



MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASES

DEPARTMENT OF PATHOLOGY
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SURGICAL PATHOLOGY REPORT

* Addendum *

Patient Name

Med. Rec. #:

DOB:

Gender:

Ref. Physician:

Patient Address:

Martin Weiser, MD

133 CAMBON AVE

SAINT JAMES, NY 11780

Ref. Source:

Location: .GI

Service: Colon-Rectal

Accession #:

S18-9513

Date of Procedure:

2/14/2018

Date of Receipt:

2/14/2018

Date of Report:

2/19/2018 13:20

Account #:

8453670535

Billing Type:

INPATIENT

Additional Copy to:

Clinical Diagnosis & History:

Rectal cancer status post chemo RT.

Specimens Submitted:

- 1: Anterior rectal biopsy (fs)
- 2: Additional right anterior lateral pelvic margin
- 3: Sigmoid, rectum with intersphincter and prostate capsule

DIAGNOSIS:

1. Anterior rectum, biopsy (fs):

- Benign prostatic tissue

2. Additional right anterior lateral pelvic margin, excision:

- Benign prostatic tissue

3. Sigmoid, rectum with intersphincter and prostate capsule:

Specimen(s) Received:

Sigmoid colon

Rectum

Procedure:

Low anterior resection

Tumor Focality:

Solitary

Tumor Type:

Residual adenocarcinoma exhibiting changes consistent with treatment effect

Histologic Grade:

low grade, with treatment effect

Tumor Site:

Rectum

Tumor Size:

Length: 1.8 cm

Width: 3.3 cm

Maximal thickness: 1.0 cm

Treatment Effect:

Present, involving 70% of the tumor

Precursor Lesions (at the site of the carcinoma):

Not identified

Microscopic Tumor Extension:

Invades through the muscularis propria into the subserosal adipose tissue or the nonperitonealized peri-intestinal soft tissues but does not extend to the serosal surface

Tumor Budding:

Absent

Increased Tumor Infiltrating Lymphocytes:

Not identified

Tumor Perforation:

Not identified

Macroscopic Intactness of Mesorectum:

Complete
Lymphovascular Invasion: Not identified
Perineural Invasion: Present
Margins: All surgical margins uninvolved by invasive carcinoma
Distance of invasive carcinoma from closest margin: 0.18 cm
This close margin is: radial margin
Depth of treatment related changes: Extend to peri-colorectal soft tissue
Polyps/Mucosa Dysplasia (away from the carcinoma): Identified, hyperplastic polyp; number: 1
Non-Neoplastic Bowel: Unremarkable
Lymph Nodes: Number of lymph nodes examined: 13
Number of lymph nodes with metastasis: 1
Tumor Deposits: Present, number of deposits: 2
TNM descriptors: y (posttreatment)
Primary Tumor (pT) (AJCC 8th Edition): pT3: Tumor invades through the muscularis propria into pericorectal tissues
Regional Lymph Nodes (pN) (AJCC 8th Edition): pN1a: One regional lymph node is positive
Immunohistochemical stains for DNA mismatch repair(MMR) proteins: Will be performed; an addendum report will follow.

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.

Jinru Shia, M.D./MXS

*** Report Electronically Signed Out *** 13:20

Procedures/Addenda:**Addendum****Date Ordered:** 2/20/2018**Status:** Signed Out**Date Complete:** 2/20/2018**Date Reported:** 2/21/2018 09:10**Addendum Diagnosis**

3. Sigmoid, rectum with intersphincter and prostate capsule:

Results of immunohistochemical staining for DNA mismatch repair proteins are as follows:

MLH1: Staining present in tumor

MSH2: Staining present in tumor

MSH6: Staining present in tumor, focal

PMS2: Staining present in tumor

Conclusion: DNA mismatch repair proteins tested by immunohistochemistry are retained in the tumor.

JS/MXS

*** Report Electronically Signed Out *** 09:10

Signed out by Jinru Shia, M.D.

