

**ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT**  
**740197: KINCHIN,MISS AMIE - NHS Number: 430 481 8732**

|                           |          |                        |             |                              |                    |
|---------------------------|----------|------------------------|-------------|------------------------------|--------------------|
| <b>Lab No</b>             | 0628/20  | <b>Reported</b>        | 30 Jan 2020 | <b>Pathologist</b>           | DR HALLIN/DR THWAY |
| <b>Source</b>             | Referral | <b>Sample Received</b> | 15 Jan 2020 | <b>Ward</b>                  |                    |
| <b>Other Hospital</b>     |          |                        |             | <b>Other Hospital Number</b> |                    |
| <b>Sex</b>                | FEMALE   | <b>Age</b>             | 32          | <b>Branch</b>                | FULHAM ROAD        |
| <b>Clinical Diagnosis</b> |          | <b>Operation</b>       |             | <b>Consultant</b>            | HAYES,MR A J       |

| SITE   | DIAGNOSIS  |
|--|--|
| SOFT TISSUE AND OTHER CONNECTIVE TISSUE A ( T1X005 ) | CLEAR CELL SARCOMA (NOT KIDNEY) (Malignant) ( M90443 ) |
| B KNEE ( TY9200 )                                    | CLEAR CELL SARCOMA (NOT KIDNEY) (Malignant) ( M90443 ) |

32 YEAR OLD FEMALE, WITH CLINICALLY RIGHT KNEE CYST. 4-YEAR HISTORY OF 4CM HARD CYSTIC LESION OF THE RIGHT KNEE. THIS SPECIMEN: REVIEW OF OUTSIDE HISTOLOGY OF EXCISION OF THIS NODULE, PREVIOUSLY REPORTED BY DR FLEMING (DEC 2019), AND WHICH WAS EXCISED TO SUBCUTANEOUS TISSUE WITH ELLIPSE OF SKIN; OPERATIVELY AT THE REFERRING INSTITUTION IT WAS DIFFICULT TO ELUCIDATE MARGINS. NO PREVIOUS RMH HISTOLOGY

#### MACROSCOPY

Received from Maidstone And Tunbridge Wells NHS Trust; 18 s/s ref 34363/19.

#### HISTOLOGY

The features are as previously described by Dr Fleming, and show fragments comprising unremarkable surface squamous epithelium, with subepithelial tissue containing extensive cellular tumour, composed of nested distributions of relatively uniform, minimally to mildly atypical cells with ovoid vesicular nuclei, small nucleoli and moderate amounts of amphophilic cytoplasm. Small amounts of likely melanin pigment are noted with Masson Fontana. The mitotic index is up to 2/10hpf. No definite tumour necrosis is seen. No junctional activity or other significant abnormality is seen in the overlying squamous epithelium.

Immunohistochemistry from the referring institution shows the tumour to be diffusely and strongly positive for S100 protein and bcl-2 and strongly multifocally positive for MelanA, with only scanty focal HMB45. The tumour is negative for SMA, desmin, h-caldesmon, CD99, CD56, CD117, CD34, MNF116 and EMA. The proliferation fraction by MIB1 is relatively low. No material is available for further investigations at RMH.

As previously noted by Dr Fleming, the features here would be in keeping with clear cell sarcoma of soft tissue/ of tendons and aponeuroses. No material is available for further investigations, including molecular analysis for EWSR1-CREB1 and EWSR1-ATF1 fusion transcripts, or for EWSR1 or FUS gene rearrangements. The block has been requested, and molecular investigations will be performed if this is later kindly provided, with a further report to follow. The tumour is extensively present at the edges of the fragments examined (likely both lateral/peripheral and deep margins).

Dr Magnus Hallin/Dr Khin Thway