Jason Hutchinson 900 20 616826 :,Mr
45 YEAR OLD MALE, WITH HISTORY OF SMALL BOWEL GIST DIAGNOSED IN MAY 2013 (5286/13) WITH MUTATION OF EXON 11 OF KIT. THE PATIENT WAS PRE-OPERATIVELY TREATED WITH GLIVEC SINCE MAY 2013 WITH GOOD RESPONSE WITH TUMOUR SHRINKAGE FROM 11CM TO 6.6CM. THE TUMOUR THEN PLATEAUED, WITH SMALL BOWEL RESECTION IN 2014: SMALL BOWEL GASTROINTESTINAL STROMAL TUMOUR, 8.5CM IN MAXIMAL DIMENSION, WITH CONSIDERABLE RESPONSE TO TREATMENT. HAS REMAINED UNDER SURVEILLANCE UNTIL BLU285 FOR RECURRENT DISEASE, JUNE 2018; Stable disease on imaging. THIS SPECIMEN: BIOPSY FROM PELVIC TUMOUR, LIKELY GIST (THE PATIENT ALSO HAD LEFT RENAL BIOPSY, WHICH SHOWED TYPE I PAPILLARY RENAL CELL CARCINOMA; FUHRMAN GRADE 2 (976/20).

MACROSCOPY
Pelvic lesion biopsy: Eight cores ranging from 6-20mm. 1-8) cores 9) fragments. AE.

HISTOLOGY
Cores of cellular tumour, composed of loose fascicles of mildly atypical spindle cells with elongated nuclei and relatively abundant eosinophilic cytoplasm. Mitotic figures are not prominent. There is focal tumour necrosis (eg slide 1). Paranuclear vacuolation is present focally. There are also more sparsely cellular areas comprising smaller areas in which small hyperchromatic spindle nuclei are interspersed within fibrillary/ possibly slightly degenerate matrix, with sparse chronic inflammatory infiltrate (eg slide 1 and 2) which would be in keeping with treatment response.

The tumour is diffusely and strongly positive for DOG1, CD117 and h-caldesmon, and SMA shows only very scanty focal expression. The tumour is negative for desmin, myogenin, S100 protein, SOX10, CD34, STAT6, EMA and AE1/AE3. The proliferation fraction by MIB1 is low

The features are consistent with viable gastrointestinal stromal tumour, with areas consistent with treatment response. Viable tumour accounts for at least 70% of the tumour area. Risk assessment is not performed for recurrent disease. Mutational analysis is awaited, with a further report to follow. Small amounts of normal fibroadipose tissue are also seen. No other specific abnormality is noted.

Dr Magnus Hallin/Dr Khin Thway

T: soft tissue T pelvis m GIST, malignant