Subject ID: LM00013
Pathology Report Date: 3/5/02
Pathology Report Summary
DIAGNOSIS:
A, B. Biopsy right distal femur- high grade spindle cell sarcoma Immunohistochemistry studies are pending to further classify the nature of the tumor.

ADDENDUM:

CONSULTATION DURING SURGERY / NOT A FINAL DIAGNOSIS. FROZEN SECTION DIAGNOSIS: -
A. High grade sarcoma. Wait for paraffin sections results.

## ADDENDUM:

Immunohistochemistry reveals that the tumor cells are strongly positive for vimentin, actin, muscle call actin and negative for s-100, Cam 5.2. and desmin, This profile is consistent with leiomyosarcoma.

## ADDENDUM:

Immunohistochemistry for c-kit (CD117) was performed on two sections of this malignant tumor consistent with smooth muscle origin (A2). The sections demonstrate positive staining in very sparse tumor cells, but almost all tumor cells are negative.

## SPECIMEN:

Part A: lesion r distal femur r/o osteosarcoma
Part B: r distal femur lesion
CLINICAL HISTORY:
Lesion, right distal femur.

## GROSS EXAMINATION:

Part A labeled LESION R DISTAL FEMUR R/O OSTEOSARCOMA is received fresh for frozen section, now in formalin and consists of PSC \#871 containing a fragment of yellow-white soft tissue measuring $1.8 \times 0.5 \times 0.2 \mathrm{~cm}$. Entirely submitted. Also received in the same container are multiple fragments of yellow-white rubbery tissue measuring $1.2 \times 1.1 \times 0.3 \mathrm{~cm}$ in aggregate. Entirely submitted.

Part B labeled R DISTAL FEMUR LESION is received in formalin and consists of multiple fragments of rubbery yellow-tan tissue measuring $1.8 \times 1.5 \times 0.5 \mathrm{~cm}$ in aggregate. Entirely submitted.

Subject ID: LM00013
Pathology Report Date: 6/12/02
Pathology Report Summary

## DIAGNOSIS:

A. RIGHT DISTAL FEMORAL- Fibroadipose tissue and marrow, negative for tumor.
B. RIGHT DISTAL FEMUR, RESECTION- High grade leiomyosarcoma of bone showing approximately $50 \%$ chemotherapy associated necrosis in initial sections. Soft tissue margins are negative for tumor. Bony resection margins are grossly negative for tumor, histologic sections for histologic confirmation of negative osseous margins are pending decalcification.

## ADDENDUM:

CONSULTATION DURING SURGERY / NOT A FINAL DIAGNOSIS
Consultation Note(s):

## FROZEN SECTION DIAGNOSIS:

A. Too fatty- Negative for tumor.

## ADDENDUM:

Bony margins are negative for tumor.
SPECIMEN: Part A rt distal femoral
Part B distal femur rt

## CLINICAL HISTORY

Tumor right femur

## GROSS EXAMINATION

Part A is labeled "RT DISTAL FEMORAL" It is received fresh for frozen section. The specimen is now in formalin and consists of a frozen section control cassette containing multiple fragments of soft tan yellow tissue measuring $1.0 \times 1.0 \times 2.0 \mathrm{~cm}$ in aggregate. Entirely submitted

Part B is labeled "DISTAL FEMUR RT" is received in formalin and consists of multiple fragments of bony and soft tissue. They consist of distal femur and soft tissue margins, including previous biopsy tract, the tibial plateau, the menisci and ligaments, and fragments of synovium The tibial plateau present measures up to 2 cm from the articular surface in thickness, and is unremarkable The meniscus is unremarkable The synovial surface is smooth and shiny with no discrete lesion. An ellipse of skin which measures $7.0 \times 1.3 \mathrm{~cm}$ in present on the anterior aspect of the distal femur, with a scar on the surface measuring 4 cm in length from superior to inferior The distal femur measures 16.0 $\times 10.0 \times 5.5 \mathrm{~cm}$. There is a slight bulging on the anterior surface of the bone at approximately 3 cm from the articular surface The cut surface shows cortex which is not penetrated grossly by tumor but is thickened and reacting to the underlying process. The distal femur shows tumor involving the bone at least 4 cm from the proximal resection margin. The lesion shows approximately $60 \%$ grossly viable areas and will be extensively sectioned to assess the viability of the tumor after treatment

