



Redacted

Criteria	Yes	No
Diagnosis Discrepancy	X	
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy	X	
Prior Malignancy History		X
Dual/Synchronous Primary Noted	X	
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED		
Reviewer Initials: <i>JLH</i>	Date Reviewed: <i>7/24/11</i>	

Synchronous renal cell carcinoma

***** MODIFIED REPORT - REVIEW ADDENDUM SECTION *****

DIAGNOSIS

Patient ID – Sample ID

- (A) 1 CM RE-EXCISION WLE RIGHT SCAPULAR REGION:
Please see addendum report from the section of Dermatopathology.
- (B) 1.0 CM WLE RIGHT UPPER EXTREMITY:
Please see addendum report from the section of Dermatopathology.
- (C) LEVEL 1, 2, 3, RIGHT AXILLARY CONTENTS:
Please see addendum report from the section of Dermatopathology.
- (D) PERINEPHRIC FAT:

Mature adipose tissue, no tumor present.

- (E) RIGHT RENAL MASS:

RENAL CELL CARCINOMA, CLEAR CELL TYPE, FUHRMAN NUCLEAR GRADE 2, (4.0 x 3.3 x 3.0), CONFINED TO THE KIDNEY. (SEE COMMENT)

Renal parenchymal margin of resection is free of tumor.

METASTATIC MELANOMA TO THE RENAL CELL CARCINOMA (8 MM FOCUS AS MEASURED ON SLIDE)

Entire report and diagnosis completed by

COMMENT

The renal tumor shows predominantly clear cell features with focal areas that have a more tubulo-papillary growth pattern. Immunohistochemical studies performed in this laboratory reveal that the renal cell carcinoma is strongly positive for pancytokeratin, vimentin and CK 7 and negative for CD10, P504-S, S-100 protein and panmelanoma cocktail. The immunohistochemical profile is somewhat unusual for a conventional (clear cell) renal cell carcinoma and tumors with this morphology have been referred to as "clear-cell papillary renal cell carcinoma" in the literature. References: 1) Am J Surg Pathol. 2008 Aug;32(8):1239-45. 2) Am J Surg Pathol. 2008 Dec;32(12):1780-6.

In addition there is a nodule of metastatic melanoma within the renal cell carcinoma (tumor-to tumor metastasis). These tumor cells are positive for S-100 protein, vimentin and panmelanoma cocktail, focally positive for CD10 and negative for pancytokeratin, CK 7 and P504-S, thus supporting the diagnosis of metastatic melanoma.

Drs. [redacted] and [redacted] have been consulted on this case.

GROSS DESCRIPTION

- (A) 1 CM RE-EXCISION WLE RIGHT SCAPULA REGION, SHORT SUPERIOR, LONG LATERAL – An oriented skin ellipse (7.0 x 1.6 cm), excised to a depth of 2.0 cm.

There is a central, well-healed, linear scar (4.0 cm), located in the inferior half of the skin ellipse. The superior portion is unremarkable.

No masses or lesions are identified. Representative sections of the specimen are submitted, including the entire scar.
INK CODE: Yellow – lateral; blue – medial.

SECTION CODE: A1, superior tip (ink side up); A2, inferior tip (ink side up); A3-A9, scar, sequentially submitted from inferior to superior.

- (B) 1.0 CM WLE RIGHT UPPER EXTREMITY, SHORT SUPERIOR, LONG POSTERIOR – An oriented skin ellipse (6.6 cm x 2.8 cm) excised to a depth of 3.3 cm.

There is a 2.3 x 1.1 cm ill-defined, maculopapular lesion with irregular borders and variegated (tan and brown) irregular surface, located 0.5 cm from the posterior, 1.0 cm from the anterior, 2.1 cm from the superior and 2.2 cm from the inferior margins.

The remaining skin and subcutaneous tissue are unremarkable. Representative sections are submitted, including the entire 2.3 cm lesion.

INK CODE: Yellow – posterior, blue – anterior.

SECTION CODE: B1, superior tip (ink side up); B2, inferior tip (ink side up); B3, B4, shaved deep margin (ink side up); B5-B13, entire 2.3 cm lesion, submitted sequentially from superior to inferior.

