

Colon, Right, Tumor

(4.10 Right_Colon_Tumor); Updated November 8th by Maria Rabina

SAMPLE DICTATION

(Labeled: ____, ____, ____; ____) Received ____ is a right hemicolectomy specimen including a __ x __ cm terminal ileum, __ x __ cm cecum, __ x __ cm ascending colon. The mesentery measures __ x __ x __ cm. The appendix measures __ x __ cm.

Major pathologic finding(s): The mucosa shows a __ x __ x __ cm (ulcerated/polypoid/annular) mass ____ (location), __ cm from the ileocecal valve, __ cm from the terminal ileum margin, and __ cm from the ascending colon margin. Grossly, the mass (extends to / is confined to) the (mucosa/muscle/pericolonic adipose tissue) and comes to within __ cm from the mesocolonic radial margin.

Other findings: The background mucosa of the colon and terminal ileum show appropriate folds. No additional mucosal lesions are seen. The serosa of the colon and terminal ileum are ____. The appendiceal serosa is ____. The appendiceal lumen is __ cm in diameter and the mucosa is ____. Multiple lymph node candidates are present within the mesocolon ranging from __ to __ cm in greatest dimension.

Specimen Handling: (Provide an ink key if applicable) (RS / TE, ____ caps)

SUGGESTED SAMPLING

- 1-5: Tumor, full thickness with maximal depth of invasion (contiguous sections for large tumors)
- 6: Terminal ileum margin, en face
- 7: Ascending colon margin, en face
- 8: Closest radial/mesenteric margin, en face or (perpendicular if tumor approaches margin)
- 9: Ileocecal valve
- 10: Appendix (bisected tip, and two cross-sections)
- >10: Lymph node candidates

STAGING CRITERIA (AJCC 8TH EDITION)

- Depth of invasion and/or infiltration of adjacent structures (other organs or other segments of the colorectum) is the 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 pathologists, as entire clinical picture is often not known to pathologist.

ADDITIONAL CONSIDERATIONS

- In cases status post neoadjuvant therapy and no tumor is grossly identified, sample the entire scar.
- If the resection is for a large polyp with no gross invasion, consider entirely submitting the polyp.
- There is no radial margin in the cecum or appendix, the serosa is not a radial margin. However, if the tumor approximates or puckers the serosa, the serosal surface must be inked and at least one perpendicular section must be taken to show the relationship of the tumor to the inked serosal surface.
- Note if tumor perforation is present and describe its location.
- Measure and describe any areas of luminal obstruction, narrowing, or dilation in relation to the tumor (location, length, wall thickness).

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- 15 or more lymph nodes are required for thorough assessment of nodal status (pN).