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## Understanding Your Pathology Report: Colon Polyps (Sessile or Traditional Serrated Adenomas)

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 pathologist sends your doctor a report that gives a diagnosis for each sample taken. This report helps manage your care. The questions and answers that follow are meant to help you understand the medical language used in the pathology report you received for your biopsy.

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### 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 other parts of the colon after the cecum. The colon ends at the rectum and waste exits through the anus.

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### 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. Different types of polyps look different under the microscope. Polyps are benign (non-cancerous) growths, but cancer can start in some types of polyps.

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### What is an adenoma?

An adenoma is a polyp made up of tissue that looks much like the normal lining of your colon, although it is different in several important ways when it is looked at under the microscope. In some cases, a cancer can arise in the adenoma.

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### What are tubular adenomas, tubulovillous adenomas, and villous adenomas?

Adenomas have several different growth patterns that can be seen under the microscope by the pathologist. There are 2 major growth patterns: tubular and villous. Because many adenomas have a mixture of both growth patterns, some polyps may be called *tubulovillous adenomas*. Most adenomas that are small (less than ½ inch) have a tubular growth pattern. Larger adenomas may have a villous growth pattern. Larger adenomas more often have cancers developing in them. Adenomas with a villous growth pattern are also more likely to have cancers develop in them. The most important thing is that your polyp has been completely removed and does not show cancer. The growth pattern is only important because it helps determine when you will need your next colonoscopy to make sure you don't develop colon cancer in the future.

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### What if my report used the term sessile?

Polyps that tend to grow as slightly flattened, broad-based polyps are referred to as *sessile*.

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### What if my report uses the term serrated?

Serrated polyps have a saw tooth appearance under the microscope and that is why they are called *serrated*. Some polyps are called *traditional serrated*, these look a little different under the microscope. Both types need to be

removed from your colon.

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## **What does it mean if I have an adenoma, such as a sessile serrated adenoma, traditional serrated adenoma, or an adenomatous polyp?**

These types of polyps are not cancer, but are pre-cancerous (can turn into cancers). Someone who has had one of these types of polyps has an increased risk of later developing cancer of the colon. Most patients with these polyps, however, never develop cancer.

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## **What if my report mentions dysplasia?**

Dysplasia is a term that describes how much your polyp looks like cancer under the microscope. Polyps that are only mildly abnormal (don't look much like cancer) are said to have low-grade (mild or moderate) dysplasia. Polyps that are more abnormal and look more like cancer are said to have high-grade (severe) dysplasia. The most important thing is that your polyp has been completely removed and does not show cancer. If dysplasia is found in your polyp, it might mean you need to have a repeat (follow-up) colonoscopy sooner than if dysplasia wasn't found, but otherwise you do not need to worry about dysplasia in your polyp.

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## **How does having the various types of adenoma affect my future treatment?**

Since you had an adenoma, you will need to have another colonoscopy to make sure that you don't develop any more adenomas. When your next colonoscopy should be scheduled depends on a number of things, like how many adenomas were found, if any were villous, and if any had dysplasia. The timing of your next colonoscopy should be discussed with your treating doctor as he or she knows the details of your specific case.

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## **What if my adenoma was not completely removed?**

If your adenoma was biopsied but not completely removed, you will need talk to your doctor about what other treatment you'll need. Most of the time, all adenomas need to be completely removed. Sometimes, though, the adenoma may be too large to remove during colonoscopy. In such cases you may need surgery to have the adenoma removed.

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## **What if my report also mentions hyperplastic polyps?**

Hyperplastic polyps are totally benign (they aren't pre-cancers or cancers) and are not a cause for concern.

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