(C) LEVEL 1, 2, 3, RIGHT AXILLARY CONTENTS – Fibroadipose tissue (12.3 x 10.7 x 2.4 cm). Extensive examination of this fibroadipose tissue reveals twenty-five potential lymph nodes (0.2 to 3.2 cm in greatest dimension). The largest lymph node is bisected and is grossly positive for tumor. Representative sample submitted for tumor bank.

SECTION CODE: C1-C9, individual lymph nodes; C10, bisected lymph node; C11-C12, the largest lymph node, bisected.

(D) PERINEPHRIC FAT – Several unoriented fragments of fibroadipose tissue measuring 15 x 11.5 x 2.4 cm. No discrete lesion is present. The specimen is representatively submitted in D1-D3.

(E) RIGHT RENAL MASS – A partial nephrectomy specimen (a 7.0 x 6.3 x 3.5 cm) including perinephric adipose tissue (5.5 x 3.2 x 1.5 cm). Blue ink is present to indicate the resection margin.

There is a 4.0 x 3.3 x 3.0 cm well-circumscribed tumor in the kidney. The mass is gelatinous, purple and golden yellow with tan, centrally located fibrosis and focal areas of hemorrhage. The tumor is 0.1 cm from the closest parenchymal resection margin. The tumor grossly protrudes from the surface of the kidney and is suspicious for invasion into the perinephric adipose tissue.

The adjacent kidney parenchyma is unremarkable.

INK CODE: Blue – margin indicated by surgeon; black – remainder of parenchymal resection margin.

SECTION CODE: E1, E2, tumor with closest parenchymal resection margin, for frozen section diagnosis; E3-E9, tumor with perinephric fat; E10, representative section of non-neoplastic kidney. Portions of the tumor have been submitted for possible electron microscopy.

*FS/DX: MARGIN NEGATIVE FOR TUMOR (TUMOR AT LEAST 1.0 MM FROM THE MARGIN).

CLINICAL HISTORY

None given.

CONSULTANT(S)

SNOMED CODES

"Some tests reported here may have been developed and performance characteristics determined by I specifically cleared or approved by the U.S. Food and Drug Administration."

These tests have not been

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Start of ADDENDUM

ADDENDUM

This modified report is being issued to provide additional information/results.

DIAGNOSIS

(A) SHOULDER, RIGHT, SKIN ELLIPSE:

Skin and subcutis with healing surgical wound.
Melanoma not identified. Margins have been evaluated.

(B) ARM, RIGHT, SKIN ELLIPSE:

MELANOMA, INVASIVE, SUPERFICIAL SPREADING TYPE
CLARK LEVEL, III
BRESLOW THICKNESS, 1.35 MM
RADIAL (NON-TUMORIGENIC) GROWTH PHASE, PRESENT
VERTICAL (TUMORIGENIC) GROWTH PHASE, PRESENT
MITOTIC FIGURES/MM², 4
ULCERATION, NOT IDENTIFIED
REGRESSION, NOT IDENTIFIED
VASCULAR INVASION, NOT IDENTIFIED
PERINEURAL INVASION, NOT IDENTIFIED
MICROSCOPIC SATELLITOSIS, NOT IDENTIFIED
TUMOR-INFILTRATING LYMPHOCYTES, NON-BRISK
ASSOCIATED MELANOCYTIC NEVUS, NOT IDENTIFIED
PREDOMINANT CYTOLOGY, EPITHELIOID
SURGICAL MARGINS: FREE OF MELANOMA

(C) LYMPH NODES, RIGHT AXILLA, LEVEL 1, 2, 3, DISSECTION:

METASTATIC MELANOMA IN ONE OF 27 LYMPH NODES (1/27)
Largest tumor deposit size: 17 x 13 mm.
Location: INTRAPARENCHYMAL
Extracapsular extension: PRESENT

MULTIPLE SOFT TISSUE DEPOSITS OF MELANOMA (LARGEST 5 X 5MM), POSSIBLY REPLACED LYMPH NODES

SNOMED CODES

Entire report and diagnosis completed by:

-----END OF REPORT-----