# **Colorectal 2017**

# Case Scenario 1

**History and Physical**

7/9/16 A 53-year-old man presented to the hospital last evening with bright red rectal bleeding. He stated that he had experienced left upper quadrant pain for about 1 week. On physical exam the abdomen was soft with bowel sounds present. The liver was not palpated and there was no rebound or guarding. Rectal exam showed a small amount of bright red blood.

**Laboratory**

CEA: 2.6 (normal < 3.0)

**7/9/16 Colonoscopy**

* Left sided colonoscopy found a constricting circumferential neoplastic mass at 60 cm, likely a carcinoma. Biopsy obtained.

**7/9/16 Pathology**

* Biopsy of lesion in descending colon: polyp with adenocarcinoma.

**7/10/16 Surgery**

* Exploratory laparotomy; left hemicolectomy with transverse sigmoidectomy; wedge resection, left lobe liver.
	+ Exploration of abdominal cavity revealed a normal stomach with no palpable abnormalities. Liver diffusely multinodular, possible metastatic lesions. There was a 4 cm mass in the sigmoid colon consistent with a carcinoma, with no gross evidence of extension through the bowel wall. No gross evidence of metastatic disease within the abdominal cavity.

**7/10/16 Pathology**

* Liver, wedge resection: Macronodular cirrhosis with mild inflammatory activity.
* Descending colon: no lesions.
* Sigmoid colon resection:
* Histology: Invasive, moderately to poorly differentiated adenocarcinoma with mucinous and signet ring cell subtypes.
* Extension: Tumor penetrates through the submucosa into the muscularis propria, but transmural extension is not identified.
* 0/6 regional lymph nodes are positive.

**Oncology Consult:**

* No chemotherapy recommended at this time.

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| --- | --- |
| * **What is the primary site?**
* **What is the histology?**
 | * **What is the grade/differentiation?**
 |
| **Stage/ Prognostic Factors** |
| Summary Stage |  | Tumor Size Summary |  |
| TNM Clin T |  | TNM Path T |  |
| TNM Clin N |  | TNM Path N |  |
| TNM Clin M |  | TNM Path M |  |
| TNM Clin Stage |  | TNM Path Stage |  |
| TNM Clin Descriptor |  | TNM Path Descriptor |  |
| TNM Clin Staged By |  | TNM Path Staged By |  |
| CS SSF 1 |  |  |  |
| CS SSF 2 |  | Regional Nodes Positive |  |
| CS SSF 4 |  | Regional Nodes Examined |  |
| CS SSF 6 |  | Mets at Dx - Bone |  |
| CS SSF 8 |  | Mets at Dx - Brain |  |
| CS SSF 9 |  | Mets at Dx - Liver |  |
|  |  | Mets at Dx - Lung |  |
|  |  | Mets at Dx - Other |  |
|  |  | Mets at Dx – Distant LN |  |
|  |  |  |  |
| **Treatment** |
| Diagnostic Staging Procedure |  |  |  |
| **Surgery Codes** |  | **Radiation Codes** |  |
| Surgical Procedure of Primary Site |  | Radiation Treatment Volume |  |
| Scope of Regional Lymph Node Surgery |  | Regional Treatment Modality |  |
| Surgical Procedure/ Other Site |  | Regional Dose |  |
| **Systemic Therapy Codes** |  | Boost Treatment Modality |  |
| Chemotherapy |  | Boost Dose |  |
| Hormone Therapy |  | Number of Treatments to Volume |  |
| Immunotherapy |  | Reason No Radiation |  |
| Hematologic Transplant/Endocrine Procedure |  | Radiation/Surgery Sequence |  |
| Systemic/Surgery Sequence |  |  |  |

# Scenario 2

8**/22/16**

**History and Physical**

A 57 year-old white male presented today for abdominal perineal resection. He originally presented 5/6/16 for a colonoscopy with a biopsy and was found to have a 4.2cm fungating tumor located in his rectum. A biopsy confirmed poorly differentiated adenocarcinoma. An MRI with contrast showed tumor in the rectum perforating the rectal wall and extending into the perirectal tissue. 7-8 perirectal lymph nodes are indicative of metastasis. Liver, spleen, pancreas, kidneys and adrenal glands did not show any abnormalities. His CEA was found to be elevated at 19.4 ng/ml.

Patient completed a full course of neoadjuvant chemotherapy and radiation and presents today for a transabdominal resection. Current CEA is 2.3 ng/ml.

**8/22/16**

**Pathology –Abdominal perineal resection**

Tumor Site**:**  Rectum

Tumor Size: .5cm

Histologic Type: Adenocarcinoma

Histologic Grade: Low grade

Tumor Extension: Tumor involves the lamina propria, but does not extent into the submucosa.

Proximal and Distal Margins: Uninvolved by invasive carcinoma

Circumferential Margin: Uninvolved by invasive carcinoma.

Lymph-Vascular Invasion: Not identified

Perineural invasion: Not identified

Tumor Deposits: Not identified

Number of Lymph Nodes Involved: 0

Number of Lymph Nodes Examined: 36

**8/25/16 Discharge Summary**

The patient is recovering from his surgery and has been discharged home.

***1/4/17 Follow-up Note***

The patient has just completed a full course of 5-FU, leucovorin, and oxaliplatin (FOLFOX).

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 |
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| Systemic/Surgery Sequence |  |  |  |