New Data Items - Case 1
RENAL ULTRASOUND

Renal Ultrasound
January 14, 2007

Reason for Exam: Patient with chronic hypertension and more recently right flank pain for the past two months, increasing in severity.

Renal Ultrasound: 5cm mass in the upper pole right kidney, suspicious for renal cell carcinoma

Assessment: Possible renal cell carcinoma, however benign cyst is included in the differential diagnosis.

New Data Items Case 1
SURGICAL PATHOLOGY REPORT

Surgical Pathology Report
February 20, 2007

Specimen: Right kidney, nephrectomy

Final diagnosis: Right kidney with 4.5cm renal cell carcinoma, clear cell type

END New Data Items Case 1

New Data Items - Case 2
SURGICAL PATHOLOGY REPORT
Note: This case is One Primary with Multiple Tumors Reported as Single Primary

Surgical Pathology Report
January 4, 2007

Surgical Specimen: Bladder, cystectomy

Final Diagnosis:
Cystectomy
A. Poorly differentiated transitional cell carcinoma of the bladder trigone, 3.2cm, extending through muscular wall, margins free of tumor.
B. Two separate, 1.0cm moderately differentiated papillary transitional cell carcinomas of the bladder within the dome of the bladder.

END New Data Items Case 2

New Data Items - Case 3
SURGICAL PATHOLOGY REPORT
Note: This case is One Primary with Multiple Tumors Reported as Single Primary

Surgical Pathology Report
July 27, 2007

Specimen: Left breast, mastectomy

Final Diagnosis:
Breast, left, mastectomy
1. Widespread, multicentric infiltrating lobular carcinoma associated with extensive multicentric lobular carcinoma in situ
   - Diameter of aggregate tumor foci greater than 5.0cm
   - Lymphovascular invasion not seen
   - Estrogen/Progesterone receptor and HER2/NEU expression assays pending
2. Infiltrating ductal carcinoma, grade 1
   - Tumor diameter 1.5cm
   - Small amount of low-grade ductal carcinoma in situ
   - Invasive or in situ tumor not seen to touch inked surgical margins
   - Lymphovascular invasion not seen
   - Estrogen/Progesterone receptor and HER2/NEU expression assays pending

END New Data Items Case 3

New Data Items - Case 4
RENAL ULTRASOUND

Renal Ultrasound
October 16, 2007

Reason for Exam: Patient with chronic hypertension and more recently right flank pain for the past two months, increasing in severity.

Renal Ultrasound: 5cm mass in the upper pole right kidney, suspicious for renal cell carcinoma

Assessment: Probable renal cell carcinoma, however benign cyst is included in the differential diagnosis.

New Data Items Case 4
SURGICAL PATHOLOGY REPORT

Surgical Pathology Report
October 17, 2007

Specimen: Right kidney, radical nephrectomy

Final diagnosis: Adenocarcinoma, probable clear cell type of renal cell carcinoma

END New Data Items Case 4

New Data Items - Case 5
SURGICAL PATHOLOGY REPORT #1

Surgical Pathology Report
June 2, 2007

Specimen (s) received:

A. Prostate right base x 2
B. Prostate right middle x 2
C. Prostate right apex x 2
D. Prostate left base x 2
E. Prostate left middle x 2
F. Prostate left apex x 2

Final Diagnosis:
Prostate, biopsies as designated: focal atypical small glands with suspicious for minimal prostatic adenocarcinoma associated with high grade prostatic intraepithelial neoplasia.

New Data Items Case 5
SURGICAL PATHOLOGY REPORT #2

Surgical Pathology Report
October 14, 2007

Specimen (s) received: Prostatectomy

Final Diagnosis:
Prostate, prostatectomy: prostatic adenocarcinoma, well differentiated, Gleason 2+3=5

END New Data Items Case 5

New Data Items - Case 6
SURGICAL PATHOLOGY REPORT

Surgical Pathology Report
February 1, 2007

Specimen (s) received:
A. Soft tissue, right upper arm
B. Soft tissue, back

Final Diagnosis:
A. Right upper arm. Spindle cell proliferation showing features of dermatofibrosarcoma protuberans on immunohistochemical stains, incompletely excised.
B. Back. Ruptured epidermal inclusion cyst.

New Data Items Case 6
SURGICAL PATHOLOGY REPORT #2

Surgical Pathology Report
February 17, 2007

Specimen (s) received: Right upper arm, re-excision

Final Diagnosis: Right upper arm – re-excision showing residual spindle cell proliferation, margins of excision free of tumor.

