

Pathology Report and Specimens for Procedure PROC-54163



ID, Proc, Patient, Barcode	Type	Donor Type	A/S/R	Weight	Prep	Primary	Metastaic	Stage	Grade	Percentages	Procurement Year
WD-105533 PROC-54163 PAT-52614 D08820	MALIGNANT COLON CECUM CARCINOMA \ MUCINOUS ADENOCARCINOMA		78/M/W	0.73 grams	Frozen, LN2 - vapor phase	COLON	LYMPH NODE	Stage IIIC	G3 Poorly differentiated	0% Necrosis, 30% Lesion, 70% Stroma, 90% Tumor By Area, 30% Cellularity, 70% Acellular Mucin	2016
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.											

Final Pathology Report entered by CHTN Staff member brookse.

A/S/R: 78/M/W

Chemo: No

Rad: No

BMI: 33.9

Height: 66 inches

Weight: 209.99 lbs

Co-Morbidities: HTN, Obesity, Anemia, BPH

Prior Cancer History: Skin, Squamous Cell

Molecular Testing Results:

MSI test result: Results consistent with Microsatellite o Stable (MSS): Microsatellite Instability NOT DETECTED

FINAL PATHOLOGY REPORT

Diagnosis

1) RIGHT COLON, TERMINAL ILEUM, CECUM AND APPENDIX, RIGHT HEMICOLECTOMY: ADENOCARCINOMA; SEE SYNOPTIC REPORT. INCIDENTAL TUBULAR ADENOMA AND SESSILE SERRATED ADENOMA IN CECUM. APPENDIX WITH NO SIGNIFICANT HISTOPATHOLOGIC CHANGE. SEE COMMENT.

2) OMENTUM, OMENTECTOMY: BENIGN ADIPOSE TISSUE; NEGATIVE FOR TUMOR.

3) FALCIFORM LIGAMENT, EXCISIONAL BIOPSY: BENIGN FIBROADIPOSE TISSUE; NEGATIVE FOR TUMOR.

Comments

The carcinoma exhibits both small and large vessel invasion. Small tumor deposits are noted near large extramural vessels. There are bulky lymph node metastases.

Case reviewed by Attending Pathologist

Synoptic Diagnosis

1) RIGHT COLON:

Specimen: Terminal ileum

Cecum

Appendix

Ascending colon

Procedure: Right hemicolectomy

Primary Tumor Site: Cecum

Additional Sites Involved by Tumor: None identified

Macroscopic Tumor Perforation: Not identified

Macroscopic Intactness of Mesorectum: Not applicable

Histologic Type: Signet-ring cell carcinoma

Histologic Grade: High-grade

Tumor Size: Greatest dimension: 7.6 cm

Microscopic Tumor Extension: Tumor invades through the muscularis propria into the

subserosal adipose tissue or the nonperitonealized pericolic or perirectal soft tissues but does not extend to the serosal surface

Margins: All margins uninvolved by invasive carcinoma

Distance of invasive carcinoma from closest margin: 7.2 cm

Margin: Circumferential (Radial) or Mesenteric

Proximal Margin: Uninvolved by invasive carcinoma - No adenoma or intraepithelial neoplasia/dysplasia identified

Distal Margin: Uninvolved by invasive carcinoma - No adenoma or intraepithelial neoplasia/dysplasia identified

Circumferential or Mesenteric Margin: Uninvolved by invasive carcinoma

Lymph-Vascular Invasion: Present

Perineural Invasion: Not identified

Tumor Deposits: Present

Number of deposits: 5

Type of Polyp in which Invasive Carcinoma Arose: None identified

Pathologic Staging (pTNM): pT3: Tumor invades through the muscularis propria into pericolorectal tissues

Regional Lymph Nodes (pN): pN2b: Metastasis in 7 or more regional lymph nodes

Number of nodes examined: 17

Number of nodes involved: 11

Distant Metastasis (pM): Not applicable

Additional Pathologic Findings: Adenoma(s)

Ancillary Studies: Microsatellite instability pending

Clinical Data

Clinical Features: Unspecified.

Clinical Diagnosis: Adenocarcinoma of colon and liver.

Operator: Dr. ----

Operation: Exploratory laparotomy, colon resection, possible ostomy, possible small bowel, possible liver resection, possible cholecystectomy, possible liver biopsy.

Operative Findings: Unspecified.

Operative Diagnosis: Unspecified.

Tissue Submitted: 1) Right colon; 2) Omentum; 3) Falciform.

INSTRUCTIONS TO PATHOLOGIST: Routine.

