



## SUMMIT PATHOLOGY

Offices located at Sterling Regional Medical Center  
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P. Haberman, MD	C. Murphy, MD	M. Walts, MD
W. Hamner, MD	C. Nerby, MD	H. Worcester, MD

### ABNORMAL

## SURGICAL PATHOLOGY REPORT

**Patient:** POST, FRANCISKA LEONA

Med Rec#: 130600

PV: 00049018054

DOB: 08/01/1950 Age: 69 Sex: F

Physician(s):

BAUERLE GARY MD

STERLING REGIONAL MED CENTER

Attn: NICOLE SHOWALTER, PA-C

**Accession #:** 12105659

Date Collected: 05/27/2020

Date Received: 05/28/2020

Date Reported: 05/29/2020

Test Requested: SRMC Surgical

Result ID: SS20-00232

### FINAL DIAGNOSIS:

#### RIGHT GROIN/PUBIC SUBCUTANEOUS MASS, NEEDLE CORE BIOPSY:

MODERATELY-DIFFERENTIATED SQUAMOUS CELL CARCINOMA, p16 POSITIVE; PLEASE SEE COMMENT

### COMMENT:

The biopsy shows areas of necrosis and viable moderately-differentiated squamous cell carcinoma. There are associated lymphocytes and focal suggestion of lymph node architecture; clinical correlation is required to determine if this likely represents a lymph node metastasis. Adipose tissue is also sampled in the biopsy but is not definitively involved by tumor. The squamous cell carcinoma is positive for p16 with strong, block-like staining, consistent with an HPV-associated carcinoma. Primary sites may include the lower GYN tract (cervix, vulva, vagina), anus, or oropharynx. Clinical correlation is required.

The diagnosis is discussed with PA Nicole Showalter on 5/29/2020.

Carrie Pizzi, MD

Pathologist, Electronic Signature

The case has been reviewed with the following pathologist(s) who concur with the interpretation: Michael Walts, MD

**Clinical History:** Mass over pubic area, now painful. Per Cerner: Ultrasound needle biopsy report: Palpable mass to the right of midline in the pubic area. Ultrasound shows complex mass containing solid and cystic component, 6.4 cm. Aspirate and core biopsies performed.

### GROSS DESCRIPTION:

Received in a formalin filled bottle/container, which has been verified to belong to patient: POST, FRANCISKA LEONA and labeled "Rt groin/pubis" is a 0.7 x 0.3 x 0.1 cm aggregate of tan-yellow, stringy and fragmented needle core biopsies. The specimen is bagged and submitted in toto in cassette A1.

### MICROSCOPIC DESCRIPTION:

1 block, 1 slide examined. Immunostains are performed to further characterize the malignant cells. The malignant cells are positive for cytokeratin 5/6 and p63. Immunostain for p16 is positive with strong, block-like staining. Controls stain appropriately.

NOTE: The immunoperoxidase tests utilized in this examination were developed and their performance characteristics determined by the laboratory at Summit Pathology. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform



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high complexity clinical laboratory testing.

CPT Code(s): 88341 x2, 88305, 88342

Specimen grossed and processed at: Summit Pathology 5802 Wright Dr., Loveland, CO, 80538

Specimen interpreted at: Summit Pathology 5802 Wright Drive, Loveland, CO 80538