

Pathology Report and Specimens for Procedure PROC-48617



ID, Proc, Patient, Barcode	Type	Donor Type	A/S/R	Weight	Prep	Primary	Metastaic	Stage	Grade	Percentages	Procurement Year
WD-105535 PROC-48617 PAT-46816 C84675	MALIGNANT COLON ASCENDING CARCINOMA \ ADENOCARCINOMA		73/M/W	0.48 grams	Frozen, LN2 - vapor phase	COLON		Stage IIA	G1 Well differentiated	0% Necrosis, 30% Lesion, 70% Stroma, 20% Tumor By Area, 30% Cellularity, 10% 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 from consented donor.											

Final Pathology Report entered by CHTN Staff member brookse.

A/S/R: 73/M/W

Chemo: No

Rad: No

BMI: 43.4

Height: 177.8 cm

Weight: 137.1 kg

Co-Morbidities: HTN, Obesity, COPD, A-fib, AAA, CAD

Prior Cancer History:

Molecular Testing Results:

MSI test result: Results consistent with Microsatellite Instability o High (MSI-H)

BRAF test result: c.1799T>A Mutation NOT Detected

FINAL PATHOLOGY REPORT

Diagnosis

RIGHT COLON, TERMINAL ILEUM, AND APPENDIX, RIGHT HEMICOLECTOMY: TWO COLONIC ADENOCARCINOMAS, 4.6 CM AND 0.6 CM; SEE SYNOPTIC REPORT. DIVERTICULOSIS COLI. APPENDIX WITH NO SIGNIFICANT HISTOPATHOLOGIC CHANGE.

Case reviewed by Attending Pathologist

MDL Microsatellite Instability Status: Signed Out

Synoptic Diagnosis

1) TERMINAL ILEUM, APPENDIX, RIGHT COLON:

Specimen: Terminal ileum

Cecum

Appendix

Ascending colon

Procedure: Right hemicolectomy

Primary Tumor Site: Right (ascending) colon

Additional Sites Involved by Tumor: None identified

Macroscopic Tumor Perforation: Not identified

Macroscopic Intactness of Mesorectum: Not applicable

Histologic Type: Mucinous adenocarcinoma

Histologic Grade: Low-grade

Tumor Size: Greatest dimension: 4.6 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: 3.0 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: Not identified
 Type of Polyp in which Invasive Carcinoma Arose: Villous adenoma
 Pathologic Staging (pTNM): pT3: Tumor invades through the muscularis propria into pericolorectal tissues
 Regional Lymph Nodes (pN): pN0: No regional lymph node metastasis
 Number of nodes examined: 21
 Number of nodes involved: 0
 Distant Metastasis (pM): Not applicable
 Ancillary Studies: Microsatellite instability pending

Specimen: Terminal ileum

Cecum

Appendix

Ascending colon

Procedure: Right hemicolectomy

Primary Tumor Site: Right (ascending) colon

Additional Sites Involved by Tumor: None identified

Multiple Primary Sites: Additional primary site(s) present

Macroscopic Tumor Perforation: Not identified

Macroscopic Intactness of Mesorectum: Not applicable

Histologic Type: Adenocarcinoma

Histologic Grade: Low-grade

Tumor Size: Greatest dimension: 0.6 cm

Microscopic Tumor Extension: Tumor invades submucosa

Margins: All margins uninvolved by invasive carcinoma

Distance of invasive carcinoma from closest margin: 5.0 cm

Margin: Proximal

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: Cannot be assessed

Lymph-Vascular Invasion: Not identified

Perineural Invasion: Not identified

Tumor Deposits: Not identified

Type of Polyp in which Invasive Carcinoma Arose: Tubulovillous adenoma

TNM Descriptors: m (multiple primary tumors)

Pathologic Staging (pTNM): pT1: Tumor invades submucosa

Regional Lymph Nodes (pN): pN0: No regional lymph node metastasis

Number of nodes examined: 21

Number of nodes involved: 0

Distant Metastasis (pM): Not applicable

Additional Pathologic Findings: Other polyps: sessile serrated adenomas

Ancillary Studies: Microsatellite instability not performed: MSI testing performed on larger carcinoma

Intraoperative Consultation

1 ORC) TERMINAL ILEUM, APPENDIX, AND RIGHT COLON, RIGHT HEMICOLECTOMY (GROSS MARGIN): TUMOR IS 4 CM FROM PROXIMAL MARGIN.

Clinical Data

Clinical Features: Unspecified

Clinical Diagnosis: Unspecified

Operator: -----

Operation: Right colectomy

Operative Findings: Unspecified

Operative Diagnosis: Unspecified

Tissue Submitted: Terminal ileum, appendix, right colon

Instructions to Pathologist: ORC consultation

Specimen(s) Received

1) TERMINAL ILEUM, APPENDIX, RIGHT COLON

Gross Description

1) TERMINAL ILEUM, APPENDIX, RIGHT COLON:

Received fresh for ORC consultation labeled "----- and terminal ileum, appendix, right colon" consists of a right colectomy specimen with attached pericolonic fat and appendices epiploica. The

distal terminal ileum measures, 4 cm in length. The proximal margin has a metallic staple line and measures, 2.3 cm in diameter. The colon measures, 32 cm in length. The distal margin has a metallic staple line and measures, 4.4 cm in diameter. A brown tan raised sessile mass is identified in the cecum, measuring 4.3 x 4.6 cm. The mass is located 4 cm from the terminal ileum margin and 32 cm from the distal margin. The serosal surface in the area of the lesion is puckered. The serosal surface in the area of the lesion is inked blue. The lesion has tan- white cut surfaces and grossly appears to extend through the serosa and into the adjacent surrounding fatty tissue. In one area the lesion has underlying pericolonic fat and is located 3 cm away from the radial margin. Four possible, sessile cecal polyps are identified they vary from 0.4 cm to 1.5 cm in greatest dimensions. The polyps are located 5 cm from the proximal terminal ileum margin and 26 cm from the distal colon margin. Sectioning of the colon reveals multiple diverticuli. No ruptured or perforated diverticula are grossly identified. The colon contains a 1.1 cm, brown, hard fecalith. The vermiform appendix appears to be grossly unremarkable, measuring 5.5 cm in length and 0.6 cm in diameter. Tumor and normal tissue is given for research studies.

Representative sections are submitted.

1A, proximal margin, 1/1;

1B, distal margin, 1/1;

1C, vermiform appendix cross section and perpendicular section, 2/1;

1D-1E, radial margin and tumor (bisected), 1/1;

1F, 1I, tumor and serosa, 1/1;

1J, 1M, polyp submitted entirely, M/1;

1N, possible diverticuli, 2/1;

1O, 1P, one possible lymph node each bisected, 2/1;

1Q, 1S, 4 possible lymph nodes in each, 4/1

Additional sections are submitted:

1T-1U, muscularis immediately deep to polyp, 1T, 2/1, 1U, 1/1;

1V, 4 lymph nodes, 4/1;

1W, 4 lymph nodes, 4/1;

1X, 4 lymph nodes, 4/1;

1Y, 3 lymph nodes, 3/1.

Please note: The mucosa of the polyp appears to have been shaved and previously submitted

Chemo history: No

Radiation history: No
