

National Institutes of Health/National Cancer Institute

Lab. of Pathology, National Cancer Institute
 Bldg. 10/Room 2N202 Bethesda, MD 20892
 Phone: (301)496-0183 Fax: (301)402-2415

Revised Surgical Pathology Report**SJ-04-XXXX**

PATIENT:		MRN:	
ACCOUNT#:		RECEIVED DATE:	05/21/04
DOB:	05/18/32	PROCEDURE DATE:	05/21/04
AGE:	72 Y	SIGN-OUT DATE:	05/27/04
SEX:	F	LOCATION:	HEMATOPATHOLOGY OFFICE
ATTENDING:	ELAINE JAFFE	ROOM:	
REQUESTING:	ELAINE JAFFE		
CONTACT NO:	(MD) -		
COPIES TO:			

REVISED REPORT

REASON FOR REVISION: The diagnosis is modified based on the findings of additional molecular studies.

DIAGNOSIS (REVISED): Forehead and left shoulder, masses, excision (S04-3578 A and B): Adult T-cell leukemia/lymphoma, see revision note.

REVISION NOTE: Molecular studies by PCR demonstrated the presence of HTLV-1 sequences in tissue sections of left shoulder mass (MD04-362). This finding confirms this T-cell lymphoma as a manifestation of adult T-cell leukemia/ lymphoma. In the Caribbean basin, clinical presentations as lymphoma are more common than as leukemia.

For information about NCI protocols for adult T-cell leukemia/ lymphoma, please contact Dr. John Janik, 301-402-2913.

ORIGINAL FINAL TEXT OF REPORT FOLLOWS THIS HEADING

DIAGNOSIS: Forehead and left shoulder, masses, excision (S04-3578 A and B): Peripheral T-cell lymphoma, unspecified, with features resembling the " tumor stage of mycosis fungoides ", see Note.

NOTE: Both sections of forehead and left shoulder masses show similar features of dense intradermal and subcutaneous infiltrate of pleomorphic lymphoid cells with irregular nuclear contours. Focal epidermotropism is seen in both sections. In addition to the submitted immunostains (CD20, CD3, CD5, CD79a, CD4, CD8, LCA, VS38, ALK, CD30, CD10, kappa and lambda light chains), we have performed immunohistochemical studies. Tumor cells are positive for CD3, CD4, CD5, LCA, and beta-F1, but negative for CD8, CD30, CD10, CD20, CD79a, granzyme

MEDICAL RECORD

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B, ALK, or PAX 5. Admixed polyclonal plasma cells are highlighted by stains for kappa and lambda light chains. In situ hybridization for Epstein-Barr virus with EBER probe is negative.

Mycosis fungoides presenting with tumor stage disease is rare. A process that can have a similar appearance is adult T-cell leukemia/ lymphoma. Therefore, additional PCR studies will be performed for HTLV-1 sequences. A separate report will follow.

The immunoperoxidase tests performed here were developed and their performance characteristics determined by the Specialized Diagnostics Unit of the Laboratory of Pathology, NCI. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has also determined that such clearance or approval is not necessary. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

CLINICAL HISTORY: The patient is a 72-year-old asymptomatic Haitian female and presented with a recent onset of numerous mobile subcutaneous nodules. She is reported in good health.

GROSS DESCRIPTION: Received for evaluation are 19 slides and 2 paraffin block labeled, xxxxxxxx along with a cover letter and corresponding pathology reports from Dr. Lambert, University of Medicine and Dentistry of New Jersey, NJ.

DISTRIBUTION:

Dr. Clark Lambert, University of Medicine and Dentistry of New Jersey, Newark, NJ, tel: 973-972-5709.

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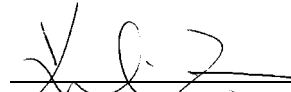
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Name:

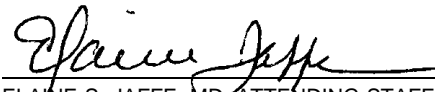
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YOU LI ZU, M.D., PH.D., HEMATOPATHOLOGY FELLOW



ELAINE S. JAFFE, MD, ATTENDING STAFF
PATHOLOGIST

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