Gross Description:

Isabelle Cui, M.D.

1) The specimen is received fresh for frozen consultation, labeled "Anterior rectal biopsy (fs)", and consists of one piece of tan pink soft tissue, measuring 1 x 0.4 x 0.3 cm. The tissue is entirely submitted for frozen analysis. A control is submitted.

Summary of sections:

FSC1_1 - frozen section control

Corinne Surprenant, P.A.

2) The specimen is received in formalin, labeled "Additional right anterior lateral pelvic margin", and consists of a 1.0 x 0.7 x 0.4 cm irregular, focally fragmented portion of cauterized soft tissue which is bisected and entirely submitted.

Summary of sections:

U – undesignated

Liwei Jia M.D. Ph.D.

3) The specimen is received fresh and is labeled "Sigmoid, rectum with intersphincter and prostate capsule". It consists of a sigmoid colon that measures 21.8 cm in length and 8.2 cm in circumference, and separate fragment of fat, measuring 12 x 10 x 3.5 cm. The serosal surface is smooth and a stitch is attached to distal portion of the specimen to indicate prostate capsule, measuring 2.0 x 1.2 cm, and is inked orange. The radial resection margin is inked black, and the specimen is opened to reveal a fungated tumor that is located 2.1 cm from the distal margin. The tumor measures 1.8 cm in length and 3.3 cm in width. Serial sectioning reveals tumor with fibrotic cut surface, 1 cm from the closest radial margin. No gross invasion is identified. The remaining mucosa is grossly unremarkable. Diverticula are not identified grossly. Pericolonic and perirectal adipose tissue is thoroughly examined for lymph nodes, and all possible nodes are submitted. Representative sections are submitted. TPS is not submitted. Photos are taken.

Summary of sections:

PM - proximal margin

DM - distal margin

RM - radial margin closest to tumor

U - uninvolved mucosa

TP – tumor with prostate capsule

T – tumor, entirely submitted, from proximal to distal, sections from the same plane (cut surface inked blue): 7 and 8, 6 and 9, 10 and 11, 4 and 12

LN – multiple lymph nodes; possible lymph nodes from separate fat 22-24

Summary of Sections:**Part 1: Anterior rectal biopsy (fs)**

Blocks	Block Designation	PCs
1	FSC	1

Part 2: Additional right anterior lateral pelvic margin

Blocks	Block Designation	PCs
1	U	2

Part 3: Sigmoid, rectum with intersphincter and prostate capsule

Blocks	Block Designation	PCs
2	DM	0
10	LN	0
1	PM	0
1	RM	0
8	T	0
1	TP	0

1 U 0

Intraoperative Consultation:

Note: The diagnoses given in this section pertain only to the tissue sample examined at the time of the intraoperative consultation.

- 1) FROZEN SECTION DIAGNOSIS: Glandular epithelium, probably of prostatic origin. Defer. Seen with V. Reuter. (Travis)
PERMANENT DIAGNOSIS: Same

wdt/2/14/2018

William D. Travis M.D.
Victor E. Reuter, M.D.

All controls are satisfactory. Some of the immunohistochemistry and Insitu Hybridization tests were developed and their performance characteristics were determined by the Department of Pathology. They have not been cleared or approved by the US Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They 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.

For FDA Approved/Cleared Antibodies Only:

All controls are satisfactory. Ventana's PATHWAY anti-HER-2/neu is an FDA-approved rabbit monoclonal primary antibody (clone 4B5) directed against the internal domain of the c-erbB-2 oncoprotein (HER2) for immunohistochemical detection of HER2 protein overexpression in breast cancer tissue routinely processed for histologic evaluation. Results are reported in accordance with the ASCO/CAP guideline recommendations for HER2 testing in breast cancer (J Clin Oncol. 2013 Nov 1;31(31):3997-4013). ER and PR are monoclonal antibodies which are FDA-cleared.