UUID:FEE2A033-7EE5-4528-80AF-979BD2FDCBF9 TCGA-A6-A56B-01A-PR Redacted ICD-0-3 Adenoppieen on 1/65 814013 Site: Colon, Sigmoid C18.7 1/7/13 gr

SURGICAL PATHOLOGY REPORT

SPECIMEN

- A. Sigmoid colon B. Distal margin

CLINICAL NOTES

GROSS DESCRIPTION

A. Received fresh, then fixed in formalin, labeled "sigmoid colon", is an 18 cm. long portion of colon, opened at one end (inked blue) and stapled at the opposite end (inked black). The specimen is partially covered with pink-tan, smooth and glistening serosa. Externally, there is a focus of adhesions, 4×3 cm., located 3.5 cm. from the nearest luminal margin (inked black). The mucosa is pink-tan, smooth and glistening, with normal to abundant folds, and average circumference of 6 cm. There is a $4\ x$ 3.5 cm. ulcerated tumor, 3.5 cm. from the nearest luminal margin (inked black), and contiguous with the focus of serosal adhesions. This focus of adhesion is inked blue. The tumor shows gross invasion into the muscularis propria, and appears to penetrate through the fat, to within 0.3 cm. of the surgical margin of the adhesion. The focus of the radial margin is grossly unremarkable. The remainder of the mucosa is pink-tan, smooth and glistening, with two polypoid lesions, 0.3 cm. in greatest dimension, located within 2 cm. of the black inked margin and 5.5 cm. of the blue inked margin. These show no gross invasion. Lymph nodes are identified in the fat. Representative sections of the specimen are submitted as follows:

BLOCK SUMMARY: 1 - Representative luminal margins; 2 - polyps, full thickness; 3-5 - representative sections of tumor, including representative to normal and representative to surgical margin; 6 six possible lymph nodes, with representative cross sections of vasculature; 7 - nine lymph nodes; 8 - seven lymph nodes; 9 - three lymph nodes. RS-9

B. Received in formalin, labeled "distal margin", is a 1.5 $\ensuremath{\text{cm}}.$ long portion of annular tissue, which is stapled at one end and opened at the opposite end. The staples are irregular. The staples are removed and the remainder of the specimen is entirely submitted in one cassette. AS-1

MICROSCOPIC DESCRIPTION

Histologic type: Adenocarcinoma (Sigmoid colon).

Histologic grade: Moderately-differentiated.

Primary tumor: carcinoma penetrates through muscularis propria, but does not reach serosal surface (pT3).

Margins (Proximal, Distal, Radial): Negative.

Distance of tumor from closest margin: 1.5 cm (radial) Vascular invasion: Not identified. Immunostains for CD34, CD31, and desmin performed to exclude large vessel invasion, along with an elastic stain. Regional lymph nodes (pN1): Carcinoma present in 3 of 25 lymph nodes (3/25).

Non-lymph node pericolonic tumor: Not identified.

Other findings: Hyperplastic polyps (2).

Comment: portions of this case (lymph nodes) were reviewed with

[A few of the antibodies used in our laboratory may be classified as analyte specific reagents. These antibodies are monitored and controlled in our laboratory and their performance for in vitro diagnosis is well described in the medical literature. They have not been cleared or approved by the FDA.]

DIAGNOSIS

- A. Colon, Sigmoid, Segmental resection:
 Adenocarcinoma, moderately-differentiated.
 Carcinoma penetrates through muscularis propria, but does not reach the serosal surface.
 Margins of excision negative.
 Carcinoma is present in three of twenty-five lymph nodes (3/25).
- B. Colon, Distal Margin, Segmental Resection: No malignancy identified.

--- End Of Report ---

Criteria

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