

Surgical Pathology:

Collected 11/8/2023 08:13 Status: Final result Dx: Rectal cancer (HC CODE)

Test Result Released: No (inaccessible in MyChart)

Component

Clinical Information

Rectal cancer (HC CODE)

Final Diagnosis

A. Bladder, biopsy:

-Benign urothelial mucosa with papillary hyperplasia.

B. Colon, abdominal perineal resection:

-ADENOCARCINOMA (ypT3 pN0). See synoptic report.

C. Left posterior pelvic sidewall, excision:

-Focally positive for adenocarcinoma.

D. Left lateral pelvic sidewall, excision:

-Focally positive for adenocarcinoma.

Note: Sections of this case were shown at intradepartmental quality assurance conference (11/13/2023).

Electronically signed by [REDACTED] MD on 11/14/2023 at 1030 EST

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	Abdominoperineal resection
Macroscopic Evaluation of Mesorectum	Incomplete

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): 5.3 cm
Tumor Extent	Invades through muscularis propria into the pericolic or perirectal tissue
Macroscopic Tumor Perforation	Not identified
Lymphovascular Invasion	Not identified
Perineural Invasion	Not identified
Treatment Effect	Present, with residual cancer showing evident tumor regression, but more than single cells or rare small groups of cancer cells (partial response, score 2)

MARGINS

Margin Status for Invasive Carcinoma	Invasive carcinoma present at margin
Margin(s) Involved by Invasive Carcinoma	Radial (circumferential) or mesenteric
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	20
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.

TNM Descriptors	y (post-treatment)
pT Category	pT3
pN Category	pN0

Gross Description

A) The specimen is received in formalin, labeled with the patient's name, medical record number, and "specimen 1, bladder biopsy". It consists of a 0.3 x 0.3 x 0.1 cm irregular portion of soft, tan tissue. The specimen is submitted in toto in cassette A1.

Date and Time of Collection: 11/8/2023 8:13 AM

Date and Time in Formalin: Same

Cold Ischemic Time: Less than 1 hour

Total Fixation Time: Greater than 6 hours, less than 72 hours

B) Received fresh labeled with the patient's name, medical record number and designated "mesorectum and anus, specimen #2". It consists of a an 18.5 cm in length segment of rectum with 3.2 cm of attached anus. 10 cm of the rectum is located above the peritoneal reflection. There are 2 cm of attached mesenteric pedicle. The specimen is opened to reveal a nearly circumferential 5.3 x 4.8 cm rectal mass which is 1.2 cm from the dentate line and 3.6 cm from the distal resection margin. The mass is 14 cm from the proximal resection margin and 15 cm from the mesenteric margin the mass extends through the muscularis and is less than 0.1 cm from the mesorectal margin (inked black). The mass is located 2.5 cm distal to the peritoneal reflection. There are numerous irregular, cauterized defects (inked orange) within the rectum and mesorectal measuring up to 2.5 cm in greatest dimension. The mesorectum does not appear complete. Within the attached fat there are multiple tan lymph nodes. Representative sections of the lesion and normal mucosa are submitted for research.

Also received in the specimen container are fragments of tan-pink lobulated tissue aggregating 2.4 x 1.7 x 0.7 cm. Representative sections are submitted as follows:

B1) additionally received fragments of tissue within the specimen container

B2) proximal resection margin submitted en face

B3 and B4) anal resection margin submitted en face

B5-B9) perpendicular sections of the lesion to include mesorectum and area with the defect

B10-B13) perpendicular sections of the lesion and intact mesorectum

B14)) mirror sections of tumor submitted for research

B20-B28) additional representative sections of pericolic fat (4 possible lymph nodes)

Date and Time of Collection: 11/8/2023 11:01 AM

Date and Time in Formalin: 11/8/2023 at 11:33 AM

Cold Ischemic Time: Less than 1 hour

Total Fixation Time: Greater than 6 but less than 72 hrs.

C) Received in formalin labeled with the patient's name, medical record number and designated "pelvis, left posterior sidewall, specimen #3". It consists of a 2.0 x 1.3 x 0.9 cm tan-red-brown soft portion of tissue. The specimen is sectioned and submitted in its entirety in cassette C1.

Date and Time of Collection: 11/8/2023 11:06 AM