



PITUS Pathology

NATA Accreditation # 9999

WHISTLER, Grant Newman (Mr)

56 Javier Circuit Sunrise Bay QLD 4573 Sex Male

DOB 18-Oct-48, aged 72y

Medical Record 714909987 Located at Sunrise Hospital

GI Clinic

Request ID 11/P28460 on 24-Nov-19

by Dr Trish FAMILYDR

733 Little Archie Street Brisbane QLD 4001 Provider 316422R

Lab Ref: 11/P28460

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Histology - Final Report

Clinical history – Positive FOB screen 18-Sep-19. Short course radiotherapy ceased 19-Nov-19.

Report issued 29-Nov-19 10:25

COLORECTAL CANCER STRUCTURED REPORT

Diagnostic Summary

Low anterior resection:

Rectal adenocarcinoma, excision complete, ypT3,pN1b,cM0,

Stage IIIB.

Comment: Two small tubular adenomas and a well differentiated carcinoid tumour an

also present.

Mismatch repair gene deficiency not identified.

Supporting Information

CLINICAL

Perforation Absent Clinical obstruction Absent

Tumour location: Rectum, 6cm from anal verge

Pre-operative radiotherapy: Yes. Short course Residual cancer postsurgery: None noted Involvement of adjacent organs: None noted

New primary. No metastatic lesions New primary cancer or recurrence:

MACROSCOPIC

No Tissue banking: Specimen images: Yes Specimen length: 130mm Tumour site: Rectum Anterior peritoneal reflection: Astride Tumour perforation: Absent

Intactness of mesorectal: Complete (grade 3)

50mm Maximum tumour diameter:

Peritoneum: Tumour has formed nodule(s) discrete from the tumour mass along the serosal surface.

An 8mm submucosal nodule, 20mm from the

distal margin is noted.

Distance from margins: Proximal-20mm Distal-15mm Circumferential-15mm Lymph nodes: Received

3 in cassette 1 4 in cassette 2 7 in cassette 3

Polyps: Present. Two 5mm polyps are noted.

For consumer information on pathology results visit Lab Tests Online Australia https://www.labtestsonline.org.au/

PITUS Pathology Sunshine Coast Laboratory 8-12 Birdsong Drive MARCOOLA QLD 4573

Medical Director: Dr Gina Director Provider 355812C

Results enquiries: 1300 112 221 or www.pituspath.com.au

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Supporting Information (cont.)

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Macroscopic comments: Tumour appears ulcerated and scarred.

Overlying serosa appears normal.

Extramuscular spread to 15mm Nature and site of blocks: Blocks 1 to 6: tumour. Block 7: distal margin.

Blocks 8 & 9 : circumferential margin, Blocks 10 to 16: 14 lymph nodes (2 in each block).

MICROSCOPIC

Tumour type (WHO): Adenocarcinoma

Low grade - well differentiated and moderately Histological grade:

differentiated

Depth of invasion: pT3 Tumour invades through muscularis

propria into pericolorectal tissues

Small vessel invasion: Not identified Intramural vein invasion: Present Extramural vein invasion: Not identified Perineural invasion: Not identified Margins: Not involved

Proximal -Microscopic clearance is >10mm

Distal -9mm Circumferential -13mm Lymph node involvement: Present

Number positive: Perirectal LN basin: 2/14

Isolated extra-mural deposits: Absent Absent Apical node involvement: Distant metastases: Absent Coexisting abnormalities: Polyps

Polyp details: Two tubular adenomata confirmed.

Completeness of resection: Complete resection

Response to Rx: Grade 2 (minimal response) Residual cancer

outgrown by fibrosis

Microscopic comment: The submucosal nodule 20mm from the distal

margin is a well differentiated carcinoid

tumour, completely excised.

ANCILLARY STUDIES Immunohistochemistry for mismatch repair

gene products: staining of carcinoma cells for MLH-1, PMS-2, MSH-2 and MSH-6 is present.

SYNTHESIS

Tumour stage (AJCC 7th edition): ypT3, pN1b, cM0

Stage group: ШB Residual tumour status :

New primary cancer or recurrence: New primary

Comment: Mismatch repair gene deficiency is not

identified.

Dr Arturo Pathologist +61 7 5454 0109

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