

Pathology Report and Specimens for Procedure PROC-34805



ID, Proc, Patient, Barcode	Type	Donor Type	A/S/R	Weight	Prep	Primary	Metastaic	Stage	Grade	Percentages	Procurement Year
WD-105520 PROC-34805 PAT-34520 C106963	MALIGNANT COLON CARCINOMA \ ADENOCARCINOMA		86/F/B	0.89 grams	Frozen, LN2 - vapor phase	COLON	LYMPH NODE	Stage IIIB	G3 Poorly differentiated	70% Necrosis, 25% Lesion, 5% Stroma, 80% Tumor By Area, 60% Cellularity, 0% Acellular Mucin	2013
PET: 0.5 PPET: GPET:	In Surg Path: Organ Removal: Complete Prep:				Cold Ischemia: Warm Ischemia: Trans on Ice: Unknown				Fix Time: PMI Time: Clamp Time:		
Comments:											
Consent Status: Collected under waiver of consent.											

Pathology report entered by Erik Brooks (CHTN)

86/F/B
C/R=N/N

MSI: Microsatellite Stable Phenotype Observed.

DIAGNOSIS:

1) LEFT COLON, COLECTOMY: POORLY DIFFERENTIATED ADENOCARCINOMA, 7.5 CM IN GREATEST EXTENT, INVADING SEROSA; EXTENSIVE LYMPHOVASCULAR INVASION IDENTIFIED; NEGATIVE FOR PERINEURAL INVASION; RESECTION MARGINS, NEGATIVE FOR CARCINOMA; DIVERTICULOSIS; 8 OF 17 LYMPH NODES INVOLVED BY METASTATIC CARCINOMA (8/17), (SEE SUMMARY FINDINGS).

2) LIVER, SEGMENT 4A, WEDGE RESECTION: NEGATIVE FOR MALIGNANCY; PORTION OF HEPATIC PARENCHYMA WITH NO SIGNIFICANT STEATOSIS, LOBULAR ACTIVITY, OR BALLOONING DEGENERATION; MINIMAL NONSPECIFIC PORTAL INFLAMMATION, (SEE COMMENT).

Carcinoma of the Colon or Rectum:
Summary Findings

Specimen received: left colon

Other organs received: liver

Procedure: left colectomy and liver wedge resection

Tumor site: left colon

Tumor size: 7.5 x 6.2 x 2.2 cm

Macroscopic tumor perforation: not identified

Macroscopic intactness of mesorectum:
X Not applicable

Histologic type: adenocarcinoma

Histologic grade: poorly differentiated

Microscopic tumor extension: involving the serosal surface

Margins:
X All margins uninvolved by invasive carcinoma or adenoma
Distance of invasive carcinoma or adenoma from closest margin:
7.2 cm
Specify margin: bowel resection margin
Specify invasive carcinoma or adenoma: invasive carcinoma

Treatment effect:

☒ No prior treatment

Lymph-vascular invasion: identified

Perineural invasion: negative

Tumor deposits (discontinuous extramural extension): present

Number of tumor deposits identified: multiple

Pathologic staging (pTNM) [AJCC 7th edition TNM Staging System]:

TNM Descriptors (m, y, or r): none

Primary tumor (pT): pT4a

Regional lymph nodes (pN): pN2b

Number examined: 17

Number involved: 8

Distant metastases (pM), if applicable: pM n/a

*Additional Pathologic Findings: n/a

*Ancillary Studies:

Microsatellite instability (MSI) testing ordered: pending

KRAS mutational analysis ordered: not ordered

CLINICAL DATA

Clinical Features: Clinical Diagnosis: Unspecified

Operator: Dr. ----

Operation: Left colon resection

Operative Findings: Unspecified

Operative Diagnosis: Unspecified

Tissue Submitted: 1) Left colon; 2) segment 4A

INSTRUCTIONS TO PATHOLOGIST: Source 2) Routine.

GROSS DESCRIPTION:

1) SOURCE: Left Colon

The specimen is received fresh in a container labeled with the patient's name "-----", MR number, and "left colon" and consists of an unoriented left colectomy specimen with dimensions of 39 cm in length and ranging from 3.6 to 4.1 cm in diameter. Both surgical resection margins are received stapled. The specimen is markedly twisted and adhered upon itself with a large amount of attached pericolic adipose tissue that extends the entire length. The mesentery and serosal surface within the mid portion of this bowel segment demonstrate tan-white induration and nodularity with overall dimensions of 8 x 6 cm and is inked blue.

The specimen is opened to reveal a firm, tan-white, circumferential fungating mass that involves the mid portion of the specimen with overall dimensions of 7.5 x 6.2 cm. On cut surface, this mass extends to a depth of 2.2 cm, invading through the muscularis into the attached mesentery and abutting the inked serosal surface. This mass extends to within 7.2 cm from the closest surgical resection margin. Marked luminal narrowing is identified within this lesion, without discrete obstruction. The adjacent mucosa is tan-pink, heaped and edematous. The luminal surface of this mass demonstrates a dark yellow-green, granular and necrotic appearance.

The mucosa of the uninvolved bowel is tan-pink with normal folds. The uninvolved bowel wall thickness ranges from 0.3 to 0.5 cm. Multiple diverticula are identified ranging from 0.2 to 0.5 cm. Within the attached pericolic tissue, 21 firm, tan-pink candidate lymph nodes are identified ranging in size from 0.2 to 0.8 cm in greatest dimension. Some of these lymph nodes demonstrate firm, tan-white foci that are grossly suspicious for metastatic disease.

Summary of sections: 1A, surgical resection margin closest to mass, 2/1;
1B, surgical resection margin farthest from mass, 2/1;
1C, mesenteric vascular margin, 1/1;
1D, mass abutting inked serosa, 1/1;

1E-1H, additional mass, 1/1 each;
1I and 1J, mass and adjacent uninvolved mucosa, 1/1 each;
1K and 1L, areas of adhesion including mass, 1/1 each;
1M, diverticula, 2/1;
1N, 2 lymph nodes, both bisected, 1 inked, 4/1;
1O, 6 lymph nodes, 6/1;
1P, 2 lymph nodes, 2/1;
1Q, 2 lymph nodes, both bisected, 1 inked, 4/1;
1R, 2 lymph nodes, both bisected, 1 inked, 4/1;
1S, 1 lymph node bisected, 2/1;
1T, 1 lymph node trisected, 3/1;
1U, 5 lymph nodes, 5/1.

2) SOURCE: Segment 4A

Received fresh in a container labeled "----," with medical record number and "segment 4A," is a 1.1 x 0.6 x 0.6 cm segment of dark brown, irregular soft tissue with one glistening aspect, consistent with a capsule. No orientation is provided. The capsular surface is remarkable for a 0.2 x 0.2 cm tan-white, well-defined nodule that grossly abuts the capsular resection margin, which has been inked in blue. Upon sectioning, the nodule extends 0.1 cm below the capsular surface and comes within 0.1 cm of the closest deep margin. The remaining parenchyma is dark red-brown with no additional foci grossly identified. The specimen is submitted entirely as cassette 2A, 4/1.

Chemo history: No

Radiation history: No
