

Colon, Tumor, NOS

(4.11 Colon_NOS_Tumor); Updated 009/19/2018 by Jeremy Deisch, MD

SAMPLE DICTATION

(Labeled: ____, ____, ____; ____) Received ____ is a ____ cm length of colon and attached mesocolon.

Major pathologic finding(s): A ____ x ____ x ____ cm (*ulcerated/exophytic/circumferential*) mass is present in the _____. The mass lies ____ cm from the proximal, ____ cm from the distal, and ____ cm from the radial margin. The mass involves ____ (*depth/extent of invasion*). There is/is not macroscopic tumor perforation.

Other findings: The background colonic mucosa shows the normal folds, and is without focal lesion or discoloration. Multiple lymph node candidates are present within the pericolonic adipose tissue.

Specimen Handling: (RS, ____ caps). Ink Key: ____

SUGGESTED SAMPLING

1-3: Tumor, full thickness (contiguous sections for large tumors)

4: Proximal margin, shave

5: Distal margin, shave

6: Radial margin, shave

>6: Lymph node candidates, ____ (indicate # of nodes per cap, sectioning)

STAGING CRITERIA (AJCC 8TH EDITION)

- Depth of invasion and/or infiltration of adjacent structures is primary criteria for pT staging
- pN status is determined by number of positive lymph nodes (< 3 vs. 4 or more) **or** non-nodal tumor deposits within lymph node drainage
- pM status is determined by presence of metastatic disease *or non-regional lymph node metastases*; pM0 is not assigned by pathologists, as entire clinical picture is often not known to pathologist

ADDITIONAL CONSIDERATIONS

- Section of tumor should be chosen to demonstrate maximal depth of invasion
- Margin sections are typically sufficient for sampling of background uninvolved colonic mucosa
- The serosa is **NOT** a margin
- **15 or more lymph nodes** are required for thorough assessment of nodal status (pN).
- Post-neoadjuvant cases often have very small lymph nodes; look carefully!