Final Report

George Laboratory
1 Gloucester Lane
George
Tel: 044 803 8200

Practice No:0774383

***Report to*:**
DR JACO PIETERSE
GARDEN ROUTE RADIOLOGY
MEDICLINIC
GEORGE

***Referred by*:** **DR JACO PIETERSE**
***Copies to*:** DR CHARLEEN MULLER; DR IGNATIUS IMMINK; GEORGE MEDICLINIC (WARD C)

***Requisition No*:**	**723447759**	***Patient*:**	*(File No: 88738)*	***Guarantor*:**	
Specimen No:	25:GH3747	**MR JAN-MARTEN DALING**		**MR J DALING**	
Collection Date:	2025-03-25 08:40	*Patient ID No:*	8305145088089	*Med Aid:*	DISCOVERY
Received Date:	2025-03-25 09:49	*Age:Sex:DoB:*	41y: M: 1983-05-14	*Member No:*	255751841
Generated On:	2025-04-29 12:19	*Contact No:*	0825578133	*Contact No:*	0825578133
		Patient Email:	JMDALING@GMAIL.COM		

***Tests requested*:** SERIAL STEP SECTIONS X1; HISTOLOGY REQUEST; REFER TO BLOEMFONTEIN

***Referral ICD10 code(s)*:** J12.9/J90

Histopathology

ADDENDUM

ADDENDUM: #1

The malignant cells stain diffusely and strongly positive with OSCAR(epiithelial marker) and CD5(thymic marker).
They show focal positive staining with p40(squamous markers) in approx 10% of cells.
They are negative for SOX10, c-myc, pax8, cd117 and NUT(cytoplasmic staining but nuclei negative).

COMMENT:
The above immunohistochemical profile confirms the presence of a metastatic carcinoma, showing strong and diffuse expression of CD5, which is consistent with a Thymic carcinoma primary.

FINAL DIAGNOSIS:
Needle core biopsies, right lung nodule;
- METASTATIC HIGH GRADE, POORLY DIFFERENTIATED CARCINOMA CONSISTENT WITH A PRIMARY THYMIC CARCINOMA.

Addendum signed by Dr Ryan Soldin 28/03/25
For consultation, contact +27 44 803 8200

Addendum: #2

PD-L1 IHC 22C3 TESTING RESULTS (CPS)
Note: External proficiency testing performed for Pathcare Immunohistochemistry laboratory by UKNEQAS.

Control Cell Line Slide Results:	Pass
In house positive control:	Pass
In house negative control:	Pass
Adequate tumour cells present (greater than or equal to 100 cells):	Approximately 100 tumour cells are present-as counted

Type of tissue: Metastatic thymic carcinoma

Combined Positive Score (CPS): 80

PDL1 IHC (clone 22C3, pharmDx) is a companion diagnostic for pembrolizumab. Tumour cells with partial or complete membrane staining of at least 1+ intensity are scored as positive. Mononuclear inflammatory cells with one plus intensity membrane and/or Granular cytoplasmic staining are scored as positive. The Combined Positive Score is estimated by manual quantification. The sample is adequate if 100 tumour cells are present. Certain tissue processing factors such as decalcification, formalin fixation time outside an acceptable range (4

to 168 hrs), prolonged time to fixation and use of tissue from blocks that are 5 years or older can affect PDL1 staining and results should be interpreted with caution in such instances.

Addendum signed by Dr Lee-Ann Du Toit 29/04/25
For consultation, contact +27 51 401 4734

CLINICAL HISTORY

Mediastinal mass. Anterior wall. Aggressive features and multiple lung nodules. 3 x Trucut right lung nodule. Histo please. ? Lymphoma. ? teratoma.

MACROSCOPY

Trucut right lung: The specimen consists of three fragmented very small needle core biopsies measuring 4 mm, 5 mm and 3 mm respectively.

MICROSCOPY

Multiple levels of these three needle cores of tissue have been examined.

One of the needle cores shows relatively unremarkable lung parenchyma with alveolar spaces and scattered anthracotic histiocytes. The other two needle cores show fibrous tissue containing a high grade malignant infiltrate. This infiltrate consists of markedly pleomorphic cells arranged in cohesive epithelial groups. These cells have large pleomorphic nuclei with prominent macronucleoli. Some of the cells have a squamoid appearance. Occasional mitotic figures including abnormal forms are noted. There is surrounding fibrosis with a mixed chronic inflammatory cell infiltrate noted. Areas of tumour necrosis are present. Mucin stains are negative for cytoplasmic mucin.

COMMENT

These needle biopsies from the lung nodule contain a high grade malignant carcinoma showing focal squamoid features. Given the radiological impression of a large mediastinal mass. The possibility of a thymic carcinoma is raised. The differential diagnosis would include a poorly differentiated squamous cell carcinoma, and a NUT carcinoma. Clinical radiological correlation is advised in this regard. Immunohistochemical analysis in an attempt to further delineate this tumour will be undertaken and an addendum report will follow.

DIAGNOSIS

Needle core biopsies, right lung nodule;
- METASTATIC HIGH GRADE, POORLY DIFFERENTIATED CARCINOMA ? THYMIC CARCINOMA, ? NUT CARCINOMA, ? POORLY DIFF SQUAMOUS CELL CARCINOMA. IMMUNOHISTOCHEMICAL ANALYSIS TO FOLLOW.

ICD10

C78.0 Secondary malignant neoplasm of lung
M8010/6 Carcinoma, NOS, malignant, metastatic site

Signed out by Dr Ryan Soldin on 2025-03-26 16:45
For consultation, contact a Histopathologist - +27 44 803 8200
~ File [ ] Phone Patient [ ] Appointment [ ] Prescription [ ] Draw File [ ]