



Michigan Medicine Laboratories
 1500 East Medical Center Drive
 Ann Arbor, MI 48109
 (800) 862-7284 (734) 936-2598

ANATOMIC PATHOLOGY CONSULTATION REPORT

Order Number:	OC-20-42	Referred by:
First Name:	JANE	DR. BAKER
Last Name:	SMITH	GENERAL HOSPITAL
MRN:	123456789	123 MAIN ST
Gender:	Female Age: 65 Y DOB: 1/1/1954	ANYWHERE, MI 48111
Date Received:	01/02/2020	
Date Completed:	01/03/2020	

DIAGNOSIS:

Brain, frontal, right temporal tumor, excision (General Hospital, Anywhere, MI; LS19-1552; 4/22/19):
 - Glioblastoma, IDH1 R132H negative per outside report, WHO grade IV (See Comment)

Brain, frontal, right temporal tumor, excision (General Hospital, Anywhere, MI; LS19-5066; 12/17/19):
 - Recurrent / residual glioblastoma, approximately 20% of total tissue represents active tumor, the remainder is composed of extensive necrosis and macrophage infiltration (See Comment)

Dear Dr. BAKER:

This patient is a 65 year old woman who had a glioblastoma resected in April 2019 and received chemotherapy and radiation, who now presents with a recurrence of her tumor.

Sections for the first case (LS-19-1552; 4/22/19) show an infiltrating glial neoplasm with marked nuclear pleomorphism, mitotic activity, microvascular proliferation, and palisading necrosis. Per outside reports, the tumor is negative for IDH1 R132H by immunohistochemistry, negative for MGMT promoter methylation by PCR, positive for TERT promoter mutation

Sections for the second case (LS-19-5066; 12/17/19) show abundant necrosis, macrophage infiltration, and gliosis. However, there are areas of dense, residual, active tumor, which comprise approximately 20% of the total tissue. Adjacent to the necrotic areas are areas of extensive microvascular proliferation. We performed immunohistochemical stains on three blocks: B1, B3, and B4, which confirms the presence of active proliferating tumor cells (GFAP, Ki-67).

In summary, although there is substantial treatment effect in this specimen, there are substantial areas of dense, active, residual tumor. The exact degree to which the necrotic areas represent tumor necrosis or radiation change is difficult to determine.

Thank you for sharing this case in consultation.

First Name: JANE
Last Name: SMITH
Order Number: OC-20-42
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Clinic: ABCD

Sincerely,



Sandra Camelo-Piragua, M.D.

House Officer(s):

Kyle Conway

Materials Received:

A Outside Case Number: LS19-1552
Materials Received: Number of prepared slides: 3
Number of unstained slides: 0
Number of blocks: 0

B Outside Case Number: LS19-5066
Materials Received: Number of prepared slides: 5
Number of unstained slides: 0
Number of blocks: 5

CPT Codes:

Specimen	CPT Code	Number of Charges
A, B	88321	2
B	88341	1
B	88342	1

Laboratory Accrediting Agency Compliance Statement:

If immunostain testing was performed on this case, the testing was developed and the performance characteristics were determined by the University of Michigan Clinical Immunoperoxidase Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. (The FDA has determined that such clearance is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.) Appropriate negative and positive controls were run and demonstrated expected results. Most antibodies (including ER, PR, and HER2/neu) were not validated on decalcified tissues; negative staining on decalcified specimens should therefore be viewed with discretion, as a falsely negative result cannot be excluded. The Coreo ACIS instrument (if used for any test on this case) is FDA approved.

Performing site:

NCRC NCRC Department of Pathology and Clinical Laboratories
2800 Plymouth Rd., Building 35
Ann Arbor, MI 48109

CLIA Director: RICCARDO VALDEZ, M.D.

CLIA Number: 23D1088637

First Name: JANE
Last Name: SMITH
Order Number: OC-20-49
Printed on: 5/26/2020 3:06 PM

Clinic: ABCD