

SUMMIT PATHOLOGY

5802 Wright Drive Loveland, CO 80538 TEL: (970) 212-0530 FAX: (970) 212-0553 R. Barner, MD C. Bee, MD J. Andersen, MD S. Alam, MD P. Haberman, MD W. Hamner, MD N. Johnston, DO
C. McLaughlin, MD
M. Riley, MD
A. Libby, MD
C. Salisbury, MD
J. Stefka, MD
C. Murphy, MD
M. Walts, MD
C. Nerby, MD
H. Worcester, MD

ABNORMAL

SURGICAL PATHOLOGY REPORT

 Patient: TERRY, ROBERT
 Accession #: 12150108

 Med Rec#: MM0000433383
 PV:

 Date Collected:
 08/20/2020

DOB: **02/10/1946** Age: **74** Sex: **M** Date Received: **08/21/2020** Physician(s): Date Reported: **08/25/2020**

MAHLBERG MATTHEW MD COLORADO CENTER FOR DERM & SKIN SURGE

Test Requested: Surgical Result ID: OS20-16779

FINAL DIAGNOSIS:

SKIN, RIGHT ULNAR DORSAL HAND, EXCISION:

-HIGH-GRADE NEUROENDOCRINE CARCINOMA, COMPATIBLE WITH MERKEL CELL CARCINOMA

SYNOPTIC DIAGNOSIS / CASE SUMMARY: MERKEL CELL CARCINOMA OF THE SKIN

PROCEDURE: EXCISION

SPECIMEN LATERALITY: RIGHT TUMOR SITE: ULNAR DORSAL HAND

TUMOR SIZE: 3.1 cm

- ADDITIONAL DIMENSIONS: 2.7 x 1.8 cm

TUMOR THICKNESS: 18 mm

MARGINS:

- PERIPHERAL MARGINS: NARROWLY NEGATIVE FOR CARCINOMA
 - DISTANCE OF CARCINOMA FROM MARGIN: 4 mm
 - SPECIFY LOCATION(S), IF POSSIBLE: N/A
- -DEEP MARGIN: NARROWLY NEGATIVE FOR CARCINOMA
 - DISTANCE OF CARCINOMA FROM MARGIN: <0.5 mm
 - SPECIFY LOCATION(S), IF POSSIBLE: DEEP

LYMPHOVASCULAR INVASION: PRESENT TUMOR EXTENSION: INTO SUBCUTIS

MITOTIC RATE: 13 PER mm²

TUMOR-INFILTRATING LYMPHOCYTES: NOT IDENTIFIED

TUMOR GROWTH PATTERN: NODULAR

PRESENCE OF SECOND MALIGNANCY: NOT IDENTIFIED

REGIONAL LYMPH NODES: NO LYMPH NODES SUBMITTED OR FOUND PATHOLOGIC STAGE CLASSIFICATION (pTNM, AJCC 8TH EDITION):

- TNM DESCRIPTORS: N/A
- PRIMARY TUMOR: pT2
- REGIONAL LYMPH NODES: pNX

COMMENT:

The preliminary results were relayed to Dr. Mahlberg on 08/25/2020.

Heath D Worcester, MD Pathologist, Electronic Signature

Clinical History:

Erythematous tender papule with hyperkeratotic scale



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COLORADO CENTER FOR DERM & SKIN SURGE

DDX: Squamous cell carcinoma Notes: Please check margins

Submitted Clinical ICD10 Codes: D48.5

GROSS DESCRIPTION:

Received in a formalin filled bottle/container, which has been verified to belong to patient: TERRY, ROBERT and labeled "A right ulnar dorsal hand" is an unoriented skin excision 3.3 x 2.5 cm, excised to a depth of 1.5 cm. An exophytic tan gray, scaly and focally hemorrhagic lesion 3.1 x 2.7 cm has a height of 1.8 cm from the skin surface and is 0.4 cm from the orange inked margin. Sectioning reveals variegated pink-red to focally hemorrhagic to congested cut surfaces which extend to the deep margin. The specimen is submitted entirely and sequentially as follows:

Cassette summary:

A1: Skin tips

A2-A13: Lesion, sequential

MICROSCOPIC DESCRIPTION:

Section show neoplastic high-grade neuroendocrine carcinoma extending into the subcutis with a nodular growth pattern. Also examined are immunoperoxidase-stained sections for CK7, CK20, CK5/6, TTF-1, CDX-2, BerEp4, synaptophysin, and chromogranin which show tumor positivity with CK20 perinuclear dot-like, CK5/6 focal perinuclear dot, BerEp4, synaptophysin and chromogranin. The CK7, TTF-1 and CDX-2 are negative (Positive and negative controls appropriate).

(Note: The immunoperoxidase tests utilized in this examination were developed and their performance characteristics determined by the laboratory at Summit Pathology. They have 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. These tests are 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 high complexity clinical laboratory testing.)

CPT Code(s): 88341 x7, 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