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82 year old female. Previous core biopsy IN FEB 2020 OF LEFT POSTERIOR SHOULDER MASS: spindle cell sarcoma with focal myoid differentiation (leiomyosarcoma with incomplete immunoprofile appeared less likely overall), grade 2. PMH INCLUDES BLADDER CANCER AND AF. COMPLETED RADIOTHERAPY (50GY) IN APRIL 2020. This specimen: excision of left posterior shoulder (deltoid) sarcoma.(also excision of left cheek bcc, see RMH 5014/20).

MACROSCOPY

HISTOLOGY

Sections show skin and subcutis, with subcutaneous fibroadipose tissue and skeletal muscle containing infiltrative, variably cellular tumor, composed of sheets or loose fascicles of markedly atypical spindle to ovoid cells with features as previously described (1171/20), and disposed in variably collagenous to myxocollagenous stroma. There is prominent surrounding fibrosis and hyalinization, with fibrinoid material and focal areas of tumor necrosis (slide 10). The mitotic index is up to 14/four hpf. Focally (e.g. slides 3-4), the tumor contains intermingled degenerate/ necrotic bone/ osteoid with areas of mineralization/ calcification; only small numbers of viable osteocytes are noted within this, but this **likely represents a focus of necrotic tumoral osteoid** (the features do not support this representing native bone).

The features are consistent with viable pleomorphic and spindle cell sarcoma with multidivergent mesenchymal differentiation (myoid differentiation noted in the core biopsy, and (necrotic) osteosarcomatous differentiation) and myxofibrosarcomatous areas, with prominent post-radiotherapy change. Viable tumor accounts for approximately 50-60% of the tumor area. Viable tumor is focally approximately 0.5mm from the lateral margin. Tumor of uncertain viability is focally approximately 0.5mm from the medial margin. Tumor of inflammation viability is focally approximately 1mm from the deep margin. The tumor is at least 8mm from the inferior margin, at least 20mm from the superior margin

Dr Magnus Hallin/Dr Khin Thway

T: soft tissue t shoulder m mfh

Prof Bakal study (slide 5 and 9)