

Surgical Pathology

Collected 2/14/2024 16:04 Status: Edited Result - FINAL Dx: Colon cancer (HC CODE)

Test Result Released: No (inaccessible in MyChart)

Component

Clinical Information

Colon cancer

Final Diagnosis

A. Colon, Ascending and Transverse, Extended Right Hemicolectomy:

- Invasive adenocarcinoma, poorly differentiated, with focal neuroendocrine features.
 - Tumor measures 5.5 cm grossly and invades through the muscularis propria into pericorectal soft tissue with tumor contiguous with serosal surface through area of inflammation (pT4a).
 - Focal lymphatic invasion and perineural invasion are identified.
 - By report, prior biopsy (S24-3347) with loss of MLH1/PMS2 nuclear expression.
 - Resection margins are negative for tumor.
- Forty-two lymph nodes, negative for malignancy (0/42).
- Multiple lymph nodes with non-necrotizing granulomas.

Addendum 1

Immunohistochemical stain for BRAF V600E is positive. Control is adequate.

Addendum 2

Special stains were performed on block A20 given granulomatous changes:

AFB: No acid-fast bacilli identified.

GMS: No fungal organisms identified.

Controls are adequate.

Microscopic**Description**

CK5/6 and D2-40 were performed on blocks A8, A10, A11, and A12 (only CK5/6) to evaluate for serosal lining. D2-40 also highlighted area of lymphatic invasion on A8.

Given areas of more solid almost insular appearing growth pattern, additional stains were performed on block A8 as follows:

CDX2: Positive

SATB2: Positive

CK20: Minimal staining

INSM1 (A8 and A11): Scattered nuclear positivity

Synaptophysin: Minimal staining

Chromogranin: Negative

Immunohistochemical stain for BRAF V600E is pending and will be reported in an addendum.

Intradepartmental consultation was obtained. Focal perineural invasion is also highlighted on synaptophysin stain.

AFB and GMS stain will be performed on A20, though the non-necrotizing granulomas are likely a component of clinically noted history of sarcoidosis.

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

Extended right hemicolectomy

TUMOR

Tumor Site

Transverse colon

Histologic Type	Adenocarcinoma
Histologic Type Comment	focal neuroendocrine differentiation is identified
Histologic Grade	G3, poorly differentiated
Tumor Size	Greatest dimension (Centimeters): 5.5 cm
Additional Dimension (Centimeters)	4 cm 2.7 cm
Tumor Extent	Invades visceral peritoneum
Macroscopic Tumor Perforation	Not identified
Lymphovascular Invasion	Small vessel
Perineural Invasion	Present
Type of Polyp in which Invasive Carcinoma Arose	None 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	All margins negative for invasive carcinoma
Closest Margin(s) to Invasive Carcinoma	Radial (circumferential) or mesenteric
Distance from Invasive Carcinoma to Closest Margin	4.5 mm
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	42
Tumor Deposits	Not identified

DISTANT METASTASIS

Distant Site(s) Involved	Liver: (R23-00108)
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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	pT4a
pN Category	pN0

ADDITIONAL FINDINGS

Additional Findings	None identified
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Gross Description

A. The specimen is received fresh, labeled with the patient's medical record number and "specimen 1; colon, ascending and transverse colon". It consists of a right hemicolectomy specimen consisting of terminal ileum, cecum, ascending and proximal transverse colon. No appendix is present; there are delicate adhesions and a slightly puckered area at the previous appendectomy site. The terminal ileum is 2.7 cm long by 3.5 cm internal circumference. The large bowel is approximately 30 cm long with an internal circumference up to 9.5 cm. Both margins are received stapled. The serosa is pink-tan and smooth with an abundant amount of attached yellow,