

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

COLON CARCINOMA

(Ver 1.1, 4-06)

Accession No.:

Part No.

Date:

Patient Name:

ORGAN:

SITE:

OPERATION:

Small bowel

Appendix

Colon

Rectum

Anus

Cecum

Ascending colon

Hepatic flexure

Transverse colon

Splenic flexure

Descending colon

Sigmoid colon

Rectosigmoid

Rectum

Right colon, NOS

Left colon, NOS

Total colectomy

Hemicolectomy (R)

Hemicolectomy (L)

Segmental resection

Anterior resection

Abdominoperineal
resection

Other_____

Other_____

Other_____

Tumor Size: ^{Required} _____ cm. (long) x _____ cm. (trans) (unless circumferential)

Other gross features: ^{Required}

Describe appearance of tumor, state of mesorectum, presence of obstruction, presence of perforation, distance (cm) from closest margin (proximal, distal, unknown)

Tumor type: ^{Required}

Adenocarcinoma, NOS

Mucinous

(*>50% of tumor demonstrates mucinous differentiation*)

Signet Ring Cell Type

(*>50% of tumor demonstrates signet ring cell differentiation*)

Squamous cell carcinoma

Adenosquamous carcinoma

Small cell undifferentiated carcinoma

Medullary carcinoma

Undifferentiated carcinoma

Carcinoid, NOS

Other:_____

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

COLON CARCINOMA

Histologic Grade: *Required*

I	(= well differentiated)
II	(= moderately differentiated)
III	(= poorly differentiated)
IV	(= undifferentiated)
Not applicable	(applies to medullary carcinoma)

Note: I, II and III, IV may be combined as low and high grade respectively

Tumor budding: *Required*

Present or absent

Depth of Tumor Invasion: *Required*

No evidence of primary tumor (T0)
High grade dysplasia (no invasion beyond muscularis mucosae (Tis)
Tumor invades submucosa but does not invade into muscularis propria (T1)
Tumor invades muscularis propria (T2)
Tumor invades through the muscularis propria into mesentery or subserosa (T3)*
Tumor invades adjacent organs (T4a)*
Tumor shows transperitoneal spread (T4b)*^φ

*State extent of spread beyond muscularis propria (mm): _____

^φState if spread is within 1mm of peritoneal membrane but stage as T3: Yes/No

Margins of Resection: *Required*

No tumor identified at margins (R0)
Tumor present at proximal/distal/radial margin, microscopically (R1)
Tumor present at proximal/distal/radial margin, grossly (R2)

State clearance at deep or radial resection margin (mm): _____

Note: radial margin involved if tumor is within 1mm

Lymph nodes (regional): *Required*

Number examined: _____

Number positive: _____

Comments: _____

Nodes marked by surgeon (e.g. apical or sentinel) : _____

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

COLON CARCINOMA

Mesenteric tumor nodules: *Required*

Present (number and size of largest) or absent

Extramural venous invasion: *Required*

Identified

Not Identified

Lymphatic invasion: *Optional*

Identified

Not Identified

Lymphocytic infiltration:

Tumor infiltrating lymphocytes: *Required*

Present or absent

Crohn-like reaction: *Required*

Present or absent

Peritumoral: *Optional*

Present or absent

Features of microsatellite instability present: *Optional*

Present if one or more of following features is present: mucinous, signet ring cell, or medullary type, tumor infiltrating lymphocytes or Crohn-like reaction

Pattern of invasion: *Optional*

Tumor invades with broad front

Tumor invades diffusely with dissecting glands

Tumor regression grade: *Required*

Not applicable

Complete, incomplete, or little/none

Residual adenoma in carcinoma: *Optional*

If yes, specify type: _____

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

COLON CARCINOMA

Additional Findings: *Required*

Diverticular disease, Ulcerative colitis, Crohn disease, Familial Adenomatous Polyposis, other forms of polyposis, etc.

Specify: _____

Polyps present (specify type, number, size): _____

Ancillary studies: *Optional*

Special stains are performed, the results are as follows:

- A. _____
- B. _____
- C. _____
- D. _____

Interpretation _____

Immunohistochemical studies are performed, the results are as follows:

- A. _____
- B. _____
- C. _____
- D. _____

Interpretation _____

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

COLON CARCINOMA

pTN Stage: *Required*

A. Primary Tumor

- pTX** Primary tumor cannot be assessed
- pT0** No evidence of primary tumor
- pTis** Carcinoma in situ and intramucosal carcinoma (high grade dysplasia)
- pT1** Tumor invades submucosa
- pT2** Tumor invades muscularis propria
- pT3** Tumor invades through the muscularis propria into subserosa or into nonperitonealized pericolic or perirectal tissue
- pT4a** Tumor invades other organs or structures
- pT4b** Tumor perforates the visceral peritoneum

B. Regional Lymph Nodes

- pNX** Regional lymph nodes cannot be assessed
- pN0** No regional lymph node metastasis
- pN1** Metastasis in 1 to 3 regional lymph nodes
- pN2** Metastasis in 4 or more regional lymph nodes

C. Distant Metastasis

- pMX** Cannot be assessed
- pM0** No distant metastasis
- pM1** Distant metastasis

Reference:

AJCC Cancer Staging Manual. Lippincott-Raven Press, 6th edition, 2002 (pg. 113-119).