

## Collaborative Staging Exercises

### *Collaborative Staging Manual* *Colon Schema, page 271*

#### Colon Case

##### **HISTORY & PHYSICAL**

67 year old female with a history of diabetes and hypertension presenting to the emergency room with two weeks of constipation and increasing abdominal pain. No vomiting, no **BRBPR**, + flatus. No adenopathy or organomegaly. Remainder of physical exam negative.

**IMAGING:** CT of the chest, abdomen and pelvis: Mediastinum demonstrates no definite mediastinal or hilar lymphadenopathy. There is no axillary lymphadenopathy seen. Liver demonstrates low attenuation, consistent with fatty infiltration. There is heterogeneous enhancement to the liver, especially to the left hepatic lobe. Given these findings, the possibility of a focal lesion cannot be excluded. MRI can be obtained if clinically indicated. Ascites is identified. Retroperitoneum demonstrates no evidence of lymphadenopathy.

##### **LABORATORY**

Hematocrit 27.7 (37.0-47.0 normal ranges)  
Hemoglobin 9.2 (12.0-16.0 normal ranges)  
CEA 3.5 (pre-operative) within normal limits

##### **SURGICAL OBSERVATIONS**

Proctosigmoidoscopy, exploratory laparotomy, right hemicolectomy: Rigid proctosigmoidoscopy revealed no lesions to 16 cm but the scope was unable to pass the point. Colon was found to be severely distended, with the cecum massively distended. Cecum was ischemic. There was circumferential obstructing sigmoid lesion; which was resected. Liver was negative for met disease.

##### **PATHOLOGY REPORT**

Colon, sigmoid resection: Adenocarcinoma, moderately differentiated, 3.5 cm, invasive through the bowel wall into the pericolonic fat. Vascular invasion is present. Six of seven (6/7) pericolonic lymph nodes are positive for metastatic carcinoma. Margins are free of tumor.

#### Worksheet

**CS Tumor Size**      \_\_\_ \_\_\_ \_\_\_

**CS Extension**      \_\_\_ \_\_\_

**CS TS/Ext-Eval**      \_\_\_

**CS Lymph Nodes**      \_\_\_ \_\_\_

**CS Reg Nodes Eval**      \_\_\_

**Reg LN Pos**      \_\_\_ \_\_\_

**Reg LN Exam**      \_\_\_ \_\_\_

**CS Mets at DX**      \_\_\_ \_\_\_

**CS Mets Eval**      \_\_\_

**CS Site-Specific Factor 1**      \_\_\_ \_\_\_ \_\_\_

**CS Site-Specific Factor 2**      \_\_\_ \_\_\_ \_\_\_

**CS Site-Specific Factor 3**      \_\_\_ \_\_\_ \_\_\_

**CS Site-Specific Factor 4**      \_\_\_ \_\_\_ \_\_\_

**CS Site-Specific Factor 5**      \_\_\_ \_\_\_ \_\_\_

**CS Site-Specific Factor 6**      \_\_\_ \_\_\_ \_\_\_

## Collaborative Staging Exercises

### Answers

#### Colon:

	<b>Code</b>	<b>Rationale</b>
<b>1. CS Tumor Size</b>	<b>035</b>	Per path tumor = 3.5 cm
<b>2. CS Extension</b>	<b>45</b>	Extension into pericolic fat
<b>3. CS TS/Ext-Eval</b>	<b>3</b>	Pathology information
<b>4. CS Lymph Nodes</b>	<b>10</b>	Positive regional lymph nodes per path report
<b>5. CS Reg Nodes Eval</b>	<b>3</b>	Pathology information
<b>6. Reg LN Pos</b>	<b>06</b>	Per path report on lymph node dissection
<b>7. Reg LN Exam</b>	<b>07</b>	Per path report on lymph node dissection
<b>8. CS Mets at DX</b>	<b>00</b>	No Mets
<b>9. CS Mets Eval</b>	<b>0</b>	Clinical/imaging since the scans looked for mets farther than the surg observation.
<b>10. CS Site-Specific Factor 1</b>	<b>020</b>	CEA done within normal limits
<b>11. CS Site-Specific Factor 2</b>	<b>888</b>	Not applicable
<b>12. CS Site-Specific Factor 3</b>	<b>888</b>	Not applicable
<b>13. CS Site-Specific Factor 4</b>	<b>888</b>	Not applicable
<b>14. CS Site-Specific Factor 5</b>	<b>888</b>	Not applicable
<b>15. CS Site-Specific Factor 6</b>	<b>888</b>	Not applicable

### **DERIVED STAGE:**

**pT 3 pN 2 cM 0 Stage IIC**

**SSM2000-Direct Extension and Regional to Lymph Nodes**