



SUMMIT PATHOLOGY

5802 Wright Drive
Loveland, CO 80538
TEL: (970) 212-0530
FAX: (970) 212-0553

R. Barner, MD	N. Johnston, DO	C. Pizzi, MD
C. Bee, MD	C. McLaughlin, MD	M. Riley, MD
J. Andersen, MD	A. Libby, MD	C. Salisbury, MD
S. Alam, MD	D. Long, MD	J. Stefka, MD
P. Haberman, MD	C. Murphy, MD	M. Walts, MD
W. Hamner, MD	C. Nerby, MD	H. Worcester, MD

ABNORMAL

SURGICAL PATHOLOGY REPORT

ADDED

Patient: **BOYD, ROBERT H**

Med Rec#: **1030184-1** PV:

DOB: **09/12/1937** Age: **82** Sex: **M**

Physician(s):

SNIEZEK PATRICK M.D.

COLORADO SPRINGS DERMATOLOGY (GLOBAL) Report Modified: **07/09/2020**

Accession #: 12120589

Date Collected: **06/25/2020**

Date Received: **06/26/2020**

Date Reported: **06/30/2020**

Report Modified: **07/09/2020**

Test Requested: **Surgical**

Result ID: OS20-11709

Revision (07/09/2020)

ADDENDUM:

BRIGHAM AND WOMEN'S HOSPITAL (Christopher Fletcher, M.D.) REPORT RECEIVED

SPECIMEN: Skin lesion right distal radial forearm

DIAGNOSIS: ATYPICAL INTRADERMAL SPINDLE CELL NEOPLASM.

Many thanks for asking me to look at the biopsy of this man's skin lesion on the right distal radial forearm. I am returning your original stained slides and the block herein.

The specimen shows a highly cellular, markedly atypical intradermal spindle cell neoplasm with focally striking pleomorphism and prominent abnormal mitotic figures. There is no evident epidermal origin. There is adjacent severe actinic damage. Immunostains in our hands show just rare scattered cells positive for SMA and desmin, likely consistent with myofibroblasts, while pan-keratin, CK5, p63, SOX10 and CD34 are negative. Based on this relatively superficial sample, I would simply label this as an atypical intradermal spindle cell neoplasm, and I would recommend that the lesion be completely excised with a negative margin. If this tumor proves to be confined to the dermis then this may well represent an atypical fibroxanthoma, which is essentially benign- whereas, if tumor extends into underlying subcutis or deeper, then this may represent a pleomorphic dermal sarcoma, comparable to those arising in sun damaged skin of the head and neck.

(Please see full report for details. Report scanned, linked and attached). lp

Catherine Salisbury, MD
Pathologist, Electronic Signature

FINAL DIAGNOSIS:

SKIN, RIGHT DISTAL RADIAL FOREARM, INCISIONAL BIOPSY:

- MALIGNANT SPINDLE CELL NEOPLASM, BROADLY TRANSECTED AT THE DEEP SECTION EDGE.
- OVERLYING REMOTE DERMAL SCAR.
- SEE COMMENT.

COMMENT:



SUMMIT PATHOLOGY

5802 Wright Drive
Loveland, CO 80538
TEL: (970) 212-0530
FAX: (970) 212-0553

R. Barner, MD	N. Johnston, DO	C. Pizzi, MD
C. Bee, MD	C. McLaughlin, MD	M. Riley, MD
J. Andersen, MD	A. Libby, MD	C. Salisbury, MD
S. Alam, MD	D. Long, MD	J. Steffka, MD
P. Haberman, MD	C. Murphy, MD	M. Walts, MD
W. Hamner, MD	C. Nerby, MD	H. Worcester, MD

ABNORMAL

SURGICAL PATHOLOGY REPORT

ADDED

Patient: **BOYD, ROBERT H**

Med Rec#: **1030184-1** PV:

DOB: **09/12/1937** Age: **82** Sex: **M**

Physician(s):

SNIEZEK PATRICK M.D.

COLORADO SPRINGS DERMATOLOGY (GLOBAL) Report Modified: **07/09/2020**

Accession #: 12120589

Date Collected: **06/25/2020**

Date Received: **06/26/2020**

Date Reported: **06/30/2020**

Report Modified: **07/09/2020**

Sections show a malignant highly pleomorphic spindle cell neoplasm with a nonspecific immunophenotype. Specifically, tumor cells stain positive for CD68, vimentin, CD10, and CD31 (patchy) and are negative for pan-keratin, cytokeratin 5/6, p40, p63, SOX-10, MART-1, desmin, and CD34. The differential diagnosis of this lesion includes recurrent spindle cell squamous carcinoma which has lost expression of carcinoma-specific antigens, atypical fibroxanthoma (AFX), and angiosarcoma (given patchy CD31 positivity and a background of hemorrhage and hemosiderin deposition). Given the unusual staining pattern, the material will be referred to expert soft tissue pathologist, Dr. Christopher Fletcher, for final classification. A final consultation report will be issued in an addendum.

