

PATHOLOGY REPORT

PATIENT:	Lee, Robert C.	MRN:	MUH112233
ACCESSION:	S24-9101	DOB:	07/15/1955
PHYSICIAN:	Dr. Garcia (Thoracic Surgery)	RECEIVED:	04/19/2024
SPECIMEN DATE:	04/19/2024	REPORTED:	04/24/2024

SPECIMEN(S):

PART 1: Esophagus, Esophagectomy
PART 2-17: Lymph Nodes, various stations (Subcarinal, Paraesophageal, Pericardial, Thoracic Duct, Vagal, Azygous, Lesser Curve, Left Gastric Artery, Gastric Fat, Diaphragmatic Fat Pad), Excision
PART 16-17: Anastomotic Rings/Final Gastric Margin

CLINICAL HISTORY: Esophageal CA.

FINAL DIAGNOSIS:

PART 1: ESOPHAGUS AND STOMACH, ESOPHAGECTOMY:
A. ADENOCARCINOMA, MODERATELY DIFFERENTIATED, arising in Barrett's mucosa at the gastroesophageal junction, INVASIVE INTO THE SUBMUCOSA (pT1b).
- Tumor Size: 5.0 cm (greatest dimension per comment).
B. Angiolymphatic Invasion: Negative.
C. Perineural Invasion: Negative.
D. Surgical Resection Margins (Proximal Esophagus, Distal Stomach, Adventitial/Radial Margin): Negative for invasive carcinoma and dysplasia.
- Closest Margin: Tumor comes within 0.2 cm (2 mm) of the radial/adventitial surgical resection margin.
E. Additional Findings:

- Separate focus of HIGH GRADE DYSPLASIA (0.9 cm) located 1.6 cm distal to the main tumor, within Barrett's mucosa.
- Background GASTROESOPHAGEAL MUCOSA WITH BARRETT'S MUCOSA (Intestinal Metaplasia).

F. Regional Lymph Nodes: Negative for malignancy in **9** lymph nodes identified within this specimen (0/9).

G. AJCC Pathologic Staging (8th Ed.): pT1b pN0 (See Part 2-15 for additional nodes).

PART 2-11, 13-15: LYMPH NODES, VARIOUS STATIONS (as listed above), EXCISION:

- Negative for malignancy in **13** additional lymph nodes examined (0/13).
- **Total Examined Lymph Nodes (Part 1 + Part 2-15): 22.**
- **Total Positive Lymph Nodes: 0.**

PART 12 & 7: LYMPH NODE, GASTRIC FAT & PARAESOPHAGEAL NEAR RIGHT CRUS, EXCISION:

- Skeletal muscle and/or fibroadipose tissue, no lymph nodes identified. Negative for malignancy.

PART 16 & 17: ANASTOMOTIC RINGS & FINAL GASTRIC MARGIN, EXCISION:

- Stomach/Esophageal tissue, negative for malignancy.

CASE SYNOPSIS (ESOPHAGEAL TUMORS):

- Specimen Type: Esophagogastrectomy
- Tumor Site: Esophagogastric junction (EGJ)
- Tumor Size: 5 cm
- Histologic Type: Adenocarcinoma
- Histologic Grade: G2 (Moderately Differentiated)
- Pathologic Staging: pT1b pN0 (0/22 nodes positive) M cannot be assessed.
- Margins: Proximal, Distal, Radial margins negative for invasion/dysplasia. Closest radial margin 2 mm.
- LVI/PNI: Absent.
- Additional Findings: Barrett's esophagus, High Grade Dysplasia focus.

COMMENT:

The 5.0 cm adenocarcinoma present at the gastroesophageal junction arises in Barrett's esophagus and invades the submucosa. A separate 0.9 cm focus of high grade dysplasia is located 1.6 cm distally to the main tumor. No angiolymphatic invasion is seen using double

immunohistochemical stain D240/AE1/3. All margins negative, radial margin close (2mm). All 22 lymph nodes negative.

GROSS/MICROSCOPIC SUMMARY:

(Summarized from provided text) Esophagogastrectomy specimen showing a 5.0 cm adenocarcinoma at the GE junction invading the submucosa. A separate 0.9 cm focus of HGD present distally within Barrett's mucosa. Margins negative, but radial margin is close (2mm). No LVI/PNI. All 22 examined regional lymph nodes (from main specimen and separate submissions) are negative for metastasis.

Electronically Signed: Dr. Helen Croft, MD | **Date/Time:** 24/04/2024 13:50h