

Clinical Diagnosis & History:
CRC of ascending colon.

Specimens Submitted:

- 1: SP: Terminal ileum, cecum, appendix, ascending colon; right hemicolectomy
- 2: SP: Lymph node, ileocolic; excision

DIAGNOSIS:

- 1. SP: Terminal ileum, cecum, appendix, ascending colon; right hemicolectomy:

Tumor Type:

Adenocarcinoma

Histologic Grade:

Moderately differentiated

Tumor Location:

Ascending colon

Tumor Size:

Length is 3.7 cm

Width is 6.6 cm

Maximal thickness is 0.5 cm

Tumor Budding:

Extensive

Increased Tumor Infiltrating Lymphocytes:

Absent

Precursor Lesions:

Tubulovillous adenoma

Deepest Tumor Invasion:

Subserosal adipose tissue and/or mesenteric fat

Gross Tumor Perforation:

Not identified

Lymphovascular Invasion:

Suspected

Large Venous Invasion:

Not Identified

Perineural Invasion:

Identified

Surgical Margins:

Free of tumor

Polypos/Mucosa Dysplasia (away from the carcinoma):

Not Identified

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Non-Neoplastic Bowel:
Unremarkable

Appendix:
Unremarkable

Lymph Nodes:

Number with metastasis: 0
Total number examined: 44

Tumor deposits in pericorectal soft tissue:
Not Identified

Tumor Staging (AJCC 7th Edition):
pT3 (Tumor invades through the muscularis propria into
pericorectal tissues)

Lymph Node Stage (AJCC 7th Edition):
N0 (No regional lymph node metastasis)

Comment: Immunohistochemical staining for the tested DNA mismatch
repair proteins is retained in the tumor.

2. LYMPH NODE, ILEOCOLIC; EXCISION:
-ONE BENIGN LYMPH NODE (0/1)

Some of the immunohistochemistry and ISH 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.

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.

1.) The specimen is received fresh, labeled "Right colon" and consists of a segment of terminal ileum, cecum with attached appendix and ascending colon. The terminal ileum measures 7.5 cm in length and 4.8 cm in circumference at the proximal resected margin. The remaining colon measures 27.0 in length with a circumference of 6.6 cm at the distal resected margin. The attached appendix measures 5.3 cm in length and averages 0.6 cm in diameter. The appendiceal and intestinal serosa is pink tan and smooth. Focally hemorrhagic lobulated yellow tan adipose tissue spans the length of the

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specimen measuring up to 7.4 cm in thickness. The specimen is opened to reveal a 3.7 cm length and 6.6 cm in width, firm, centrally cavitated, serpiginous bordered, tan-pink mass, located 16.7 cm from the distal margin. The mass occupies 100% of the luminal circumference. Sectioning reveals the mass to grossly appear to extend into and through the muscularis and possibly focally into the pericolic adipose tissue. The depth of invasion is 0.5 cm grossly. The remaining mucosa is plicated and tan-pink. The remaining specimen is submitted for lymph node dissection. Multiple lymph nodes are identified in the attached adipose tissue and are submitted. Representative sections of the specimen are submitted for permanent sections and for TPS.

Summary of sections:

P-- proximal margin shave

D -- distal margin shave

M-- mass

A -- appendix representative sections

RS--representative sections

LN-- lymph nodes

BLN-bisected lymph nodes

2.) The specimen is received in formalin, labeled "Ileocolic lymph node" and consists of 0.4 x 0.4 x 0.3 cm, soft, irregular, tan-gray lymph node, which is bisected to reveal smooth tan-gray cut surfaces. The lymph node is entirely submitted.

Summary of sections:

BLN -- bisected lymph node

Summary of Sections:

Part 1: SP: Terminal ileum, cecum, appendix, ascending colon; right hemicolectomy

Block	Sect.	Site	PCs
1		A	4
5		BLN	10
1		D	3
10		LN	27
5		M	5
1		P	3
1		RS	2

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Part 2: SP: Lymph node, ileocolic, excision

Block	Sect.	Site	PCs
1		BLN	2

** End of Report **