The patient's outside biopsy report from 2017 (#PS17-020311) from Centura Laboratory Services was reviewed in conjunction with this case.

Catherine Salisbury, MD
Pathologist, Electronic Signature

Clinical History: DDX: Neoplasm of uncertain behavior vs recurrent spindle cell SCC

Submitted Clinical ICD10 Codes: D49.2

GROSS DESCRIPTION:

Received in a formalin filled bottle/container, which has been verified to belong to patient: BOYD, ROBERT H and labeled "R distal radial forearm" is a 1.4 x 1.1 cm tan-gray, unoriented skin ellipse excised to a depth of 0.4 cm. The entire epidermis is rubbery-scaly; no distinct lesion is identified. The surgical margin is not involved with all peripheral margins and is dark-brown, gritty and friable. The specimen is quadrisectioned and submitted in its entirety as follows:

Cassette Summary:

A1: Tips

A2: Body, 2 pieces

A3: Fragmented margin

MICROSCOPIC DESCRIPTION:

Sections show a markedly atypical spindled cell lesion expanding the dermis with an overlying area of remote dermal scar. Many pleomorphic, undifferentiated-appearing cells are seen, as well as giant cell forms. Numerous abnormal mitotic figures are seen. Areas of hemorrhage, as well as abundant hemosiderin deposition, are noted. Also examined are immunoperoxidase-stained sections for:

Pan-keratin: negative in the malignant cells

SOX-10: negative in the malignant cells

MART-1: negative in the malignant cells

CK5/6: negative in the malignant cells

p40: negative in the malignant cells

p63: negative in the malignant cells

CD10: positive in the malignant cells

Vimentin: positive in the malignant cells

CD34: negative in the malignant cells



SUMMIT PATHOLOGY

5802 Wright Drive
Loveland, CO 80538
TEL: (970) 212-0530
FAX: (970) 212-0553

R. Barner, MD	N. Johnston, DO	C. Pizzi, MD
C. Bee, MD	C. McLaughlin, MD	M. Riley, MD
J. Andersen, MD	A. Libby, MD	C. Salisbury, MD
S. Alam, MD	D. Long, MD	J. Stefka, MD
P. Haberman, MD	C. Murphy, MD	M. Walts, MD
W. Hamner, MD	C. Nerby, MD	H. Worcester, MD

ABNORMAL

SURGICAL PATHOLOGY REPORT

ADDED

Patient: BOYD, ROBERT H

Med Rec#: **1030184-1** PV:

DOB: **09/12/1937** Age: **82** Sex: **M**

Physician(s):

SNIEZEK PATRICK M.D.

COLORADO SPRINGS DERMATOLOGY (GLOBAL) Report Modified: **07/09/2020**

Accession #: 12120589

Date Collected: **06/25/2020**

Date Received: **06/26/2020**

Date Reported: **06/30/2020**

CD31: patchy positivity in the malignant cells
Desmin: focal positivity in the malignant cells
CD68: positive in the malignant cells

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 x11, 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

BRIGHAM HEALTH



**BRIGHAM AND
WOMEN'S HOSPITAL**



**HARVARD
MEDICAL SCHOOL**

Christopher D.M. Fletcher, M.D., FRCPath

Vice Chair, Anatomic Pathology
Department of Pathology

Professor of Pathology
Harvard Medical School

DANA-FARBER/BRIGHAM AND WOMEN'S



CANCER CENTER

Chief of Onco-Pathology
Dana-Farber Cancer Institute

July 7, 2020

Catherine Salisbury, M.D.
Summit Pathology
5802 Wright Drive
Loveland, CO 80538

Dear Dr. Salisbury,

Re: Robert BOYD, 09.12.37
Your ref OS20-11709, Our ref BS20-M27183

Many thanks for asking me to look at the biopsy of this man's skin lesion on the right distal radial forearm. I am returning your original stained slides and the block herein.

The specimen shows a highly cellular, markedly atypical intradermal spindle cell neoplasm with focally striking pleomorphism and prominent abnormal mitotic figures. There is no evident epidermal origin. There is adjacent severe actinic damage. Immunostains in our hands show just rare scattered cells positive for SMA and desmin, likely consistent with myofibroblasts, while pan-keratin, CK5, p63, SOX10 and CD34 are negative. Based on this relatively superficial sample, I would simply label this as an **atypical intradermal spindle cell neoplasm**, and I would recommend that the lesion be completely excised with a negative margin. If this the tumor proves to be confined to the dermis then this may well represent an atypical fibroxanthoma, which is essentially benign- whereas, if tumor extends into underlying subcutis or deeper, then this may represent a pleomorphic dermal sarcoma, comparable to those arising in sun damaged skin of the head and neck.

With best wishes and thanks again.

Yours sincerely,

Christopher D.M. Fletcher, M.D., FRCPath
CDMF:cb/65;encl.