

Surgery Date:

UID:92DF9BB6-DB3F-40A7-AE1E-8272C4681968

TCGA-RU-A8FL-01A-PR

Redacted

Diagnosis

Amended Report

This report was changed to correct staging summary.

Previously signed out on by

COLORECTAL / APPENDICEAL (INCLUDING GOBLET CELL CARCINOID ONLY) CANCER STAGING SUMMARY

TOTAL LYMPH NODES:
NUMBER OF POSITIVE:

21
5

ICD-O-3
Adenocarcinoma NOS 8140/3
Site: Cecum C18.0
9/24/14

Previously reported as:

Final Diagnosis

A. RIGHT COLON, LAPAROSCOPIC RIGHT HEMICOLECTOMY:

- INFILTRATING COLONIC ADENOCARCINOMA, GRADE 2, MEASURING 11.2 CM IN GREATEST DIMENSION AND INVADING THROUGH THE MUSCULARIS PROPRIA INTO PERICOLONIC FAT.
- ALL MARGINS OF RESECTION NEGATIVE FOR CARCINOMA.
- FIVE OF TWENTY-ONE LYMPH NODES, POSITIVE FOR METASTATIC ADENOCARCINOMA (5/21).
- APPENDIX WITH ACUTE APPENDICITIS.

COLORECTAL / APPENDICEAL (INCLUDING GOBLET CELL CARCINOID ONLY) CANCER STAGING SUMMARY

TUMOR SITE:	CECUM, TERMINAL ILEUM
HISTOLOGIC TYPE:	ADENOCARCINOMA
GROSS CONFIGURATION:	POLYPOID AND ULCERATED
TUMOR SIZE:	11.2 CM IN GREATEST DIMENSION
TUMOR GRADE:	2
DEPTH/EXTENT OF TUMOR INVASION:	PERICOLONIC FAT
COEXISTING ADENOMA TYPE:	NOT IDENTIFIED
MARGINS (PROXIMAL, DISTAL, RADIAL):	NEGATIVE
PERINEURAL INVASION:	NOT IDENTIFIED
LYMPHOVASCULAR INVASION:	NOT IDENTIFIED
SATELLITE TUMOR DEPOSITS*:	NO
TOTAL LYMPH NODES:	20
NUMBER OF POSITIVE:	4
TUMOR MARKER STUDIES:	UPON REQUEST

American Joint Committee on Cancer (AJCC) 7th Edition Tumor-Nodes-Metastasis (TNM) staging for colorectal/appendiceal cancers:

Tumor (T): T3
Nodes (N): N2a
Metastasis (M): MX

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*SATELLITE TUMOR DEPOSIT IS DEFINED AS TUMOR NODULE IN THE PERICOLORECTAL ADIPOSE SOFT TISSUE THAT IS SEPARATED FROM THE MAIN TUMOR MASS AND DOES NOT DEMONSTRATE A SMOOTH OUTLINE CONTOUR. IT MAY REPRESENT DISCONTINUOUS SPREAD OR VENOUS INVASION OF THE TUMOR. A COMPLETELY REPLACED LYMPH NODE (SMOOTH CONTOUR WITH CAPSULE, SINUS AND LYMPHOID CUFF FOCALLY IDENTIFIED) IS EXCLUDED FROM THIS CATEGORY AND SHOULD BE COUNTED IN THE N CATEGORY.

Tis: CARCINOMA IN-SITU, INTRAEPITHELIAL OR INVASION OF LAMINA PROPRIA
T1: TUMOR INVADES SUBMUCOSA
T2: TUMOR INVADES MUSCULARIS PROPRIA
T3: TUMOR INVADES THROUGH THE MUSCULARIS PROPRIA INTO PERICOLORECTAL TISSUES
T4a: TUMOR PENETRATES THE VISCERAL PERITONEUM
T4b: TUMOR DIRECTLY INVADES OR IS ADHERENT TO OTHER ORGANS OR STRUCTURES

N0: NO REGIONAL LYMPH NODE METASTASIS
N1a: 1 LYMPH NODE INVOLVED BY METASTASIS
N1b: 2 TO 3 LYMPH NODES INVOLVED BY METASTASIS
N1c: TUMOR DEPOSIT(S) IN THE SUBSEROA, OR NON-PERITONEALIZED PERICOLIC OR PERIRECTAL TISSUES WITHOUT REGIONAL NODE METASTASIS
N2a: 4 TO 6 NODES INVOLVED BY METASTASIS
N2b: 7 OR MORE NODES INVOLVED BY METASTASIS

M1a: METASTASIS TO A SINGLE ORGAN OR SITE (LIVER, LUNG, OVARY, NON-REGIONAL LYMPH NODE)
M1b: METASTASIS TO MORE THAN ONE ORGAN/SITE OR TO PERITONEUM

(Electronically signed by)
Date Finald:

I, the Attending Pathologist attest by my signature, that this case has been personally reviewed and examined, microscopically and/or grossly and the diagnosis(es) has been made or confirmed by me.

Clinical Information

The patient is a -year-old male with clinical diagnosis of colon cancer, undergoing laparoscopic right hemicolectomy.

Gross Description

A. The specimen is received fresh intraoperatively for consultation from , labeled with the patient's name and designated on the requisition as "right colon, frozen for margins, rest routine," and consists of a segment of right colon measuring 6.5 cm in length and averaging 5 cm in diameter with an attached portion of ileum, measuring 8.5 cm in length and averaging 3 cm in diameter. The appendix is present and measures 7.2 x 1.2 x 1.0 cm and appears slightly dilated in its midportion. The specimen is opened to reveal a large polypoid fungating mass, measuring 11.2 x 6.8 x 1.9 cm, which involves the cecum and a small portion of the terminal ileum. The mass is 8 cm from the proximal margin at its closest point and 6.5 cm from the distal margin at its closest point. A shave of the distal margin is frozen. The frozen section diagnosis by is **"DISTAL MARGIN, NEGATIVE FOR CARCINOMA."** The intraoperative consultation diagnosis is communicated to the operating room at . After frozen section, the area under the tumor is inked black and the tumor is serially sectioned to reveal that it appears to extend through the colonic wall and into the pericolonic fat, but not to the inked margin. Additionally, there is a large mass, consistent with matted lymph nodes, in the pericolonic fat, which measures 6.5 x 4.5 x 3.5 cm. The specimen is representatively submitted as follows:

- | | | |
|--------|---|---|
| 1 - 2 | - | shave of distal margin (frozen residues) |
| 3 | - | shave of proximal margin |
| 4 | - | base of appendix and tip, bisected |
| 5 | - | representative sections from midsection of appendix (appears dilated) |
| 6 - 8 | - | tumor with apparent extension into pericolonic fat |
| 9 - 10 | - | tumor with relationship to inked margin |

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- 11 - representative section from grossly positive lymph node
- 12 - one lymph node, bisected
- 13 - representative sections from another grossly positive lymph node
- 14 - representative sections from a third grossly positive lymph node
- 15 - grossly positive lymph node vs soft tissue tumor deposit
- 16 - two possible lymph nodes
- 17 - one lymph node, bisected
- 18 - three possible lymph nodes
- 19 - three possible lymph nodes
- 20 - two possible lymph nodes
- 21 - two possible lymph nodes

Frozen Section Diagnosis

A. "DISTAL MARGIN, NEGATIVE FOR CARCINOMA."

Criteria	Yes	No
Diagnosis Discrepancy		///
Primary Tumor Site Discrepancy		///
HIPAA Discrepancy		///
Prior Malignancy History		
Dual/Syncronous Primary		
Case is (circle):		
Reviewer Initials	11/5/13	