

Colon Case

Pathology Report

March 23, 2013

Hemicolectomy

- A. Colon, polyp, ascending colon polyp
- B. Colon, mass, proximal transverse colon
- C. Colon, polyp, transverse colon polyp

Gross:

- A. Received in formalin labeled "ascending colon" is one polypoid portion of tissue, 2.2 cm in greatest dimension. The tissue is inked, sectioned and entirely submitted in cassette A.
- B. Received in formalin labeled "proximal transverse" are three fragmented portions of tissue, 0.2-0.7 cm in greatest dimension. The largest portion is inked and bisected. The specimen is submitted in cassette B.
- C. Received in formalin labeled "C" are more than 10 fragmented polypoid portions of tissue, 0.2-0.8 cm in greatest dimension.

Final Diagnosis:

- A. Ascending colon, biopsy: adenocarcinoma with mucinous component arising in adenomatous polyp. Tumor invades muscularis mucosa and is present at cauterized polyp margin.
- B. Proximal transverse colon, biopsy of mass: Invasive adenocarcinoma
- C. Transverse colon, biopsy: tubulovillous adenoma with carcinoma in situ confined to the head of the polyp

How many Primaries are present and what rule did you use to determine this?

Assign a topography and histology code for each primary. What histology rule was used?

Bladder Case

4/9/2010 TURBT: Papillary urothelial carcinoma of the lateral bladder wall.
12/9/2010 TURBT: Papillary transitional cell carcinoma of ureteric orifice
5/9/2012 TURBT: Urothelial carcinoma of lateral bladder wall
11/6/2012 TURP: Adenocarcinoma of left prostate lobe
1/8/2013 Left nephrectomy with excision of distal ureter: Papillary transitional cell carcinoma of distal ureter invading subepithelial connective tissue
3/8/2013 Physician note: Locally advanced bladder cancer; no further treatment
04/11/2014 TURBT: Papillary carcinoma of bladder
6/16/2014 Right radical nephroureterectomy and cystectomy: Papillary transitional cell carcinoma right ureter and bladder

How many Primaries are present and what rule did you use to determine this?

Assign a topography and histology code for each primary. What histology rule was used?

Lung Case

A 61 year old gentleman presenting with a non-productive cough for 2 months. Work-up revealed a right upper lobe tumor in the lung on chest x-ray and confirmed on CT scan of chest and abdomen. CT guided needle biopsy was positive for carcinoma.

A right upper lobe, lobectomy via VATs was done on 6/10/2014. Pathology revealed moderately differentiated adenocarcinoma with mucin secreting cells showing mixed acinar, papillary and bronchioloalveolar features. Tumor size was 1.2 cm, Resection margins negative.

How many Primaries are present and what rule did you use to determine this?

Assign a topography and histology code for each primary. What histology rule was used?

Breast Case

48 year old female was found to have two lesions in the right breast on screening mammography, one in the 12:00 position and the second lesion in the lower outer quadrant. Image guided needle biopsies were done and were positive for infiltrating duct cell type. Treatment options were discussed with patient and she opted for right modified radical mastectomy.

3/17/2014: Right modified radical mastectomy

Final Pathology Diagnosis:

Right breast 12:00 position infiltrating ductal carcinoma; size 1.8 cm; histological Nottingham grade 5/9 and nuclear grade 2. Margins are negative for tumor

Right breast lower-inner quadrant infiltrating ductal carcinoma, comedo type; size 1.0 cm; histological Nottingham grade 3/9 and nuclear grade 2. Margins are negative for tumor.

How many Primaries are present and what rule did you use to determine this?

Assign a topography and histology code for each primary. What histology rule was used?