NC Society of Pathologists Digest

Society News

February 2024

Creation of a Trainee Advisory Council (TAC)

New Bimonthly Interesting Case Series

The TAC is spearheading a new member benefit – bimonthly Interesting Case Series. Here is your first installment!

Seeking Mentors!

Kicking off a New Lecture Series for Trainees

To support trainees in our state, the NCSP is starting a lecture series on topics not typically covered during pathology training.

New Trainee Advisory Council

The NCSP is pleased to announce the creation of a new trainee advisory council (TAC) of the executive committee. After garnering support from our state's four training programs, the society launched the TAC, consisting of two representatives from each program –

Duke: Meg Lee, MD (*Chair*) and Catherine Tucker, MD

East Carolina University: Arooj Devi, MD and Axin Yu, MD

University of North Carolina: Joseph Maniaci, MD (*Co-Chair*) and Daniel Masters, MD

Wake Forest University: Joshua Cox-Jones, DO and Daniel Katz, MD

The TAC has hit the ground running! After reviewing data from a survey of the trainees in our state, the TAC has received approval of three new initiatives that will be starting over the coming months. Keep reading to learn more and about how you can get involved!

New Interesting Case Series

In combination with our new NCSP newsletter, we will be launching a bimonthly ***Interesting Case Series*** consisting of a case vignette, photomicrographs and a brief educational discussion on the correct diagnosis and key differential diagnoses. These cases will represent actual cases reviewed by North Carolina pathologists!

Statewide Mentorship Program!

The trainees in our state have expressed interest in getting mentorship from pathologists in a variety of practice settings. We intend to launch the program during our upcoming NCSP Annual Meeting, but the success of this program will rely on YOU, pathologists across our state, to sign up to be a mentor. More details to follow!

New Trainee Lecture Series

Starting in March, the NCSP will be hosting a new trainee lecture series focused on topics not traditionally covered in training. Speakers will be invited from around the country and lectures will focus on topics such as: How to Get a Job; How We Are Paid; Industry Jobs. This is one way the NCSP can help support the needs of our trainees in the state.

NCSP ANNUAL MEETING APRIL 26-27 IN CHARLOTTE, NC

REGISTER *HERE*!!

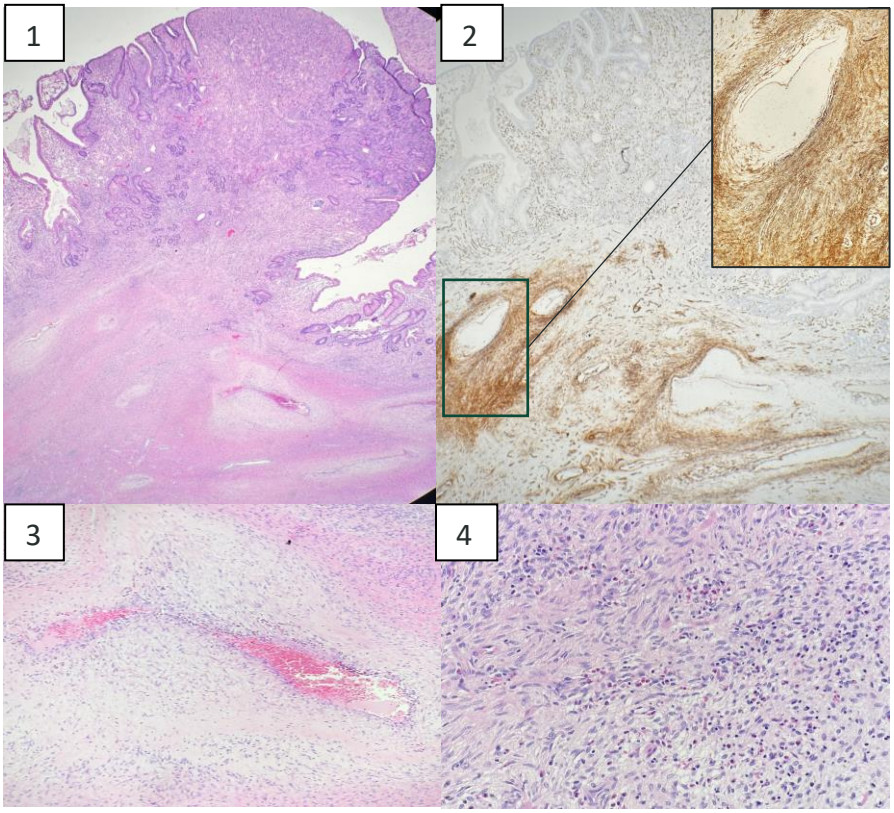
Abstracts due by April 1st (email *meberle@ncmedsoc.org*)

NCSP Interesting Case Series

Case #1 by Meg Lee, MD (PGY4, Duke)

Clinical History: Adult with ascending colon mass that could not be traversed by colonoscope. Given high concern for malignancy, right hemicolectomy performed.

Figures: Low-power H&E of ulcerated colon with a submucosal lesion (1); immunohistochemistry (IHC) with CD34 (2); Higher-power H&E of vascular "onion-skinning" (3); Medium-power H&E of bland spindle cells and eosinophils (4).



Case Diagnosis:

Inflammatory fibroid polyp.

Key Diagnostic Features:

- **Benign submucosal-based fibroblastic** neoplasm of GI tract characterized by **bland, CD34 positive spindled to stellate** cells with admixed inflammatory cells, especially **eosinophils**, within distinctive **stroma**
- Most commonly found in the stomach and small intestines
- **Vascularized** stroma often **edematous;** sometimes **myxoid** or **collagenous**
- **Perivascular cuffing** of spindle cells ("**onion-skin**") is a typical finding
- Can be **prominent reactive changes in overlying mucosa**, surface **ulceration** present in 1/3 of cases
- CD117, DOG1, ALK, S100, EMA, desmin and keratin are **negative**

High-Yield Relevant Information:

- **Activating** platelet-derived growth factor receptor-alpha (***PDGFRA***) **mutations** resulting in positive **PDGFRA IHC**

Differential Diagnoses:

Gastrointestinal Stromal Tumor	*Inflammatory Myofibroblastic Tumor*
Epicenter in **muscularis propria; seldom has inflammatory component**. **CD34, CD117, and DOG1** positive. ***KIT*** and ***PDGFRA*** mutations are possible.	Epicenter in **mesentery; lymphoplasmacytic** infiltrate. Can be **ALK-positive, CD34 negative**. ***ALK*** and ***ROS1*** gene rearrangements are found.