

GIST Case #2

HISTORY AND PHYSICAL

Date 03/10/2010

GI Consult

Reason for consultation: melena.

Present illness: This is a 56-year-old male with a past medical history significant for prostate cancer that presents to the hospital with a 3-day history of black, tarry stools. The patient states he has never had any history of peptic ulcer disease nor has he ever had an upper endoscopy to evaluate his esophagus or stomach. Denies dysphagia, acid reflux, any abdominal pain at present

Past Surgical History: Prostatectomy for prostate cancer

Family History: Denies family history of colon, esophageal and stomach cancer

Medications: Lisinopril, Tylenol, Aleve

Allergies: No known drug allergies per him

Physical Exam:

Vital Signs temperature 93.3, pulse is 93, respiratory rate is 18. Alert and oriented x 3

Eyes: PERRLA, EOM

ENT: Oropharynx is clear. No exudate noted

Cardiovascular: Positive S1, S2. No S3 appreciated. No gallops or murmurs noted

Abdomen: Abdomen soft, nontender, nondistended

Lymphatic: No enlarged lymph nodes in the cervical or axillary chains

Musculoskeletal: No joint deformities noted

Impression and Plan: A 56-year-old male with black, tarry stools, heme positive (melena).

1. Unclear etiology at this point, likely peptic ulcer disease.
2. The patient will need an EGD to evaluate his upper GI tract being this is the likely source.

MEDICAL ONCOLOGY CONSULT

Date: 04/15/2010

Patient is a 56-year-old man who is being seen in consultation. He began to have melena 1 or 2 months ago. He underwent an esophagogastroduodenoscopy, which showed 2 submucosal stomach lesions. He had a computed tomography of the abdomen performed revealing a miniscule area of hypoattenuation in the liver and a filling defect in the stomach measuring 3.5 cm, adjacent to the gastroesophageal junction. There were also some changes seen in the pelvis which are likely related to a relatively recent prostatectomy.

On 03/26/2010, performed a laparotomy with wedge resection of 2 gastric masses. Pathology study of these tumors revealed a 3.6 cm gastrointestinal stromal tumor in the greater curvature of the stomach and a 1.6 cm gastrointestinal stromal tumor on the anterior wall of the stomach. The CD 117 and CD 34 stains were strongly positive. The surgical margins were negative. The patient is recovering well from this surgery. He is eating a normal diet and he is increasing his activity level. He still requires several periods of rest each day.

Past History and Review of Systems: He had a radical prostatectomy two years ago for a Gleason 6 Stage II adenocarcinoma of the prostate. Otherwise, his past history and review of systems is unremarkable.

GIST Case #2

Physical Examination: Weight 152 pounds, height 5 feet 8 inches, blood pressure 120/76, and pulse 72 and regular

General Appearance: A well-developed, well-nourished male, in no acute distress

Eyes: No jaundice

Mouth: No lesions

Neck: No masses or bruits

Lymph nodes: No enlarged cervical, axillary or inguinal nodes

Chest: Clear to auscultation and percussion

Heart: Regular without murmur or gallop

Abdomen: Soft without masses or tenderness. In the left upper quadrant is a well-healed surgical incision. No hepatosplenomegaly

Extremities: No edema or cyanosis

Impression:

1. Two gastric tumors (GIST), the larger of which measured 3.6 cm.
2. Hypertension
3. History of prostate cancer

Recommendation: I feel that this patient should be treated with Gleevec and I have discussed the possible side effects of the drug in some detail with the patient and his wife. I have given him a prescription for Gleevec 400 mg.

LABORATORY REPORT

Date: 03/15/2010

Hemoglobin	13.6/41.1
MCV	89.5
WBC	12.66
Platelets	385
Glucose	115
Creatinine	0.9
Total bilirubin	1.1
AST	29
ALT	34
PSA is less than	0.1

PATHOLOGY REPORT

Date: 03/26/2010

Specimens:

1. Anterior gastric nodule.
2. Wedge resection of greater curvature

Final pathologic diagnosis:

1. Stomach, anterior gastric nodule, wedge resection: Malignant gastrointestinal stromal tumor measuring 1.6 cm in greatest diameter. See comment.

GIST Case #2

2. Stomach, great curvature wedge resection: Malignant gastrointestinal stromal tumor measuring 3.6 cm in greatest diameter. See comment.

Comment: No epithelioid morphology, hypercellular areas or areas of nuclear atypia are identified in either tumor. One mitosis per 50 high power fields is identified in specimen # 1 and 1-2 mitoses per 50 high power fields is identified in specimen # 2. Immunoperoxidase studies demonstrate strong, unequivocal staining of tumor cells in specimen # 2 with antibody to CD117 and CD34. The tumor cells do not stain with antibody to actin, desmin, or S-100. These findings are compatible with a gastrointestinal stromal tumor.

Both tumors appear to be completely excised.

Frozen Section:

1. Spindle cell tumor compatible with gastrointestinal stromal tumor
2. Spindle cell tumor compatible with gastrointestinal stromal tumor

Gross:

1. Received fresh for frozen section is a 1.6 x 1.1 x 1.1 cm nodule with attached piece of mucosa. The nodule is firm, slightly lobulated, and tan. The nodule is entirely submitted. Representative sections are submitted sublabeled as follows: A - frozen section control; B - remainder of the nodule.
2. Received fresh is a 6.7 x 3 x 0.3 cm segment of mucosa, which has a 3.6 x 2.7 x 3.5 cm well circumscribed nodule. The cut surface of the nodule is whorled, tan to gray. The nodule is between the serosa and the mucosa. There is a short suture indicating distal and a long suture indicating proximal. Blue ink is placed on the long suture area and black ink is placed on the short suture area. The mucosa is corrugated and tan. Representative sections are submitted, sublabeled as follows: A -- frozen section control; B-E – tumor; F -- random section of stomach.

