

Surgical Pathology

Collected 8/21/2024 11:12 Status: Edited Result - FINAL Dx: Colon cancer (HC CODE)

Test Result Released: Yes (not seen)

Component

Clinical Information

Colon cancer (HC CODE)

Final Diagnosis

SUMMARY OF PATHOLOGIC STAGE: pT3N0MX

A. Colon, Ascending, Right Colectomy:
Adenocarcinoma, moderately differentiated, with focal mucinous features.
-Tumor size is 8.2 cm in greatest dimension.
-Tumor invades through the muscularis propria into pericolic fat.
-Margins free of tumor, nearest radial margin is 2.1 cm away from tumor.
Background colon with tubular adenoma.
Small bowel, negative for carcinoma.
Appendix with fibrous obliteration, but negative for carcinoma.
Fifty lymph nodes, negative for metastasis (0/50).

Note: The patient's known history of Lynch Syndrome is noted. Testing on the prior biopsy (S24-16663) showed loss of MLH1 and PMS2, retention of MSH2 and MSH6, negative BRAF, and no MLH1 promoter hypermethylation.

Addendum 1

Pancytokeratin was negative for metastatic carcinoma in the lymph nodes on A14. Controls were appropriately reactive. This IHC staining was performed and interpreted at the time of initial sign out.

Addendum 2

This case was sent out for confirming consultation to Moffitt Cancer Center. Dr. Masoumeh Ghayouri, the consultant, has an opinion in essential agreement with the above diagnosis. Please see separate Moffitt report RV-24-016701. This case is included as part of our quality assurance program.

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	Right hemicolectomy
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TUMOR

Tumor Site	Ascending colon
Histologic Type	Adenocarcinoma
Histologic Grade	G2, moderately differentiated
Tumor Size	Greatest dimension (Centimeters): 8.2 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
Type of Polyp in which Invasive Carcinoma Arose	None 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	Radial (circumferential) or mesenteric
Distance from Invasive Carcinoma to Closest Margin	Greater than 1 cm
Distance from Invasive Carcinoma to Distal Margin	Not applicable
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	50
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	pT3
pN Category	pN0

ADDITIONAL FINDINGS

Additional Findings	None identified
Comment(s)	Tumor is available for additional testing at clinical request (A7, A8-A10)

Gross Description

A. The specimen is received fresh, labeled with the patient's name, medical record number, "colon, ascending". It consists of a right hemicolectomy specimen consisting of terminal ileum (4.5 cm in length by 3.1 cm in circumference), ascending colon (15.1 cm in length by 5.5 cm in diameter) and attached appendix (3.1 x 0.5 cm). There is attached yellow adipose tissue spanning the entire length of the specimen. The radial margin is inked black. The serosa is tan-pink, smooth with focal black tattooing. The bowel is opened to reveal a 8.2 x 4.2 x 1.1 cm tan-gray, exophytic mass in the ascending colon (80% circumferential), which is 9.1 cm from the proximal margin and 10.1 cm from the distal margin. Sectioning through the mass reveals a tan-white, firm cut surface involving the serosa and underlying fat, with a depth of invasion of 0.9 cm. The mass is 2.1 cm from the radial margin. Also identified, 3.0 cm distal to the mass is a 1.2 x 0.6 x 0.2 cm tan-pink sessile polyp, which is 7.2 cm from the distal margin. The remaining mucosa is tan-pink with normal folds. The adipose tissue contains multiple tan-pink to tan-white lymph nodes ranging from 0.3 to 1.5 cm. Representative sections are submitted in cassettes as follows:

- A1: Mirror sections for research-tumor, mucosa, mesentery
- A2: Bisected appendiceal tip and representative cross-sections
- A3: Proximal margin, en face
- A4: Distal margin, en face
- A5: Mesenteric vascular pedicle, en face
- A6: Radial margin, en face
- A7-A10: Mass with deepest invasion, representative
- A11: Sessile polyp, bisected and entirely submitted
- A12: Uninvolved mucosa
- A13-A17: Multiple whole lymph nodes
- A18: 1 trisected lymph node
- A19: 1 bisected lymph node
- A20: 2 bisected lymph nodes, 1 is inked black
- A21: 1 bisected lymph node