

**Surgical Final Report**

Temporary Copy

Case: [REDACTED]

Collected: [REDACTED]

Ordered by: [REDACTED]

UUID: 81FC9A66-472B-488F-BE20-BE2E74E5A0D6  
TCGA-SS-A7H0-01A-PR

Redacted



**Final Pathologic Diagnosis**

**A) RIGHT COLON AND DISTAL ILEUM (PARTIAL COLECTOMY):**

- Invasive colonic adenocarcinoma (See synoptic report).

**B) INFERIOR MARGIN (PARTIAL COLECTOMY):**

- Fibromuscular tissue with atrophy, necrosis, granulation tissue and chronic inflammation.
- Negative for malignancy.

**C) POSTERIOR MARGIN (PARTIAL COLECTOMY):**

- Organizing fat necrosis with inflammation.
- Negative for malignancy.

**D) LATERAL MARGIN (PARTIAL COLECTOMY):**

- Fibromuscular tissue with atrophy and chronic inflammation.
- Negative for malignancy.

**E) SUPERIOR MARGIN (PARTIAL COLECTOMY):**

- Organizing fat necrosis with inflammation.
- Negative for malignancy.

**NOTE:** This case was reviewed in conjunction with one or more attending pathologists in this department who concur(s) with the above diagnosis.

I attest I have personally reviewed the specimen/slides and agree with the above findings.

Resident:

**Synoptic Report**

A: COLON/RECTUM, RESECTION -

SPECIMEN:

Terminal ileum

Cecum

Appendix

Ascending colon

PROCEDURE:

Right hemicolectomy

ICD-O-3

Adenocarcinoma NOS 8140/3

Site Cecum C18.0

9/25/13

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Patient: [REDACTED]

ID: [REDACTED]

Location: [REDACTED]

Specimen length (if applicable):

Specify: 35.3 cm

**TUMOR SITE:**

Cecum

**TUMOR SIZE:**

Greatest dimension: 9.5 cm

\*Additional dimensions: 8.5 x 8.0 cm

**MACROSCOPIC TUMOR PERFORATION:**

Present

**HISTOLOGIC TYPE:**

Adenocarcinoma

**HISTOLOGIC GRADE:**

High-grade (poorly differentiated to undifferentiated)

**HISTOLOGIC FEATURES SUGGESTIVE OF MICROSATELLITE INSTABILITY:**

Intratumoral Lymphocytic Response (tumor-infiltrating lymphocytes)

Mild to moderate (0-2 per high-powered (x400) field)

Peritumor Lymphocytic Response (Crohn-like response)

Mild to moderate

**MICROSCOPIC TUMOR EXTENSION:**

Tumor penetrates to the surface of the visceral peritoneum (serosa) and directly invades adjacent structures (specify:) soft tissue

**MARGINS:**

Proximal Margin

Uninvolved by invasive carcinoma

Distal Margin

Uninvolved by invasive carcinoma

Circumferential (Radial) or Mesenteric Margin

Involved by invasive carcinoma (tumor present 0-1 mm from margin)

**TREATMENT EFFECT:**

Not known

**LYMPH-VASCULAR INVASION:**

Present

**PERINEURAL INVASION:**

Not identified

**TUMOR DEPOSITS (discontinuous extramural extension):**

Not identified

**TYPE OF POLYP IN WHICH INVASIVE CARCINOMA AROSE:**

Tubular adenoma

**PATHOLOGIC STAGING:**

**PRIMARY TUMOR (pT)**

pT4a: Tumor penetrates the visceral peritoneum

**REGIONAL LYMPH NODES (pN)**

pN0: No regional lymph node metastasis

Specify Number examined: 25

Number involved: 0

**DISTANT METASTASIS (pMX)**

Not applicable

**COMMENT(S)::**

Focal squamous differentiation in the tumor is noted (section A4).

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### Special Procedures

#### IMMUNOHISTOCHEMICAL STAINS:

Stains performed at

Representative tissue present in all sections examined.

Positive and negative controls react appropriately.

Interpreted by: Performed on block(s): A4

CK7: Negative.

CK20: Patchy positivity in a small subset of tumor cells.

*This test was developed and its performance characteristics determined by it has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.*

### Clinical History

Not provided.

### Pre/Post-operative Diagnosis

Colon cancer.

### Gross Anatomic Description

Specimens received in five containers.

