

UUID: 73512C13-D2EB-4E6C-9A26-3759252F385A
TCGA-DM-A1D7-01A-PR

Redacted



ICD-0-3

Adenocarcinoma, mucinous, Nos 8480/3

Site Code: Sigmoid colon, C18.7

1/10/11 *lw*

(First Tumor)

Tumor Site:	Sigmoid Distal		
Date of Cancer Sample Procurement:			
Histology:	Adenocarcinoma		
Description of other histology:			
Grade:	Moderately Differentiated		
Mucinous:	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> Yes (Focal) <input type="radio"/> Unknown
Signet Ring Feature:	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Yes (Focal) <input type="radio"/> Unknown
Histologic Heterogeneity:	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Host Response:	Lymphoid Aggregates		
Crohn's like reaction	<input type="radio"/> None	<input checked="" type="radio"/> Yes	<input type="radio"/> Unknown
Plasma cell rich stroma	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Growth Pattern:	<input type="radio"/> Expansile	<input checked="" type="radio"/> Invasive	<input type="radio"/> Expansile and Invasive <input type="radio"/> Unknown
Inflammatory Bowel Disease	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Angiolymphatic Invasion:	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Mutator Phenotype:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Unknown
Number of Slides	1		
Garland Necrosis present:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes (Focal) <input type="radio"/> Unknown
TIL Cells / HPF	4		
Pathologist Comment:			

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIFAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Tumor		<input checked="" type="checkbox"/>
Case Is (circle):	<input checked="" type="checkbox"/> QUALIFIED	<input type="checkbox"/> DISQUALIFIED
Reviewer Initials	<i>lw</i>	
Date Reviewed:	1/10/11	