



**SURGICAL PATHOLOGY:**

PROCEDURE DATE: RECEIVED DATE:

COPY TO: [REDACTED]

ICD-O-3

Adenocarcinoma, NOS 8140/3

Site: Colon, Cecum C18.D

JW 12/24/12

Pre-Op Diagnosis

Right colon cancer

Post-Op Diagnosis

Same as above

Clinical History

Nothing indicated

Gross Description:

Received in a single container labeled "[REDACTED]" - right colon and terminal ileum" is a 23 cm previously opened portion of large bowel including cecum, as well as 8 cm of attached previously opened terminal ileum. The specimen is covered by a moderate amount of pericolic and epiploic adipose tissue in which a 8.4 x 0.8 x 0.8 cm grossly unremarkable vermiform appendix is identified. The visible serosa is focally shaggy and tan pink with a few fibrofatty adhesions. Noted at a point approximately 9 cm from the distal margin is a 3.3 x 3.2 cm area of indurated umbilication of the serosa. The specimen has been received after tissue harvest for genomic study. Within the specimen container are three tissue cassettes each labeled [REDACTED]. The bowel wall is up to 0.6 cm edematous and fibrotic. The lumen is lined by tan pink mucosa with preservation of intestinal folds. In the area corresponding to the umbilication at a point 8.6 cm from the distal margin and 3.8 cm from the ileocecal valve is a partially sectioned 9.2 x 7.5 cm plaque like finely granular centrally ulcerated tan pink lesion with raised rolled borders. This has a gritty gray tan fibrotic cut surface measuring up to 3.2 cm in thickness. The lesion grossly extends through the muscularis but is limited by the serosa in the area away from the pericolic fat. In the area of the pericolic fat the lesion grossly appears to focally extend through the wall into the adipose tissue where it is seen at its nearest point approximately 0.9 cm from the nearest outer surface margin. The lesion is noted within 0.1 cm of the outer surface in the area of

the serosa. Noted scattered along the length of the bowel are a few additional tan gray polypoid excrescences up to 0.8 cm which are unfixed to the underlying muscularis. On sectioning the surrounding adipose tissue reveals multiple poorly defined fleshy tan pink to yellow nodules up to 1.5 cm. Representative sections are submitted labeled as follows: A - proximal margin; B - distal margin; C-G - representative lesion and surrounding tissue; H - representative polyps; I - random uninvolved bowel; J - appendix; K-N - individual pericolic nodules bisected; O-R - whole smaller pericolic nodules.

#### Microscopic Description:

The slides labeled [REDACTED] are examined. See diagnosis.

#### Final Diagnosis

Distal ileum, appendix, and right colon (right colectomy):

Tumor characteristics:

Tumor site: Cecum.

Size: 9.2 cm in greatest diameter.

Macroscopic tumor perforation: Not identified.

Histologic type: Adenocarcinoma.

Grade: Moderately differentiated.

Microscopic tumor extension: Carcinoma extends through muscularis propria into subserosal adipose tissue.

Margin Status:

Proximal margin: No carcinoma identified.

Distal margin: No carcinoma identified.

Circumferential radial/mesenteric margin: No carcinoma identified.

Distance of tumor from closest margin: 1 mm from the circumferential radial margin.

Treatment effect: Unknown.

Lymphovascular space invasion: No unequivocal lymphovascular space invasion identified.

Perineural invasion: Not identified.

Presence of mesenteric tumor deposits: Not identified.

Lymph Node Status:

Total number of lymph nodes examined: 32

Total number of lymph nodes containing metastatic carcinoma:

Zero (0/32) PAS 9

Other findings:

Scattered foci of lymphoid aggregates. PAS 6

Scattered hyperplastic polyps. PAS 4

Appendix: No carcinoma is identified. PAS 1 SPC-A

Stage: pT3N0

#### Comments

At the request of the undersigned pathologist, these slides have been additionally reviewed by Dr. [REDACTED] who concurs with the diagnosis.

This report has been finalized at the [REDACTED]

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
ICD-O Discrepancy		✓
Prior Malignancy History		✓
Distal/Synchronous Primary Noted		✓
Cellularity	QUALIFIED	DISQUALIFIED
Revised Date	12/20/12	