**Specimen A:** Designated "right colon distal ileum" is received in formalin labeled with the patient's name and "right colon distal ileum". Specimen consists of a portion of ileum with attached right colon which measures a total of 35.3 cm in length. The small intestine measures 17.2 cm in length x 3.5 cm in cross sectional diameter. The colon measures 18.1 cm in length and the cross sectional diameter ranges from 5.6 cm distally to 10.2 cm surrounding an enlarged area with focal puckering of the serosal surface. Attached to the colon is a portion of muscle and connective tissue located posteriorly which measures 12.5 x 6.3 x 5.1 cm. The remainder of the serosal surface of both the ileum and right colon are smooth, tan/pink and unremarkable. Attached pericolic fibroadipose tissue is present. This area of puckering measures 9.5 cm from the colonic resection margin. The area composed of the muscle and connective tissue is inked green. The ileal wall measures 0.2 cm in thickness and the mucosal surface of the ileum with grossly unremarkable. Grossly adjacent to the ileal cecal valve is a large variegated polypoid exophytic pink to green colored bosselated mass measuring 9.5 x 8.0 cm and extends to a depth of 8.5 cm. Focally the mass extends to the inked green muscle connective tissue resection margin. The remainder of the colonic mucosa is grossly unremarkable and free of additional polyps or diverticuli. The average wall thickness of the colon measures 0.2 cm to 0.3 cm. Gross photographs are taken. Multiple lymph nodes are identified ranging from 0.2 cm up to 3.1 cm in greatest dimension. The appendix is identified upon cross sectioning of the muscle and soft tissue. The appendix is totally encased within the soft tissue making a measurement of length not possible. The cross-sectional diameter averages 0.6 cm with an intact lumen that is 0.2 cm. The tumor does appear grossly to involve the appendix.

Gross photographs are taken.

Section code: A1 - colon resection margin; A2 - ileal resection margin; A3 - additional representative section of unremarkable colon and ileum; A4-A7 - representative sections tumor; A8-A10 - sections of tumor with deepest muscle and soft issue invasion extending to the inked margin; A11 - three

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possible lymph nodes; A12 – three possible lymph nodes; A13 – three possible lymph nodes; A14 – four possible lymph nodes; A15 – three possible lymph nodes; A16 – two possible lymph nodes; A17 – one possible lymph node; A18 – one possible lymph node; A19 – representative sections of appendix.

**Specimen B:** Designated "inferior margin" is received in formalin labeled with the patient's name and "inferior margin". Specimen consists of two fragments of soft tan/yellow friable fibroadipose connective tissue measuring 4.4 x 3.5 x 2.0 cm and 3.5 x 3.8 x 1.8 cm. Each specimen is entirely inked blue. Cut surface of each piece reveals white firm fibrous tissue admixed with tan/yellow fibroadipose tissue. Representative sections of the heavily fibrous areas are submitted in cassettes B1-B8.

Section code: B1-B8 – entire specimen.

**Specimen C:** Designated "posterior margin" is received in formalin labeled with the patient's name and "posterior margin". Specimen consists of two small fragments of soft tan/yellow bosselated fibroadipose connective tissue each measuring 0.4 x 0.4 x 0.2 cm. The specimens are both entirely inked blue and bisected and submitted in one cassette.

Section code: C1 – entire specimen.

**Specimen D:** Designated "lateral margin" is received in formalin labeled with the patient's name and "lateral margin". Specimen consists of a single portion of soft tan/yellow bosselated fibroadipose connective tissue measuring 2.1 x 2.0 x 1.0 cm. The specimen is entirely inked blue. Cut surface reveals predominantly yellow tan bosselated fibroadipose tissue with focal white fibrous streaks.

Section code: D1 – entire specimen bisected.

**Specimen E:** Designated "superior margin" is received in formalin labeled with the patient's name and "superior margin". Specimen consists of two small fragments of soft tan/yellow bosselated fibroadipose connective tissue measuring 1.5 x 1.0 x 0.5 cm and 2.5 x 0.5 x 0.5 cm. Each specimen is both entirely inked blue and bisected. Cut surface reveals predominantly yellow tan bosselated fibroadipose tissue with focal white fibrous streaks.

Section code: E1-E2 – one specimen each, bisected, entire specimen.

Per TSS, squamous cell differentiation  
L1% . pcr

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	DM	8/20/13