Immunohistochemical procedures are done using standard LSAB kit, DAB as detection reagent on a DAKO Immunostainer. Procedure and dilutions of antibodies are on file. Laboratory extrinsic controls for the antibodies tested exhibited appropriate staining.

Comments: The spindle cell proliferation noted from initial biopsy and re-excision from the right upper arm was seen sent for immunohistochemical stains to help differentiate dermatofibroma from dermatofibrosarcoma. The stains show features compatible with a dermatofibrosarcoma protuberans.

END New Data Items Case 6

New Data Items - Case 7
SURGICAL PATHOLOGY REPORT

Surgical Pathology Report
June 2, 2007

Clinical History: Polyp

Specimen (s) received:

A. Colon, sigmoid polyp, polypectomy
B. Colon, biopsies

Gross Examination:

A. Received in formalin, labeled "polyp is a piece of brown soft tissue compatible with mucosa. The tissue measures approximately 1.0 x 1.0 x 0.4 cm in greatest length. The tissue is submitted in toto in one cassette.
B. Received in formalin, labeled "areas around polyp", are multiple pieces of brown sift tissue compatible with mucosa. The largest tissue approximately 0.3 x 0.2 x 0.1 cm in greatest diamter. The tissues are submitted in toto in one cassette.

Final Diagnosis:

A. Colon, sigmoid, polyp, polypectomy: Tubular adenoma with focus suspicious for invasive adenocarcinoma.
B. Colon biopsies: fragments of colonic mucosa with no specific pathologic change. No dysplasia seen.

Notes/Comments: The foci suspicious for invasive adenocarcinoma are characterized by groups of glands invading below the apparent muscularis mucosa. These glands come within 1 mm of the deep cauterized margin. These glands in addition arise from a tubular adenoma with both architectural and cytologic features of high grade dysplasia. A more definitive diagnosis of invasive adenocarcinoma is not possible on the current material given the cautery artifact.

END New Data Items Case 7

New Data Items - Case 8
SURGICAL PATHOLOGY REPORT
Note: This case is One Primary with Multiple Tumors Reported as Single Primary

Surgical Pathology Report
September 12, 2007

Clinical History: The patient is a 43 year old female who is referred to me for MEN 2A syndrome (multiple endocrine neoplasia, type 2).

Specimen:
A. Total thyroid
B. Right inferior parathyroid
C. Left inferior parathyroid
D. Right superior
E. Right middle compartment lymph nodes

Final Diagnosis:
A. Thyroid, total thyroidectomy: 3 mm multifocal medullary carcinoma
B. Right inferior parathyroid, parathyroidectomy: Benign parathyroid gland
C. Left inferior parathyroid, parathyroidectomy: Benign parathyroid gland
D. Half of right superior parathyroid, biopsy: Benign parathyroid gland
E. Right middle compartment lymph nodes, dissection: One of eleven lymph nodes with metastatic medullary carcinoma from thyroid.

Comment:
There are at least three foci of medullary carcinoma within the thyroid gland. The largest is 3 mm and in the right lobe; the smallest is in the left lobe. The lymph node metastasis of medullary carcinoma is 0.7 mm

END New Data Items Case 8

New Data Items - Case 9
SURGICAL PATHOLOGY REPORT

Note: This case is One Primary when unknown whether single or multiple melanomas on scalp, default to single melanoma and single primary – See Melanoma Case 2.

Surgical Pathology Report
May 5, 2007

Clinical History: Two biopsies left frontal medial and lateral scalp, approximately 5 mm from each other. Shave biopsies.

Specimen:
A. Left frontal medial scalp
B. Left frontal lateral scalp

Final Diagnosis:
A. Skin, left frontal medial scalp, shave biopsy: Invasive malignant melanoma, anaplastic, nodular type with anaplastic and spindle cell features. Clark's level: IV. Breslow thickness: 2.05 mm. Ulceration: Present. Satellites: Present.
B. Skin, left frontal lateral scalp: Invasive malignant melanoma with ulceration, histologically similar to the tumor present in specimen A, transected at base and edges of biopsy.

Comments:
The deepest measurable focus of invasive tumor is present is specimen A where tumor extends to the base of the shave biopsy. If the biopsies from part A and B are separated by a region of uninvolved skin, it is likely that one of these biopsies represents a satellite lesion. Histologically, these appear to be two distinct nodules but both have an intraepidermal component associated with them. The possibility also exists that these are two nodular foci of invasion arising in a broad melanoma. Lesion B is clearly ulcerated. If these shave biopsies represent portions of the same lesion, the stage would be at least pT2b.

END New Data Items Case 9