Surgery Date:

## **Diagnosis**

## \*\*\*Amended Report\*\*\*

UUID:92DF9BB6-DB3F-40A7-AE1E-8272C46B1968 TCGA-RU-A8FL-01A-PR Reda

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:** 

21

NUMBER OF POSITIVE:

5

adenocarenoma NOS 8140/3 Sute: Cour C18.0 454/4/14

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 11.2 CM IN GREATEST DIMENSION

TUMOR SIZE: TUMOR GRADE:

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:

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

#### **Surgery Date:**

\*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

NO: NO REGIONAL LYMPH NODE METASTASIS N1a: 1 LYMPH NODE INVOLVED BY METASTASIS

N1b: 2 TO 3 LYMPH NODES INVOLVE BY METASTASIS

N10: TUMOR DEPOSIT(S) IN THE SUBSEROSA, 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

METASTASIS TO A SINGLE ORGAN OR SITE (LIVER, LUNG, OVARY, NON-REGIONAL LYMPH NODE)

METASTASIS TO MORE THAN ONE ORGAN/SITE OR TO PERITONEUM

(Electronically signed by) Date Finaled:

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**

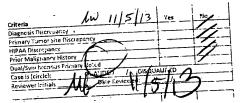
A. The specimen is received fresh intraoperatively for consultation from , labeled with the patient's name and designated on the requisition as "right colon, frozen for margins, rest routine," and consists of a segment of right colon measuring 6.5 cm in length and averaging 5 cm in diameter with an attached 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 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:

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

## Surgery Date:

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."



Page 3 of 3