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45 YEAR-OLD MALE, WITH LUMP TO THE RIGHT OF THE MIDLINE IN THE LOWER ABDOMEN. CT AND MRI: 6.7X6X5.5CM COMPLEX MASS IN INFRA-UMBILICAL AREA, INVOLVING THE RIGHT RECTUS ABDOMINUS MUSCLE. RECENT BIOPSY (APRIL 2020) OF ABDOMINAL MASS: MALIGNANT SPINDLE TO OVOID CELL NEOPLASM. DIFFICULT TO INTERPRET, BUT WOULD BE IN KEEPING WITH SARCOMA ?MPNST WITH FOCAL MYOID DIFFERENTIATION. OTHER POSSIBILITIES CONSIDERED INCLUDED SYNOVIAL SARCOMA, CELL SARCOMA, EWING SARCOMA, AND MELANOMA. FISH SHOWED NO EVIDENCE OF AMPLIFICATION OF THE MDM2 AND NO EVIDENCE OF TRANSLOCATIONS INVOLVING THE FUS, SS18 OR EWSR1. EWSR1-FLI1, EWSR1-ERG, EWSR1-ATF1, EWSR1-CREB1, AND SS18-SSX1/2 FUSION TRANSCRIPTS WERE UNDETECTABLE BY RT-PCR. NO MUTATIONS WERE DETECTED IN THE REGIONS ANALYSED WITHIN THE BRAF AND NRAS GENES. THIS SPECIMEN: EXCISION OF ABDOMINAL WALL SARCOMA. NO KNOWN NEOADJUVANT THERAPY.

#### MACROSCOPY

#### HISTOLOGY

Sections show skeletal muscle and fibroadipose tissue enclosing infiltrative cellular tumor, composed of loose fascicles of moderately atypical spindle and ovoid cells, with some focal marbling-like appearance. The mitotic index exceeds 20/10hpf. There are areas of extensive necrosis, with frequent preservation of tumor around vessels. In areas the cells are more rounded/ polygonal (eg slide 5) with only mild atypia.

The features would be in keeping with high-grade sarcoma (NOS), possibly malignant peripheral nerve sheath tumor, grade 3. **In view of the focal round cell component, molecular testing (for the possibility of CIC or BCOR gene rearrangements) will be sought from Prof Cyril Fisher and team at UHB/ the ROH Birmingham, with a further report to follow.** The tumor is focally approximately 1mm from the nearest longitudinal margin, and focally 1.2mm from the nearest peripheral/ circumferential margin.

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T soft tissue      t    abdomen  
m sarcoma

Prof Bakal study 5

#### SUPPLEMENTARY REPORT 20.05.2020

The tumor is negative for CD99. INI1 and BRG1 are retained in nuclei. The interpretation remains as above.

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