultations obtained.

Special Studies

COLON AND RECTUM BIOMARKER REPORT

Version: 1.3.0.0, posted June 2021

Immunohistochemical studies performed with adequate controls on Block A6 demonstrate:

Mismatch repair immunohistochemistry

- MLH1: Intact nuclear expression
- MSH2: Intact nuclear expression
- MSH6: Intact nuclear expression
- PMS2: Intact nuclear expression

Background nonneoplastic tissue/internal control with intact nuclear expression

IHC interpretation: No loss of nuclear expression of MMR proteins: Low probability of MSI-H

Note: There are exceptions to the above immunohistochemical interpretations. These results should not be considered in isolation, and clinical correlation with genetic counseling is recommended to assess the need for germline testing.

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	Low anterior resection
Macroscopic Evaluation of Mesorectum	Complete

TUMOR

Tumor Site	Rectum
Rectal Tumor Location	Entirely below anterior peritoneal reflection

Histologic Type	Adenocarcinoma
Histologic Grade	G2, moderately differentiated
Tumor Size	Greatest dimension (Centimeters): 5.5 cm
Tumor Extent	Invades into muscularis propria
Macroscopic Tumor Perforation	Not identified
Lymphovascular Invasion	Not identified
Perineural Invasion	Not identified
Treatment Effect	No known presurgical therapy

MARGINS

Margin Status for Invasive Carcinoma	All margins negative for invasive carcinoma
Closest Margin(s) to Invasive Carcinoma	Distal
Distance from Invasive Carcinoma to Closest Margin	0.8 cm
Distance from Invasive Carcinoma to Radial (Circumferential) Margin	2 cm
Distance from Invasive Carcinoma to Distal Margin	Distance already reported as closest margin
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	All regional lymph nodes negative for tumor
Number of Lymph Nodes Examined	29
Tumor Deposits	Not identified

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.

pT Category	pT2
pN Category	pN0

Comment(s)	Blocks suitable for possible future studies: A6, A7, A8
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Gross Description

A. The specimen is received fresh for frozen section labeled with the patient's name, medical record number, and "specimen 1; colon, rectum, rectal cancer". It consists of a 16.0 cm in length by 3.5-5.5 cm in diameter stapled lower anterior resection with a large amount of attached adipose tissue. The mesorectal envelope is complete. The serosa is light tan and smooth. The specimen has been previously opened posteriorly, exposing a 5.5 x 4.5 x 0.8 cm pink-tan, granular and sessile mass. The mass is 0.8 cm from the distal resection margin, 11.0 cm from the proximal resection margin and greater than 15.0 cm from the mesenteric/high vascular soft tissue margin. The mass is below the peritoneal reflection and is 2.0 cm from the radial margin. Focal superficial extension of the adipose tissue is noted. The remaining mucosa is light tan and normally folded. 21 possible lymph nodes are identified, ranging from 0.2 to 1.0 cm. The margin is assessed with the surgeon. A frozen section is not performed. Representative sections are submitted as follows:

- A1: Mass, mesentery, mucosa-research mirror sections
- A2-A3: Distal resection margin en face
- A4: Proximal resection margin en face
- A5: Mesenteric/high vascular soft tissue margin en face
- A6-A8: Full-thickness bowel wall with mass demonstrating deepest extent of invasion
- A9-A10: Full-thickness bowel wall with mass and radial margin demonstrating deepest extent of invasion
- A11-A13: 18 intact possible lymph nodes (6 in each)
- A14: 2 intact possible lymph nodes