Specimen(s) Received

1) RIGHT COLON

2) OMENTUM

3) FALCIFORM

Gross Description

1) RIGHT COLON:

Received fresh, labeled "----" on the surgical label and the pathology label, with medical record number and "right colon" is a right hemicolectomy specimen consisting of a portion of colon measuring 43.0 cm in length and 7.0 cm in diameter, a portion of small bowel measuring 24.5 cm in length and 4.5 cm in diameter, a 10.0 x 0.8 cm vermiform appendix, and attached fat. The specimen is received with 2 stapled resection margins.

There is a 7.6 x 6.5 x 2.5 cm hyperemic, ovoid and predominantly flat mass in the cecum, obliterating the ileocecal valve, 0.9 cm the appendiceal orifice, 17.5 cm from the proximal resection margin, 31.5 cm from the distal resection margin, and 7.2 cm from the mesenteric resection margin. The mass grossly involves the bowel wall, and appears to extend into the overlying adipose tissue. The serosa overlying the mass is inked blue. No extension through the serosa is identified.

There are 2 possible sessile polyps in the cecum, measuring 1.0 x 0.8 x 0.2 cm and 0.8 x 0.6 x 0.2 cm, 39.9 cm from the distal resection margin and 28.1 cm from the proximal resection margin. No involvement of the bowel wall is identified.

The mucosa of the colon is otherwise edematous, pink-tan, and glistening. The mucosa of the small bowel is otherwise pink-tan, glistening and unremarkable. No additional lesions or abnormalities are identified. The serosa is intact, smooth and red-pink. The wall of the colon averages 0.2 cm and the wall of the small bowel averages 0.3 cm.

The vermiform appendix is intact, smooth and pink-red. No defects or exudate are identified. The mucosa is pink-tan and averages 0.1 cm. No lesions or abnormalities are identified. The wall is tan-white and averages 0.1 cm, with no thickening. The lumen averages 0.6 cm and contains a small amount of fecal material. No fecaliths are present.

Multiple candidate lymph nodes are identified. There are many tan-white, firm, grossly positive candidate lymph nodes. The largest measures 4.2 x 2.2 x 1.5 cm, with a 3.9 cm possible metastatic lesion. The remaining candidate lymph nodes are pink-red, measuring 0.1-2.0 cm. Tissue is sent for research. Representative sections are submitted.

Summary of sections:

1A, proximal margin shaved, 1/1;
1B, distal margin shaved, 1/1;
1C, mesenteric resection margin shaved, 1/1;
1D, grossly normal small bowel, 1/1;
1E, grossly normal colon, 1/1;
1F, 2 possible cecal polyps, 2/1;
1G, vermiform appendix, 3/1;
1H-1I, mass to small bowel, 1/1 each;
1J-1K, mass to colon, 1/1 each;
1L-1M, mass greatest depth, 1/1 each;
1N, mass to overlying serosa, 1/1;
1O, 2 candidate lymph nodes from small bowel, 2/1;
1P, 1 candidate lymph node from small bowel, 1/1;

1Q-1R, representative sections, 1 grossly positive candidate lymph node from cecum, 1/1 each;
1S, representative sections, 1 grossly positive candidate lymph node from cecum, 2/1;
1T, 1 grossly positive candidate lymph node from cecum, sectioned, 3/1;
1U, 1 grossly positive candidate lymph node from cecum, sectioned, 3/1;
1V, 1 grossly positive candidate lymph node from cecum, sectioned, 3/1
1W, 2 candidate lymph nodes from cecum, 2/1;
1X, 2 candidate lymph nodes from cecum, 2/1;
1Y, 1 grossly positive candidate lymph node from cecum, bisected, 2/1;
1Z, 1 candidate lymph node from cecum, bisected, 2/1;
1AA, 1 candidate lymph node from cecum, sectioned, 3/1;
1AB, 1 grossly positive candidate lymph node from cecum, sectioned, 3/1;
1AC, 2 candidate lymph nodes from colon, 2/1.

2) OMENTUM:

Received fresh, labeled "-----" on the surgical label and the pathology label, with medical record number and "omentum" is an unoriented 16.5 x 8.5 x 1.9 cm fragment of tan-yellow, lobulated omentum. No lesions or abnormalities are identified. Representative sections are submitted, 2A-2B, 2/1 each.

3) FALCIFORM:

Received fresh, labeled "-----" on the surgical labeled and the pathology label, with medical record number and "falciform" is an unoriented 5.0 x 4.8 x 2.9 cm fragment of tan-yellow, lobulated fatty tissue. The cut surfaces are focally tan-white and fibrous. No lesions or abnormalities are identified. Representative sections are submitted, 3A-3B, 2/1 each.

Path report primary checked by : perryrc

Path report secondary checked by : perryrcChemo history: No
Radiation history: No
