[redacted]

SURGICAL PATHOLOGY REPORT

Procedures/Addenda Attached

ICD-O-3
Melanoma, NOS 8720/3
Site: lymph nodes, NOS C77.9 3/12/11 kw

Clinical History and Impression:
Metastatic melanoma
[redacted]ear old Peruvian female referred by Dr. [redacted] with >1.5 mm melanoma plantar left foot (T4 N1 M0 Stage III), recent growth of pigmented lesion with bleed[redacted]ng.
Previous report attached

Specimen(s) Received:
1:MELANOMA LEFT PLANTAR FOOT
2:FEMORO-INGUINAL NODES, LEFT
3:LEFT OBTURATOR NODES
4:LEFT ILIAC NODES

FINAL DIAGNOSIS

1) SKIN, LEFT PLANTAR FOOT, EXCISION:

- MALIGNANT MELANOMA (SEE NOTE)

NOTE: Depth is .85 mm. Clark's Level IV - ulceration not present.

- LYMPH-VASCULAR INVASION IS IDENTIFIED
- MITOSES: 4/SQ MM
- SURGICAL MARGINS ARE NEGATIVE
- MULTIFOCAL MELANOMA IN-SITU

MICROSCOPIC EVALUATION: On the gross, there was a lesion designated C that appears virtually contiguous with the main lesion. This lesion is microscopically seen in blocks 7-8. In block 7, it seems to be contiguous with the main lesion and is compatible with melanoma in-situ. Lesion D is compatible with an acral junctional nevus. Lesions A&B show a predominance of single melanocytes compatible with malignancy melanoma in-situ. Immunostains and molecular mutational analysis for C-kit have been ordered at the clinicians request and will be reported in an addendum.

2) LYMPH NODES, LEFT FEMORO-INGUINAL, DISSECTION:

- METASTATIC MELANOMA INVOLVING FOUR (4) OF TWELVE (12) LYMPH

[redacted]

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TCGA-DA-A1IB-06A-PR Redacted

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		

Case is (circle): QUALIFIED / DISQUALIFIED
Reviewed Initials: KW 3/12/11 kw Date Reviewed: / /

[redacted] SURGICAL PATHOLOGY REPORT [redacted]

NODES (4/12)

3) LYMPH NODES, LEFT OBTURATOR, DISSECTION:

- TWO (2) LYMPH NODES NEGATIVE FOR METASTATIC MELANOMA (0/2)

4) LYMPH NODE, LEFT ILIAC, DISSECTION:

- METASTATIC MELANOMA INVOLVING ONE (1) LYMPH NODE (1/1)

PATHOLOGIC STAGE (AJCC): ANY pT pN3 (AT LEAST IIIC, CLINICAL STAGE)

Pathologist: M.D.
***Report Electronically Signed Out ***

This electronic signature indicates that the pathologist has personally reviewed the available gross and/or microscopic material and has based the diagnosis on that evaluation.

Gross Description: (. M.D. ; ri, M.D.)
1) Received fresh in a container, labeled with the patient's name, MR# and "melanoma, left plantar foot" is an oriented circular skin excision measuring 5.7 cm from 9 to 3 o'clock and 5.3 cm from 12 to 6 o'clock and excised to a depth of 0.8 cm. The pale pink non-hair-bearing skin displays a centrally located irregular ulcerative lesion from which a wedge has been previously removed and this area has been inked orange per the surgeon. The lesion measures 1.7 x 1.3 cm and is located 1.3 cm from the closest margin (12 o'clock margin). The periphery of the skin is dyed with a purple-blue ink and the purple-blue ink also marks four vaguely hyperpigmented satellite lesions which are arbitrarily designated as A through D per the diagram. "A" measures 0.5 x 0.5 cm, is 1.2 cm from the ulcerated lesion, and is 0.9 cm from the closest (6 o'clock) surgical margin. Satellite lesion "B" measures 0.5 x 0.4 cm, is located 0.9 cm from the ulcerated lesion, and lies 1.1 cm from the nearest (5 o'clock) surgical margin. Satellite lesion "C" measures 0.5 x 0.4 cm and is located 0.2 cm from the ulcerated lesion and is 1.6 cm from the nearest (3 o'clock) surgical margin. Satellite lesion "D" measures 0.4 x 0.4 cm and is located 0.5 cm from the ulcerated lesion and 1 cm from the nearest surgical margin (the 3 o'clock margin). The 9 to 12 to 3 o'clock excisional margin is inked in blue and the 3 to 6 to 9 o'clock surgical margin is inked in black. The main ulcerative lesion is serially sectioned to reveal a lesion depth of 0.4 cm which comes to within 0.5 cm of the deep surgical margin. The lesion and satellite lesions are boxed out as per the diagram and the specimen is represented in eleven cassettes as per the diagram. The overlying 6 o'clock boxed out area with minimal deep black ink is inked in yellow for orientation purposes only.

