

**PATIENT HISTORY:**

The patient is a [REDACTED]

PRE-OP DIAGNOSIS: Colon cancer

POST-OP DIAGNOSIS: Same

PROCEDURE: Sigmoid colectomy. [REDACTED]

**ADDENDA:****Addendum**

Fluorescence in situ hybridization studies demonstrate that the adenocarcinoma has a ratio of Her-2/Neu gene to the centromere chromosome 17 of 1.19 indicating a lack of amplification in the targeted region.

Her2/neu amplification may help in identifying those patients likely to experience shorter survival when considered together with other major risk factors.

**FINAL DIAGNOSIS:**

COLON, SIGMOID, SEGMENTAL COLECTOMY -

- A. INVASIVE MODERATELY DIFFERENTIATED ADENOCARCINOMA (3.7 CM) INVADING INTO BUT NOT THROUGH MUSCULARIS PROPRIA WITH INTRAMURAL ABSCESS. [REDACTED]
- B. SURGICAL MARGINS NEGATIVE FOR MALIGNANCY. [REDACTED]
- C. THREE (3) LYMPH NODES NEGATIVE FOR MALIGNANCY (see comment).
- D. NO ANGIOLYMPHATIC OR PERINEURAL INVASION IDENTIFIED.
- E. PATHOLOGIC STAGE: pT2 N0 MX, DUKES A.
- F. BACKGROUND COLON WITH CRYPT BRANCHING.

**COMMENT:**

Pericolic adipose tissue was extensively sectioned and additional sections of pericolic adipose tissue were submitted but no additional lymph nodes were identified.

**SYNOPTIC - PRIMARY COLON AND RECTAL TUMORS**

- A. Location: 5
  - 1. Ileocecal Region
  - 2. Ascending Colon
  - 3. Transverse Colon
  - 4. Descending Colon
  - 5. Sigmoid Colon
  - 6. Rectum
- B. Procedure: 1
  - 1. Segmental Colectomy
  - 2. Total Colectomy
  - 3. Other
- C. Size of Tumor (maximum dimension): 3.7 cm
- D. Type: 1
  - 1. Adenocarcinoma, NOS
  - 2. Adenocarcinoma arising in a background of an adenoma.
  - 3. Adenocarcinoma arising in a background of inflammatory bowel disease
  - 4. Adenosquamous carcinoma
  - 5. Carcinoid Tumor (Neuroendocrine Tumor)
  - 6. Mucinous Adenocarcinoma
  - 7. Signet ring cell type Adenocarcinoma
  - 8. Neuroendocrine Carcinoma
  - 9. Squamous Cell Carcinoma
  - 10. Undifferentiated Carcinoma
  - 11. Sarcoma
  - 12. Smooth Muscle Tumor
  - 13. Gastrointestinal stromal tumor
  - 14. Lymphoma
  - 15. Other
- E. Grade: 2
  - 1. Well differentiated
  - 2. Moderately differentiated
  - 3. Poorly differentiated
- F. Extent of Infiltration: 3
  - 1. Limited to the mucosa
  - 2. Into submucosa
  - 3. Involving muscularis propria
  - 4. Infiltrating through muscularis propria into serosal adipose tissue
  - 5. Involving adjacent organs/ pelvic wall
- G. Angiolymphatic Invasion: 2
  - 1. Yes
  - 2. No
- H. Surgical Margins Involved: 2
  - 1. Yes
  - 2. No
- I. Number of positive lymph nodes: 0
- J. Total number of lymph nodes examined: 3
- K. Extracapsular spread: 2
  - 1. Yes
  - 2. No
- L. Associated conditions: None
  - 1. Ulcerative colitis.
  - 2. Crohn's Disease.
  - 3. History/ presence of adenomatous polyps.
  - 4. Multiple polyposis syndromes.
  - 5. Diverticulosis.
- M. TNM Stage: T 2 N 0 M X
- N. Dukes' Stage: 1
  - 1. A (limited to mucosa and muscularis)
  - 2. B (through muscularis into subserosa)
  - 3. C (affecting lymph nodes)
  - 4. D (metastatic)
- O. Astler-Coller Stage: 2
  - 1. A (mucosa but not into muscularis propria)
  - 2. B1 (muscularis propria but not through to subserosa)
  - 3. B2 (through muscularis propria into subserosal fibroadipose tissue, LN negative)
  - 4. C1 (limited to muscularis propria but not through subserosa, LN positive)
  - 5. C2 (invades serosal adipose tissue, LN positive)
  - 6. D (metastatic disease)