CEDARS-SINAI MEDICAL CENTER
Department of Pathology and Laboratory Medicine
8700 Beverly Blvd., Los Angeles CA 90048 Tel: (310) 423-5431 Fax: (310) 423-0122
Laboratory Director: Mahul B. Amin, M.D. CLIA # 05D0541033

Patient: **Accession Number**

Hospital No:
Date of Birth:
Age/Sex:
Location: 8-NE

Pathologist: Serguei I. Bannykh, M.D.
ssistant: Michael T Schmidt, D.O.
Date of Procedure: 10/11/2012
Date Received: 10/11/2012

Ordering M.D.: CHIRAG G PATIL
Copies To: PHILLIP LEVINE

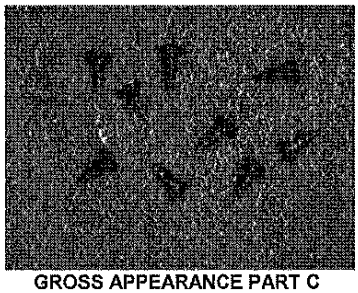
SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

A. BRAIN, RIGHT FRONTAL, CORE BIOPSY:
- **Cortex and white matter involved by persistent/recurrent glioma, consistent with history of glioblastoma multiforme, WHO grade IV**

B. BRAIN, RIGHT FRONTAL, DEEP RESECTION CAVITY, CORE BIOPSY:
- **White matter involved by moderately cellular glioma, consistent with history of glioblastoma multiforme, WHO grade IV**

C. SKULL, SURGICAL HARDWARE REMOVAL
- **Explanted hardware (screws), gross only**



GROSS APPEARANCE PART C

HISTORY:
GBM

MICROSCOPIC FINDINGS:
Sections on part A disclose cortex and white matter containing numerous reactive cells, including astrocytes, macrophages/microglia, T-cells, including cytotoxic T-cells, as well as numerous persistent glioma cells accounting to approximately 40% to 50% of total cellularity, based on p53 immunostain. Density of tumor cells on part B is lower and less reactive cells are also identified.

IMMUNOHISTOCHEMISTRY:

Study / Antibody	Block	Result
P53	A2	Up to 40% of cellularity is due to persistent glioma
IDH1 R132H mutant	A2	Positive in tumor cells
GFAP	A2	Highlights reactive gliosis and tumor cells

Patient Case(s): S-12-43812 S-12-17510

CD3	A2	Clusters of T-cells are seen, accounting up to 5% of total cellularity
CD20	A2	Negative
CD163	A2	Numerous macrophages/ microglia seen, accounting for 50% of total cellularity
TIA	A2	Small clusters of cytotoxic T-cells seen, accounting for 2% of total cellularity

*These IHC studies were interpreted in conjunction with appropriate positive and negative controls which demonstrated the expected positive and negative reactivity.

GROSS:

A. BRAIN TUMOR RIGHT FRONTAL FROZEN SECTION
Labeled designated "brain tumor enhancing nodule R frontal", and received fresh for intraoperative consultation is a fragment of pale tan soft tissue measuring approximately 1.0 cm in greatest dimension. A touch prep is performed and half the tissue is submitted for frozen section, and further submitted for permanent sections. The remaining tissue is submitted for permanent sections only.
A1. Frozen section remnant of FSA1 – 1
A2. Remaining tissue – 1

B. DEEP RESECTION CAVITY FROZEN SECTION
Labeled designated "deep resection cavity", and received fresh for intraoperative consultation are multiple fragments of pale pink-white soft tissue measuring 1.2 cm in aggregate dimensions. A touch prep is performed and half of the tissue is submitted for frozen section, and further submitted for permanent sections. The remaining tissue is submitted for permanent sections only.
B1. Frozen section remnant – multiple
B2. Remaining tissue – multiple

C. HARDWARE
Patient name/label:
Received: Unfixed
Total pieces: Multiple
Metallic component(s): Screws
Synthetic components: None
Bone/soft tissue: Not identified
The specimen is for gross examination only. A gross photograph is taken.

Gross dictated by Shawn Maclary, P.A. (ASCP):plh/J#2187169
10/11/2012

INTRAOPERATIVE CONSULTATION:

OPERATIVE CALL
OPERATIVE CALL (FROZEN)

FSA/TPA. BRAIN, RIGHT FRONTAL, "ENHANCING NODULE", EXCISION:
- Involved by glioma

(Dr. Serguei Bannykh/Dr. Michael Schmidt)

FSB/TPB. BRAIN, "DEEP RESECTION CAVITY", EXCISION:
- Involved by glioma

(Dr. Serguei Bannykh/Dr. Michael Schmidt)
dc/10/15/2012/J#2189118

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.
Serguei I. Bannykh, M.D. Electronically signed 10/15/2012 2:05:22PM