Colon Case # 2
Presentation of New Case

• Newly diagnosed colon cancer patient

• Presentation at Cancer Conference for treatment recommendations and clinical staging
Colon Case # 2
History & Physical

• 55 yr old female who presented with possible appendicitis

• No family history of any cancer
Colon Case # 2
Imaging & Endoscopy Results

• CT abd/pelvis-prominent pericecal nodes not diagnostic

• Colonoscopy-
large circumferential
mass in cecum
Colon Case # 2
Diagnostic Procedure

• Procedure
  – Colonoscopy & biopsy

• Pathology Report
  – Adenocarcinoma, invasive
  – Grade 2

• Pre-op CEA was 1.7
Colon Case # 2
Clinical Staging

• Clinical staging
  – Uses information from the physical exam, imaging, and diagnostic biopsy

• Purpose
  – Select appropriate treatment
  – Estimate prognosis
Colon Case # 2
Clinical Staging

• Synopsis: patient with large cecal mass, clinically negative nodes

• What is the clinical stage?
  – T____
  – N____
  – M____
  – Stage Group_______
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Clinical Staging

• Clinical Stage correct answer
  – cTX
  – cNX
  – cM0
  – Stage Group unknown

• Based on stage, treatment is selected

• Review treatment guidelines for this stage
Colon Case # 2
Clinical Staging

• Rationale for staging choices
  – cTX for cannot be assessed

  – cNX because nodes cannot be adequately assessed on imaging especially in view of inflammation

  – cM0 because there was nothing to suggest distant metastases; if there was, appropriate tests would be performed before developing a treatment plan
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Treatment Options

• Review treatment guidelines for this stage

• Discuss appropriate treatment plans for this patient
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Presentation after Surgery

• The procedure chosen based on the large cecal mass with unknown nodal involvement and no clinical evidence of distant spread (stage unknown), is resection

• Presentation at Cancer Conference for treatment recommendations and pathologic staging
Colon Case # 2
Surgery & Findings

• Procedure
  – Right hemicolectomy

• Pre-op CEA was 1.7

• Operative findings
  – Mobile cecum without retroperitoneal invasion
  – No palpable liver metastases
Colon Case #2

Pathology Results

- Adenocarcinoma, cecum
- Size of tumor - 4.2cm
- Grade 2
- Penetrates through wall into mesentery with perforation and perforates visceral peritoneum
- Margins negative
- Circumferential resection margin was clear by 3mm
- 25 mesenteric nodes negative
- No perineural or lymphovascular invasion
- Tumor deposits were not identified
Colon Case # 2
Pathological Staging

• Pathological staging
  – Uses information from clinical staging, operative findings, and resected specimen pathology report

• Purpose
  – Additional precise data for estimating prognosis
  – Calculating end results (survival data)
Colon Case # 2
Pathological Staging

• Synopsis: patient with 4.2cm cecal mass perforating mesentery and visceral peritoneum, nodes negative

• What is the pathological stage?
  – T____
  – N____
  – M____
  – Stage Group_______
Colon Case # 2

Pathological Staging

• Pathological Stage correct answer
  – pT4a
  – pN0
  – cM0
  – Stage Group IIB

• Based on pathological stage, there is more information to estimate prognosis and adjuvant treatment is discussed
Colon Case # 2
Pathological Staging

• Rationale for staging choices

  – pT4a is penetrates to surface of visceral peritoneum

  – pN0 because mesenteric nodes were negative

  – cM0 - use clinical M with pathologic staging unless there is microscopic confirmation of distant metastases
• Applicable to this case
  – CEA: 1.7
  – Circumferential resection margin: 3mm
  – Lymphovascular invasion: no
  – Perineural invasion: no
  – KRAS
T4a invades through visceral peritoneum

Colon Case # 2
Recap of Staging

• Summary of correct answers
  – Clinical stage  cTX cNX cM0 Stage Group unknown
  – Pathological stage  pT4a pN0 cM0 Stage Group IIB

• The staging classifications have a different purpose and therefore can be different. Do not go back and change the clinical staging based on pathological staging information.
Staging Moments Summary

• Review site-specific information if needed

• Clinical Staging
  – Based on information before treatment
  – Used to select treatment options

• Pathological Staging
  – Based on clinical data PLUS operative findings and resected specimen pathology report
  – Used to evaluate end-results (survival)