2) Received fresh, labeled with the patient's name and "left femoral-inguinal nodes" are multiple fragments of adipose tissue measuring 12 x 7 x 4.5 cm in aggregate. An area of orange discoloration is noted within a previously incised lymph node. Multiple additional nodes are identified and range in size from 0.5-3 cm in greatest dimension. The largest lymph node is highly suspicious for gross positivity with a pigmented cut surface. The largest lymph node is the one with the orange wedge removed. The specimen is represented in fifteen cassettes as follows: cassette #1=grossly and largest lymph node, cassette #2=multiple probable lymph nodes, cassettes #3-6=single lymph node in each, cassette #7=bisected single lymph node, cassette #8=single lymph node, cassette #9=single bisected lymph node, cassette #10=single lymph node and cassettes #11-15=serially sectioned single lymph node.

3) Received fresh, labeled with the patient's name and "obturator" are multiple fragments of adipose tissue measuring 4.5 x 3 x 2 cm in aggregate. Two probable lymph nodes are identified and measure 1.2 cm and 1 cm in greatest dimension. The specimen is entirely submitted in five cassettes as follows: cassettes #1-2=single bisected lymph node, cassette #3=single lymph node and cassettes #4=5-fat. The specimen is entirely submitted.

4) Received fresh, labeled with the patient's name and "left iliac nodes" is a 7 x 5 x 3 cm aggregate of adipose tissue in which a single lymph node with prominent fatty replacement is noted which measures 3 x 5 x 2 cm. The node is serially sectioned to reveal an almost entirely fatty replaced nodal parenchyma and a single area of black, well-circumscribed pigment which is markedly firm and consistent with gross metastasis which measures 1.2 cm in greatest dimension. The specimen is represented in two cassettes as follows: cassette #1-grossly positive representative section of node, cassette #2-representative section of fat.

[redacted]

Summary of Stains Performed and Reviewed	Count
CD117 (c-kit) *	2
H&E, Recut, Level	9
HMB-45 *	9
Melan-A *	9
Negative Control *	11

*The immunohistochemical profile may include the use of Analyte Specific Reagents, or Research Agents, whose performance characteristics have not been established by the supplier. The histochemical tests were developed and their performance characteristics were determined by the [redacted] Pathology Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary for this test. These tests are used for clinical purposes and should not be regarded as investigational or for research. This laboratory is regulated under the Clinical Laboratory Improvements Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing. External and internal controls stained appropriately.

Summary of Tissue Submitted for Microscopic Examination

	# Blocks	Block Detail: Designation	#	Description
Part 1] MELANOMA LEFT PLANTAR FOOT	11	[Undes]	(11)	(No Description)
Part 2] FEMORO-INGUINAL NODES, LEFT	16	BSLN	(2)	Single Lymph Node (all 1 node)
		LN	(1)	(No Description)
		MLN	(1)	Multiple LNs (each own node)
		SLN	(6)	Single Lymph Node (all 1 node)
		SSLN	(5)	(No Description)
Part 3] LEFT OBTURATOR NODES	6	FAT	(2)	(No Description)
		LN1	(2)	(No Description)
		LN2	(1)	(No Description)
Part 4] LEFT ILIAC NODES	2	FAT	(1)	(No Description)
		LN	(1)	(No Description)
Total:	33			

Procedures/Addenda

IMMUNOHISTOCHEMISTRY *Pathologist:* , M.D.
Status: Signed Out *Ordered:* *Reported:*

Findings (Results)

Approximately 30-50% of tumor cells stain strongly with c-kit immunohistochemical stain.

MOLECULAR DIAGNOSTIC TESTS *Pathologist:* , M.D.
Status: Signed Out *Ordered:* *Reported:*

Findings (Results)

PCR-sequencing analysis of C-Kit gene was performed on 1-4.

C-Kit gene mutation involving exon 11, 13, 17 and 18 is NOT identified.

Analytic specific reagent (ASR) is used. This test was developed and its performance characteristics determined by the [redacted]. The test has not been cleared or approved by the U.S. Food and Drug Administration. This test is 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-88) as qualified to perform high complexity clinical laboratory testing.

Interpretation

Activating mutations of the C-Kit gene have been identified in human neoplasms, particularly gastrointestinal stromal tumors and recently acral skin and mucosal melanomas. The presence of C-Kit mutation is correlated

with a likelihood of clinical response of the patient to imatinib mesylate ( ) treatment (Europian Journal of Cancer 42:1093, 2006; Journal of Clinical Oncology 26:2046, 2008; British Journal of Cancer 99:734,2008).

C-Kit mutation is not detected in the tumor tissue sample (see note).

Note: The test was limited by a weak sequencing reaction on exon 13 analysis. Additional test will be attempted.

Testing was performed by the l

MOLECULAR DIAGNOSTIC TESTS

Status: Signed Out

Pathologist: , M.D.
Ordered: 1 *eported:*

Interpretation

Addendum Molecular Diagnosis: Additional analysis did not contribute to the final interpretation of the molecular findings.

[redacted] END OF REPORT [redacted]