



SURGICAL PATHOLOGY

Case Number :

Diagnosis:

A: Colon, transverse, partial colectomy

Tumor Histologic Type: invasive adenocarcinoma

Histologic Grade: moderately differentiated (grade 2 of 4)

Tumor Location: transverse colon

Depth of Invasion:

-Through muscularis propria and into the subserosa and pericolic soft tissue

Lymphovascular Invasion: not identified

Perineural Invasion: not identified

Margins:

Proximal margin: negative

Distal margin: negative

Mesenteric margin: negative

Distance of carcinoma from closest margin (specify): 6.6 cm to the closest distal margin of resection

Regional Lymph Nodes:

Total number with metastasis: 0

Total number examined: 25

Additional Pathologic Findings:

Immunohistochemical stains for MLH-1, MSH-2, PSH-6 and PMS-2 are performed on block A7. The tumor cells demonstrate appropriate positive nuclear expression for all four markers. This is the normal phenotype and does NOT support a diagnosis of microsatellite instability/hereditary non-polyposis colorectal cancer (HNPCC). Separate molecular testing for microsatellite instability markers will be performed and reported separately. Appropriate controls are performed.

AJCC Pathologic TNM Stage: pT3 pN0

Note: This pathologic stage assessment is based on information available at the time of this report, and is subject to change pending clinical review and additional information.

ICD-O-3

Adenocarcinoma NOS
8140/3
Site Transverse colon
C18.4

Op 5/16/13

Clinical History:

-year-old female with colon cancer.

Gross Description:

Received is one appropriately labeled container, additionally labeled "transverse colon and omentum." It consists of a 23.5 cm long x 5.2 cm in circumference segment of large bowel with attached omentum (30.4 x 15.6 x 0.8 cm), pericolic adipose tissue up to 4.3 cm thick and appendix is absent. There is a 5.2 x 2.6 x 0.7 cm (protruding into lumen) firm, pink/tan, centrally ulcerated circumferential mass with raised borders that is 10.7 cm from the proximal margin and 6.6 cm from the distal margin. The distal margin has an attached suture, which is inked blue and the serosa overlying the mass is inked black. The mass on cut section is firm, smooth, gray/white, extends 1.1 cm through the wall and into the mesentery focally retracting the serosa but not extending through it, and 3.5 cm from the mesenteric margin. The uninvolved mucosa is tan with normal folding pattern. The omentum has patchy areas of hemorrhage but nodules are absent. The pericolic adipose tissue is dissected for lymph node candidates of which 29 are identified ranging from 0.2 cm in greatest dimension up to 0.8 x 0.8 x 0.8 cm in greatest dimension.

Block summary:

- A1 - mesenteric margin, en face
- A2-A3 - proximal mucosal margin, en face
- A4-A5 - distal mucosal margin, en face
- A6 - mass retracting the serosa
- A7-A8 - each contains deepest extension of mass with positive lymph node in A8
- A9 - mass with distal mucosa
- A10 - mass with proximal mucosa
- A11 - omentum
- A12-A14 - each contains six lymph node candidates
- A15-A16 - each contains four lymph node candidates
- A17 - two lymph node candidates, each bisected, one is inked black
- A18-A19 - one lymph node candidate, serially sectioned

Tumor and normal are given to

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary		
Case is (circle) QUALIFIED / DISQUALIFIED		
Reviewer Initials	Kmt	
Date Reviewed	4/30/13	