NC Society of Pathologists Digest

Society News

November 2025

Opportunities to Engage - Please Read!

NC Seats - CAP House of Delegates

The CAP House of Delegates (HOD) is the voice of its members and today includes 600+ seats across 60+ delegations in the U.S. and Canada. North Carolina's has 20 seats that are filled through April 2026. Do you want to serve in the next term (May 2026–April 2029)? **Why Serve?**

Represent NC CAP members * Vote on HOD matters * Join an exclusive online community * Influence CAP decisions * Build leadership skills

Self-nominations are open Nov 1, 2025–Jan 18, 2026 for the March ballot. Submit your form at CAP.org and *help keep our NC's delegation strong!*

Message from Anand Lagoo, MD, PhD, FCAP, NC Delegation Chair:

"It has been my honor to serve as NC Delegation Chair for the past four terms. I will be stepping down at the end of this term and look forward to passing the gavel to the next leader."

We're deeply grateful to Dr. Lagoo for four incredible terms as NC Delegation Chair. His leadership, dedication, and passion have made a lasting impact. Thank you for guiding us and inspiring future leaders!

Help Stop PAMA Payment Cuts!

PAMA (Protecting Access to Medicare Act) will go into effect in 2026. This **could result in up to 15% cuts** to the Clinical Lab Fee Schedule (CLFS) for > 800 common tests. Help us ask Congress to act - **Take Action!!**

Shape the Future of Education

Our new Education Advisory Committee wants your input. We've created a short survey to learn how our society can better support your professional needs. Your feedback will help guide future programs and resources. **Take the survey HERE.**

Be The Mentor You Once Needed!

The **NCSP**, in partnership with the **Trainee Advisory Council**, is continuing our mentorship program for trainees across our state. This initiative pairs residents and fellows from the four NC training programs with practicing pathologists to foster meaningful, collaborative relationships. **Interested in volunteering again or joining for the first time?** Sign up here!

Trainee Leadership Scholarship

Interested in growing your leadership, communication and advocacy skills? NCSP is excited to sponsor a trainee to attend the CAP's Pathologist Leadership Summit in the spring of 2026. You can find details and application HERE.

NCSP Interesting Case Series

By Chad McCall, MD, PhD

Clinical History: 50-year-old Hispanic male with a one-month history of what was thought to be maxillary sinusitis that did not respond to antibiotic therapy. A previous biopsy of sinus contents was entirely necrotic. He then developed an ulcerated skin lesion on the lateral aspect of his nose.
Histology: An atypical lymphoid infiltrate is present in the deep dermis, which contains scattered enlarged atypical cells with irregular nuclei, visible nucleoli, and pale cytoplasm in a background of small lymphocytes and histiocytes. The atypical cells are positive for CD2, CD56, and Epstein-Barr virus (EBER in situ hybridization), and are negative for CD3, CD5, and CD8.