Subject ID: LM00013
Pathology Report Date: 9/17/02
Pathology Report Summary
SPECIMEN:
A. left lower lobe
B. bronchial margin
C. level 10

CLINICAL HISTORY:
Patient with leiomyosarcoma with left lower lobe metastasis for lobectomy today

## DIAGNOSIS:

A. Lobectomy specimen remarkable for a spindle cell sarcoma consistent with metastatic Leiomyosarcoma. The uninvolved lung parenchyma shows mild focal fibrosis. Vascular margins and hilar lymph nodes are negative for tumor. Bronchial resection margin is in part B.
B. Bronchial margin negative for tumor.
C. Hyperplastic lymph node negative for tumor.

Note: The primary tumor was previously worked up for immunohistochemistry and proved to be positive for smooth muscle markers and C-kit (CDII7). These studies will not be repeated now.

## CONSULTATION DURING SURGERY:

 NOT A FINAL DIAGNOSIS/CONSULTATION NOTE(S)
## FROZEN SECTION DIAGNOSIS:

A. Consistent with metastatic Leiomyosarcoma.
B. Benign bronchial margin.

## GROSS DESCRIPTION:

Part A labeled "LEFT LOWER LOBE" is received fresh for frozen section The specimen is now in formalin and consists of a frozen section control cassette containing a $2.0 \times 1.3$ x 7.0 cm portion of tan-pink tissue, which is entirely submitted in its original frozen section cassette. Also received in the same container is a left upper lobe of lung measuring $15.0 \times 10.0 \times 4.7 \mathrm{~cm}$ The specimen shows tan-pink unremarkable pleura. The hilar region of the lung has been previously sectioned to reveal a well-circumscribed firm tan-white tumor measuring approximately $3.5 \times 3.5 \times 2.7 \mathrm{~cm}$ tumor. The tumor is located within the hilum and is immediately between two unrelated bronchial branches. Surrounding the tumor are multiple hilar nymph nodes measuring 8 cm in greatest dimension. The tumor does not involve the overlying pleura.The tumor shows focal areas of central hemorrhage and necrosis. The remainder of the lung parenchyma is unremarkable. The main bronchus and its branches are opened in their entire length and appear unremarkable. The tumor is not in continuity with the bronchus, but is merely adjacent to it. Representative sections are submitted

Part B labeled "BRONCHIAL MARGIN" is received fresh for frozen section The specimen is now in formalin and consists of a frozen section control cassette containing a $2.0 \times 5.0 \times 5.0 \mathrm{~cm}$ portion of cartilaginous tissue, which is entirely submitted in its original frozen section cassette

Part C labeled "LEVEL 10" is received in formalin and consists of three fragments of tan tissue measuring $2.0 \times 2.0 \times 1.0 \mathrm{~cm}$ in aggregate. The specimen is entirely submitted in one cassette.

Subject ID: LM00013
Pathology Report Date: 11/02/03
Pathology Report Summary
CLINICAL DIAGNOSIS:
Lung sarcoma, 40 year old male metastatic leiomyosarcoma

## SPECIMEN:

1: right distal femur
2: left lower lobe, bronchial margin, level 10

## DIAGNOSIS:

1. Femur, right distal, resection

Leiomyosarcoma, high grade involving bone. The tumor shows areas of necrosis consistent with therapy effect (according to outside report, $50 \%$ of the tumor shows therapy associated necrosis).
Margins of resection are negative for tumor as per outside report.
2A. Lung, left lower lobes lobectomy
Metastatic high grade sarcoma, consistent with leiomyosarcoma, morphologically similar to previous bone tumor present in part 1.
The tumor is 3.5 cm in greatest diameter as per outside report.
Vascular margin is negative for tumor.
Hilar lymph nodes negative for tumor.
2B. Lung, left lower lobes bronchial margin Benign bronchus

2C. Lymph node, level 10 excision
Benign lymph node fragments

