

## FAQS: ADENOMA AND ADENOCARCINOMA ARISING IN ADENOMA

### UNDERSTANDING YOUR PATHOLOGY REPORT: A FAQ SHEET

When your colon was biopsied, the samples taken were studied under the microscope by a specialized doctor with many years of training called a pathologist. The pathology report tells your treating doctor the diagnosis in each of the samples to help manage your care. This FAQ sheet is designed to help you understand the medical language used in the pathology report.

1. What if my report mentions “cecum”, “ascending colon”, “transverse colon”, “descending colon”, “sigmoid colon”, or “rectum”?

*The cecum is the beginning of the colon where the small intestine empties into the large intestine. The ascending colon, transverse colon, descending colon, sigmoid colon and rectum are, in order, other parts of the colon beyond the cecum. The colon ends at the rectum and waste exits through the anus.*

2. What is a polyp in the colon?

*A polyp is a projection (growth) of tissue from the inner lining of the colon into the lumen (hollow center) of the colon.*

3. What is an adenoma?

*An adenoma is a type of polyp that resembles the normal lining of your colon but differs in several important microscopic aspects. In some cases, a cancer can arise in the adenoma.*

4. What if my report mentions “tubular adenoma”, “tubulovillous adenoma”, “villous adenoma”, “sessile serrated adenoma”, “sessile serrated polyp”, or “traditional serrated adenoma, adenomatous polyp, or hyperplastic polyp” in relation to my cancer?



*Adenomas have several different growth patterns that can be seen by the pathologist under the microscope. Once there is cancer arising in the adenoma, the type of the adenoma is not as important as other factors (see below).*

5. What is adenocarcinoma of the colon?

*Adenocarcinoma of the colon is the most common type of colon cancer (tumor) that occurs in the colon.*

6. What is “intramucosal carcinoma” or “carcinoma in situ” or “carcinoma in the lamina propria”?

If an adenoma begins to progress toward colon cancer, these are the earliest changes but this early cancer does not yet have the ability to spread to other parts of the body and has probably been caught just in time. While an adenoma with intramucosal carcinoma or carcinoma in situ or carcinoma in the lamina propria needs to be completely removed, it is not the same thing as to what is typically referred to as “colon cancer”, since it cannot spread. Patients who have intramucosal carcinoma or carcinoma in situ or carcinoma in the lamina propria in their adenomas will need to have future colonoscopies at a shorter interval to make sure more polyps do not develop.

7. What is “invasive” mean?

As colon cancer grows and spreads beyond the inner lining of the colon, it is called “invasive adenocarcinoma”. It then has the potential to spread to other places in the body.

8. What does “differentiation” mean?

*Differentiation is the grade of the cancer. The grade of a cancer is determined by how the cancer looks under the microscope and is an indication of how aggressive the cancer is. Colon cancer is usually divided into three grades (well differentiated, moderately differentiated, and poorly differentiated) or sometimes two grades (well-moderately differentiated and poorly differentiated).*

9. What is the significance of the grade of colon cancer?

*Grade is one of the many factors that helps determine how aggressive a given cancer is. Poorly differentiated colon cancers tend to be more aggressive than well or moderately differentiated colon cancers and if present in a polyp an operation performed by a surgeon may be recommended to make sure that the tumor has not spread outside of the colon. You should discuss therapy options with your treating doctor to see what is best for you.*

10. What does it mean if there is vascular, lymphatic, or lymphovascular invasion?

*These terms mean that cancer is present in the vessels (arteries, veins, and/or lymphatics) of the colon and that there is an increased chance that cancer could spread out of the colon. When vascular or lymphovascular invasion is present, then an operation performed by a surgeon may be recommended to make sure the tumor has not spread outside of the colon. You should discuss therapy options with your treating doctor to see what is best for you.*

11. What if I have invasive adenocarcinoma in an adenoma and it was not entirely removed?

*If your adenoma with invasive adenocarcinoma was not completely removed, then you will need another procedure to remove it. While this is most often an operation performed by a surgeon, your treating physician will discuss what therapy options are best for you.*

12. What if I have invasive adenocarcinoma in an adenoma and it was entirely removed?

*If your adenoma with invasive adenocarcinoma was completely removed you may not require any further surgery if it is not poorly differentiated (see above) and does not have vascular invasion or lymphovascular invasion (see above). You should discuss therapy options with your treating doctor to see what is best for you.*

13. What does it mean if, in addition to cancer, my report says elsewhere in the colon there are also other adenomas or polyps such as “adenomatous polyp” (“adenoma”), “sessile serrated adenoma” (“polyp”), “traditional serrated adenoma”, or “hyperplastic polyp”?

*These polyps are very common and in the setting of cancer elsewhere in the colon will typically not affect treatment and are nothing to worry about.*