CSv2 ANSWER WORKSHEET

FIELD#	FIELD NAME	CODE AND RATIONALE/DOCUMENTATION
1	Patient Name -	
CANCER IDENTIFICATION		
2	Primary Site	
3	Histology	
4	Behavior	
5	Grade	
6	Grade system type	
7	Grade system value	
8	Lymph-vascular invasion	
STAGE OF DISEASE AT DIAGNOSIS		
9	CS Mets at Dx - Bone	
10	CS Mets at Dx - Lung	
11	CS Mets at Dx - Liver	
12	CS Mets at DX - Brain	
COLLABORATIVE STAGING		
13	CS Tumor Size	
14	CS Extension	
15	CS Tumor Size/Ext Eval	
16	CS Lymph Nodes	
17	CS Lymph Nodes Eval	
18	Regional Nodes Positive	
19	Regional Nodes Examined	
20	CS Mets at Dx	
21	CS Mets Eval	
22	CS Site-Specific Factor 1	
23	CS Site-Specific Factor 2	
24	CS Site-Specific Factor 3	
25	CS Site-Specific Factor 4	
26	CS Site-Specific Factor 5	
27	CS Site-Specific Factor 6	
28	CS Site-Specific Factor 7	
29	CS Site-Specific Factor 8	
30	CS Site-Specific Factor 9	
31	CS Site-Specific Factor 10	
32	CS Site-Specific Factor 11	
33	CS Site-Specific Factor 12	
34	CS Site-Specific Factor 13	
35	CS Site-Specific Factor 14	
36	CS Site-Specific Factor 15	
37	CS Site-Specific Factor 16	
38	CS Site-Specific Factor 17	
39	CS Site-Specific Factor 18	
40	CS Site-Specific Factor 19	
41	CS Site-Specific Factor 20	
42	CS Site-Specific Factor 21	
43	CS Site-Specific Factor 22	
44	CS Site-Specific Factor 23	
45	CS Site-Specific Factor 24	
46	CS Site-Specific Factor 25	

CSv2 ANSWER WORKSHEET

FIELD#	FIELD NAME	CODE	RATIONALE/DOCUMENTATION
1	Patient Name -		GIST Case #2
CANCER IDENTIFICATION			
2	Primary Site	C16.9	Stomach, NOS (multifocal)
3	Histology	8936	Gastrointestinal stromal tumor
4	Behavior	3	Malignant-invasive
5	Grade	9	Not graded
6	Grade system type	[blank]	Unknown
7	Grade system value	[blank]	Unknown
8	Lymph-vascular invasion	9	Unknown or indeterminate
STAGE OF DISEASE AT DIAGNOSIS			
9	CS Mets at Dx - Bone	0	None
10	CS Mets at Dx - Lung	0	None
11	CS Mets at Dx - Liver	0	None
12	CS Mets at DX - Brain	0	None
COLLABORATIVE STAGING			
13	CS Tumor Size	036	3.6 cm per path report (code size of largest tumor)
14	CS Extension	300	Localized, NOS (stated as between serosa and mucosa and surgical margins negative)
15	CS Tumor Size/Ext Eval	3	Based on resected specimen
16	CS Lymph Nodes	0	No regional lymph nodes involved
17	CS Lymph Nodes Eval	0	Based on physical exam
18	Regional Nodes Positive	98	No nodes removed for examination
19	Regional Nodes Examined	00	No nodes examined
20	CS Mets at Dx	00	No distant metastases
21	CS Mets Eval	0	Based on physical exam
22	CS Site-Specific Factor 1	988	Mitotic count: 1-2 per 50 HPF in larger specimen per path report Kit IHC: positive per path report (Kit also known as CD117) Kit gene mutation: not documented PDGFRA: not documented Tumor multiplicity: multiple GIST tumors are present
23	CS Site-Specific Factor 2	988	
24	CS Site-Specific Factor 3	988	
25	CS Site-Specific Factor 4	988	
26	CS Site-Specific Factor 5	988	
27	CS Site-Specific Factor 6	020	
28	CS Site-Specific Factor 7	010	
29	CS Site-Specific Factor 8	999	
30	CS Site-Specific Factor 9	999	
31	CS Site-Specific Factor 10	010	
32	CS Site-Specific Factor 11	988	
33	CS Site-Specific Factor 12	988	
34	CS Site-Specific Factor 13	988	
35	CS Site-Specific Factor 14	988	
36	CS Site-Specific Factor 15	988	
37	CS Site-Specific Factor 16	988	
38	CS Site-Specific Factor 17	988	
39	CS Site-Specific Factor 18	988	
40	CS Site-Specific Factor 19	988	
41	CS Site-Specific Factor 20	988	
42	CS Site-Specific Factor 21	988	
43	CS Site-Specific Factor 22	988	
44	CS Site-Specific Factor 23	988	
45	CS Site-Specific Factor 24	988	
46	CS Site-Specific Factor 25	988	

CSv2 ANSWER WORKSHEET

Rationale for specific data elements:

2. Per 2007 MP/H rules (other sites), tumors in the same organ with same histology are a single primary. Code primary site to cover all lesions (C16.9).

3-4. Stated as malignant gastrointestinal stromal tumor.

14. Path report does not specify muscularis propria, only that tumor is between serosa and mucosa. Depth of invasion not specified, but confined to stomach wall.