[redacted]

********** Addended Report ****[redacted]******
Resident: [redacted]
Pathologist: [redacted]

PATHOLOGIC DIAGNOSIS:

A. SPECIMEN DESIGNATED "PERIGASTRIC LYMPH NODES":
Heterotopic pancreas with focal pancreatic intraepithelial neoplasia type 1 (PanIN1)
No lymph node is present.

B. SPECIMEN DESIGNATED "RIGHT COLON, HEMICOLECTOMY":
MUCINOUS ADENOCARCINOMA, low grade, moderately differentiated (7.0 cm in greatest dimension).
The tumor forms a fungating mass and has an infiltrating border.
The tumor invades through the subserosa to the serosal surface.
The proximal, distal, and radial resection margins are negative for tumor.
Invasive tumor is 152mm from the proximal resection margin, 206mm from the distal resection margin, and 21mm from the radial resection margin.
Lymphovascular invasion is not identified.
Venous invasion is not identified.
Perineural invasion is not identified.
Peritumoral lymphoid response (including Crohn's-like infiltrate) is mild.
Residual adenoma is present.
Regional lymph nodes (positive:total): 5:31
AJCC Classification [redacted] T4 N2 MX.

CLINICAL DATA:
History: None provided.
Operation: Laparoscopic converted to open right hemicolectomy.
Operative Findings: None provided.
Clinical Diagnosis: Colon cancer.

TISSUE SUBMITTED:
A/1. Perigastric lymph node.
B/2. Right hemicolectomy to FS.

GROSS DESCRIPTION:
The specimen is received fresh, in two parts, each labeled with the patient's name and medical record number.

Part A, "#1. Perigastric lymph node", consists of a red/brown fibroadipose tissue fragment (2.5 x 1.5 x 1.0 cm) containing a single lymph node. The specimen is entirely submitted.

Micro A1-A2: Lymph node, bisected, 1 frag per cassette, [redacted]

Part B, "#2. Right hemicolectomy", consists of a hemicolectomy specimen (37.5 x 7.5 cm), including an appendix (7.0 x 0.5 cm) and the distal ileum (3.0 x 2.0 cm), which includes a stapled resection margin (blue, 2.0 cm) and a distal stapled resection margin (black, 2.8 cm). There is a fungating tan/red mass (7.0 x 4.0 x 2.3 cm), which measures 12.6 cm to the ileocecal valve, 15.2 cm to the proximal stapled resection margin, 20.6 cm to the distal stapled resection margin, and 2.1 cm to the radial margin. There is a second tan/yellow polyp

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(0.3 cm in diameter), which measures 4.0 cm to the distal stapled resection margin and 33.0 cm to the proximal stapled resection margin. No other lesions are identified. Representative sections of the tumor and normal bowel are submitted to the tissue bank. Twenty five candidate lymph nodes (largest - 3.2 x 1.9 x 1.6 cm) are identified in the mesentery. Representative sections of the larger two lymph nodes are submitted. The remaining lymph nodes are entirely submitted.

Micro B1: Proximal stapled resection margin, 1 frag [redacted]
Micro B2: Distal stapled resection margin, 1 frag, [redacted]
Micro B3: Radial resection margin, 1 frag, [redacted]
Micro B4: Tumor with serosal involvement, 1 frag, [redacted]
Micro B5: Additional tumor, 1 frag, [redacted]
Micro B6: Tumor with proximal adjacent mucosa, 1 frag, [redacted]
Micro B7: Tumor with distal adjacent mucosa, 1 frag, [redacted]
Micro B8: Polyp and normal mucosa, 2 frags, [redacted]
Micro B9: Appendix, tip and perpendicular distal end, 3 frags, [redacted]
Micro B10: Appendix, cross sections, 4 frags, [redacted]
Micro B11: Largest candidate node, 1 frag, [redacted]
Micro B12: Second largest node, 1 frag, [redacted]
Micro B13: Third largest node, 2 frags, [redacted]
Micro B14: Candidate node, 2 frags, [redacted]
Micro B15-B17: Candidate nodes, 7 frags per cassette, [redacted]

[redacted]

By his/her signature below, the senior physician certifies that he/she personally conducted a microscopic examination ("gross only" exam if so stated) of the described specimen(s) and rendered or confirmed the diagnosis(es) related thereto.

Final Diagnosis by [redacted] Electronically signed on [redacted]

ADDENDUM:

Immunostains for MLH1, MSH6, PMS2, and MSH2 reveal intact nuclear staining in tumor cells. In a very small percentage of tumors, there is an underlying hereditary genetic defect despite intact nuclear expression in tumor cells. Clinical correlation is required.

Addendum #1 by [redacted] Electronically signed on [redacted]

[redacted]