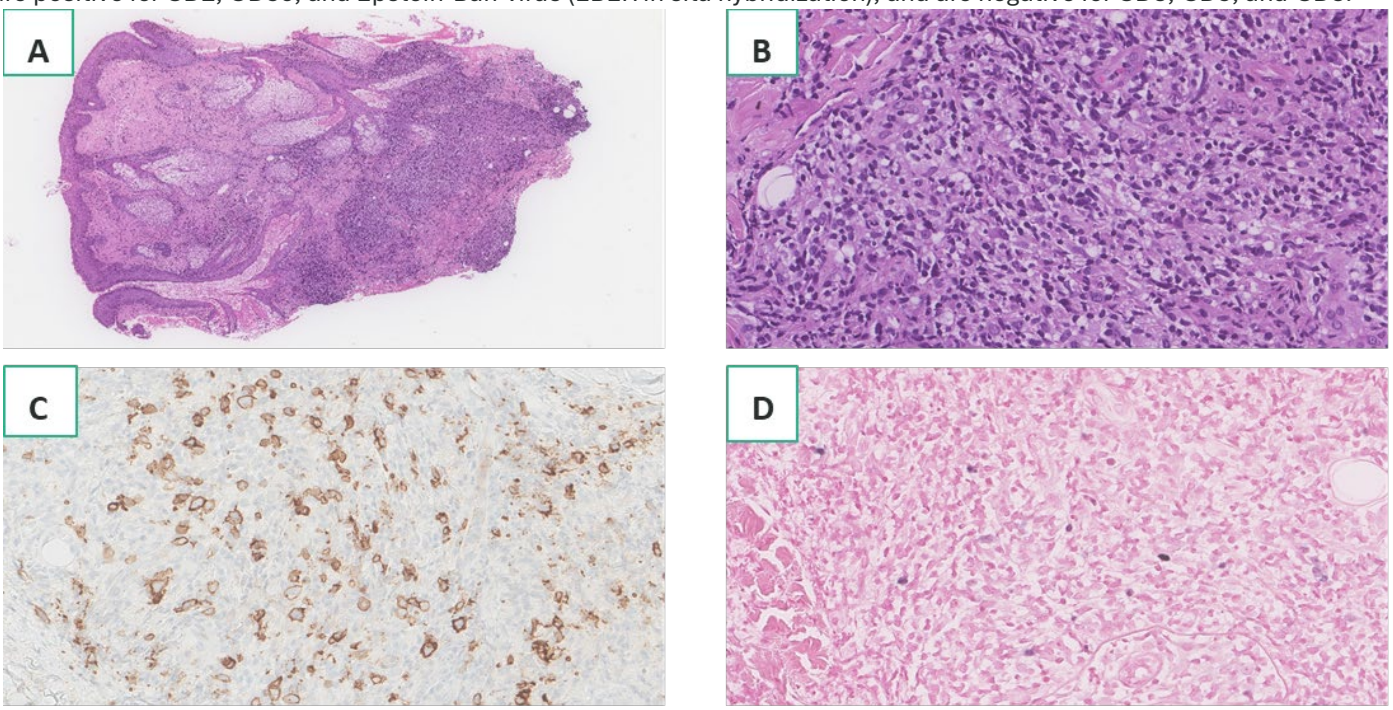

Figure 1: A. Punch biopsy showing an atypical lymphoid infiltrate in the deep dermis on the right. B. High-power field of the atypical infiltrate showing scattered enlarged atypical cells. C. CD56 IHC highlighting the large cells. D. EBER ISH with variable positivity in the atypical cells.

Case Diagnosis: Extranodal NK/T-cell lymphoma

Histology/Key Diagnostic Criteria

- **EBV-positive atypical lymphocytes** with NK-cell (60%) or T-cell (40%) lineage. NK-cell lineage tumors are positive for CD2 and CD56 and are usually negative for CD3 (by IHC), CD5, and CD8. They do not express surface T-cell receptors alpha/beta or gamma/delta. T-cell lineage tumors usually express CD3, CD5, CD8, and either TCR-alpha/beta or gamma/delta and may be negative for CD56.
- Often shows necrosis and an angiocentric-angiodestructive pattern, which may not be present in small biopsies of the periphery of the lesion, such as here. Biopsies of central areas may be entirely necrotic and misleading.

High-Yield Relevant Information

- Most often found in east Asian or indigenous Central/South American patients. Extremely rare in other ethnicities.
- 80% are "**nasal type**," involving the nasal cavity, nasopharynx, oropharynx, or Waldeyer's ring.
- 20% are "**non-nasal type**," typically involving skin, GI tract, testis, or other sites.
- Prognosis is good (>70% 5-year overall survival rate) in early-stage lesions, but very poor if disseminated.

Differential Diagnosis with Distinguishing Features

- **EBV-positive nodal T-cell or NK-cell lymphoma** – predominantly involves lymph nodes
- **Aggressive NK-cell leukemia** – predominantly involves peripheral blood/bone marrow, fulminant clinical course.

Reference: WHO Classification of Hematolymphoid Tumors, 5th ed., 2024.