

RUN DATE:
RUN TIME:
RUN USER:

PAGE 1

Specimen Inquiry

User: Lab Database:

PATIENT:

ACCT #:

AGE/SX:

ROOM:

REG:

REG DR:

DOB:

BED:

DIS:

STATUS:

SPEC #:

RECD:

STATUS:

COLL:

TIME IN FORMALIN: 3:49 hrs.

CLINICAL INFORMATION:

Pre-Op Diagnosis: Colon obstruction

Remarks:

Specimen(s): Colon (right)

ICD-O-3

Adenocarcinoma NOS 8140/3
Site Ascending colon C18.2
JW 6/13/13

MICROSCOPIC DIAGNOSIS

RIGHT COLON WITH ATTACHED TERMINAL ILEUM AND APPENDIX, RIGHT HEMICOLECTOMY:

- MODERATELY DIFFERENTIATED ADENOCARCINOMA OF THE ASCENDING COLON
- CARCINOMA MEASURES 4.5 CM IN GREATEST DIMENSION AND EXTENDS THROUGH THE BOWEL WALL INTO THE SUBSEROUSAL FAT AND FOCALLY EXTENDS TO THE VISCERAL PERITONEAL SURFACE (pT4a)
- LYMPH-VASCULAR INVASION IDENTIFIED
- SURGICAL MARGINS OF RESECTION FREE OF TUMOR WITH THE CLOSEST SURGICAL MARGIN RADIAL MARGIN 5 CM
- THREE DISCONTINUOUS TUMOR DEPOSITS IN SUBSEROUSAL TISSUE
- METASTATIC ADENOCARCINOMA IN 4 OF 33 SUBSEROUSAL LYMPH NODES WITH FOCAL EXTRACAPSULAR EXTENSION
- SEE COMMENT FOR SURGICAL PATHOLOGY CANCER CASE SUMMARY CHECKLIST

UUID:53BA96AA-B755-460C-83CF-ED5BCCD031F6
TCGA-NH-A6GA-01A-PR

Redacted



COMMENT(S)

SURGICAL PATHOLOGY CANCER CASE SUMMARY - CAP APPROVED

Specimen:	Terminal ileum, cecum, appendix, ascending colon
Procedure:	Right hemicolectomy
Tumor Site:	Right (ascending) colon
Tumor Size:	4.5 cm in greatest dimension
Macroscopic Tumor Perforation:	Not identified
Histologic Type:	Adenocarcinoma
Histologic Grade:	Low-grade
Microscopic Tumor Extension:	Tumor penetrates to the surface of the visceral peritoneum (serosa) - focal
Margins:	Distance of invasive carcinoma from closest margin: 5 cm; Radial Proximal: Uninvolved by invasive carcinoma Distal: Uninvolved by invasive carcinoma Circumferential: Uninvolved by invasive carcinoma
Treatment Effect:	No prior treatment
Lymph-Vascular:	Present

** CONTINUED ON NEXT PAGE **

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PATIENT: [REDACTED]

(Continued)

COMMENT(S)

(Continued)

Perineural Invasion:	Not identified
Tumor Deposits:	Present (number of deposits: 3)
Pathologic Staging:	Primary Tumor: pT4a
	Regional Lymph Nodes: pN2a
	Number examined: 33
	Number involved: 4
	Distant Metastasis: Not applicable

GROSS DESCRIPTION:

The specimen in formalin is right colon with attached terminal ileum and appendix, right hemicolectomy. The colon measures 25 cm in length by 3 cm in diameter, the small bowel measures 7.5 cm in length by 2 cm in diameter, and the appendix measures 10 cm in length by 1 cm in diameter. The closest radial margin is 5 cm. 3.5 cm distal to the ileocecal valve there is a nearly circumferential ulcerating partially obstructing mass measuring 3 cm in length by 4.5 cm in width. At the distal end of this there is an associated polyp measuring 1 x 0.8 x 1 cm. The tumor is located 14 cm proximal to the distal margin of resection. Cut section through the ulcerated mass reveals hard pinkish-tan tissue infiltrating through the wall into the overlying subserosa. The remainder of the mucosa throughout the colon and small bowel appears normal. There is one grossly enlarged subserosal lymph node measuring up to 3 cm in diameter containing hard white tissue with central necrosis which is soft and pasty. Other lymph nodes vary from small and rubbery to slightly enlarged. There is one slightly enlarged firm lymph node submitted separate from the intact specimen. Sections are submitted as follows:

- 1 - proximal terminal ileum margin of resection
- 2 - distal colon margin of resection
- 3 - appendix
- 4-7 - mass in colon
- 8 - grossly enlarged lymph node and separately submitted lymph node
- 9-14 - remainder of subserosal lymph nodes

A portion of the colon mass has been processed with tumor tissue banking protocol.

MICROSCOPIC DESCRIPTION:

The slides are examined and evaluated.

INTRAOPERATIVE CONSULTATION:

Specimen processed for tissue banking per protocol.

** CONTINUED ON NEXT PAGE **

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PATIENT

(Continued)

PHOTO DOCUMENTATION

Image
Image
Image
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Image
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Image

Signed ____ (signature on file) ____

** END OF REPORT **

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RECD:

STATUS:

COLL:

TIME IN FORMALIN:

hrs.

CLINICAL INFORMATION:

Pre-Op Diagnosis: Colon CA: liver mass; R/O metastatic

Remarks:

Specimen(s): Fine needle aspirate cytology liver

MICROSCOPIC DIAGNOSIS

FINE NEEDLE ASPIRATE CYTOLOGY LIVER:

- MALIGNANT TUMOR CELLS PRESENT CONSISTENT WITH METASTATIC ADENOCARCINOMA OF COLONIC PRIMARY ORIGIN

GROSS DESCRIPTION:

The specimen is obtained by _____ under CT guidance. Three passes are made from which three smears are stained with Pap stain and one smear is stained with Diff-Quik stain for immediate assessment for specimen adequacy. Needle rinses are combined for cell block.

INITIAL IMPRESSION:

IMMEDIATE STUDY FINE NEEDLE ASPIRATE:

- MALIGNANT TUMOR CELLS PRESENT, ADEQUATE FOR EVALUATION, TELEPHONED REPORT TO

Signed ____ (signature on file) ____

** END OF REPORT **

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STATUS:

COLL:

TIME IN FORMALIN: 6:30 hrs.

CLINICAL INFORMATION:

Pre-Op Diagnosis: R/O metastatic colon CA

Remarks:

Specimen(s): CT-guided needle biopsy liver

MICROSCOPIC DIAGNOSIS

CT-GUIDED NEEDLE BIOPSY, LIVER:

- METASTATIC ADENOCARCINOMA CONSISTENT WITH COLONIC PRIMARY

GROSS DESCRIPTION:

The specimen in formalin in one container is several core biopsy fragments of tan tissue which in aggregate measure 10 x 2 x 1 mm, totally submitted as block 1.

Signed ____ (signature on file) ____

** END OF REPORT **

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIS/AA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Tumor		✓
Case is (un)resolvable	QUALIFIED	DISQUALIFIED
Reviewer initials	LMC	
Date Reviewed	5/23/13	