

SURGICAL PATHOLOGY REPORT

PATIENT:	Thompson, George	DOB:	01/10/1961
MRN:	RCC987001	GENDER:	Male
ACCESSION NO:	S24-3344	COLL DATE:	(Not Specified)
RECEIVED:	04/19/2024	REPORTED:	04/23/2024
ATTENDING PHYSICIAN:	Dr. Isabella Rossi (Surg Onc)		

SPECIMEN:

- 1. Total organ resection - rectum and sigmoid colon.

CLINICAL DIAGNOSIS:

Cancer of the rectosigmoid junction.

HISTOPATHOLOGY DIAGNOSIS:

1. Rectum and Sigmoid Colon, Resection (Low Anterior Resection):
- Adenocarcinoma, Mucinous and Signet Ring Cell Features (G3).
  - Depth of Invasion: Tumor deeply infiltrates through the muscularis propria and serosa into the mesenteric and mesorectal adipose tissue (pT4a).
  - Margins: Proximal and distal intestine ends are clear of neoplastic lesions. Circumferential (radial) margin is clear (Minimum side margin is 3 cm per gross).
  - Regional Lymph Nodes: Metastatic adenocarcinoma present in lymph nodes (Number difficult to assess due to concretions/matting). Extranodal extension identified. (pN2b assigned based on description of matted nodes/extranodal extension).
  - Pathologic Stage (AJCC 8th Ed.): pT4a pN2b MX (M status not assessed).
  - Dukes Stage C; Astler-Coller Stage C2.

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**MACROSCOPIC DESCRIPTION:**

A 26 cm length of the large intestine with a piece of mesentery and periintestinal tissue sized 20 X 11.7 cm. A tumor sized 1.6 X 1 X 1.8 cm found in the mesentery (likely represents matted lymph nodes). A flat tumour sized 7.8 X 2 X 0.6 cm found in the intestine infiltrating the whole thickness of the intestine wall. The lesion surrounds 100% of the intestine circumference and narrows its lumen. It is located 14.5 cm away from one of the excision lines and 4.3 cm from the other one. Minimum side margin is 3 cm. Neighboring lymph nodes are metastatic in gross appearance forming concretions.

**MICROSCOPIC DESCRIPTION:**

Infiltratio carcinomatosa profunda tunicae muscularis propriae et serosae flexure coli (sigmoideo-rectalis) et telae adiposae mesenterii et mesorecti. The tumor is a poorly differentiated adenocarcinoma (G3) with prominent extracellular mucin pools containing clusters of tumor cells (mucinous adenocarcinoma) and focal areas with signet ring cell features (mucocellulare). Intestine ends clear of neoplastic lesions. Metastases carcinomatosae in lymphonodis identified, with infiltration beyond the lymph node capsule into perinodal adipose tissue (extranodal extension). The exact number of lymph nodes involved is difficult to assess due to the formation of metastatic concretions, but involvement is extensive, consistent with pN2b.

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**Electronically Signed:** Dr. David Chen, MD, PhD | **Date/Time:** 23/04/2024 16:00