

7th MASTERCLASS of SARCOMA and RARE CANCERS

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American School of
Classical Studies
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Multidisciplinary meeting

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HISTORY

- Female
- 18 y. o.
- “Mass with block of lymph nodes”
at the L cervical area
- Sample: excised lymph node



D. DIAGNOSIS:

- Myxoid liposarcoma
- Myxofibrosarcoma
- Leiomyosarcoma
- OTHER?

IHC: S100(+),

AE1/AE3, EMA, SMA, desmin (-)

MOLECULAR TESTING

FUS-EWSR1::DDIT3 negative on FISH

NGS negative

Diagnosis:

High grade myxoid sarcoma favoring pleomorphic myxoid liposarcoma



Treatment

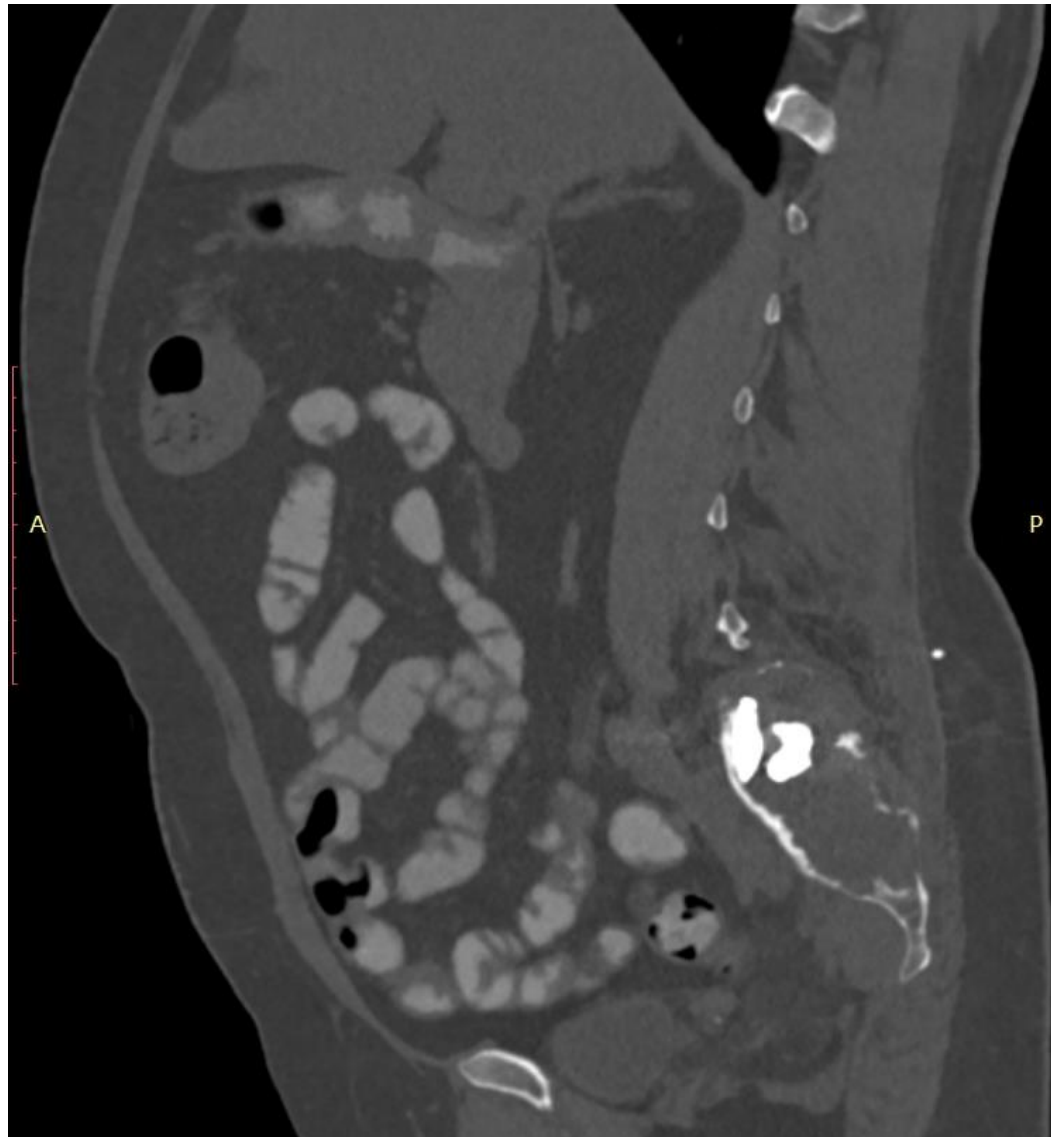
- Surgical excision of the main mass and lymph node resection





HISTORY

- Female
- 54 y. o.
- Painful lytic lesion at the sacrum
- Initially diagnosed as a “spindle cell neoplasm low grade, NOS”
- 2nd opinion: meningioma grade 2 involving bone



D. DIAGNOSIS:

- Metastasis
- Meningioma
- OS low grade
- Dedif. ChS
- Dedif. chordoma
- DDLPS primary (?) or metastatic
- Ependymoma
- OTHER?

IHC: Vimentin(+), SATB2(+), MDM2(+), CDK4(+), H3K27ME3(+), INI-1(+)

AE1/AE3, EMA, PR, SSTR2a, GFAP, T-brachyury, S100, SMA, desmin, LCA, pSTAT6 (-)
Ki67~10%

MOLECULAR TESTING

MDM2 and CDK4 amplification on FISH

NGS negative

FINALLY:

Spindle cell sarcoma favoring low grade intramedullary OS

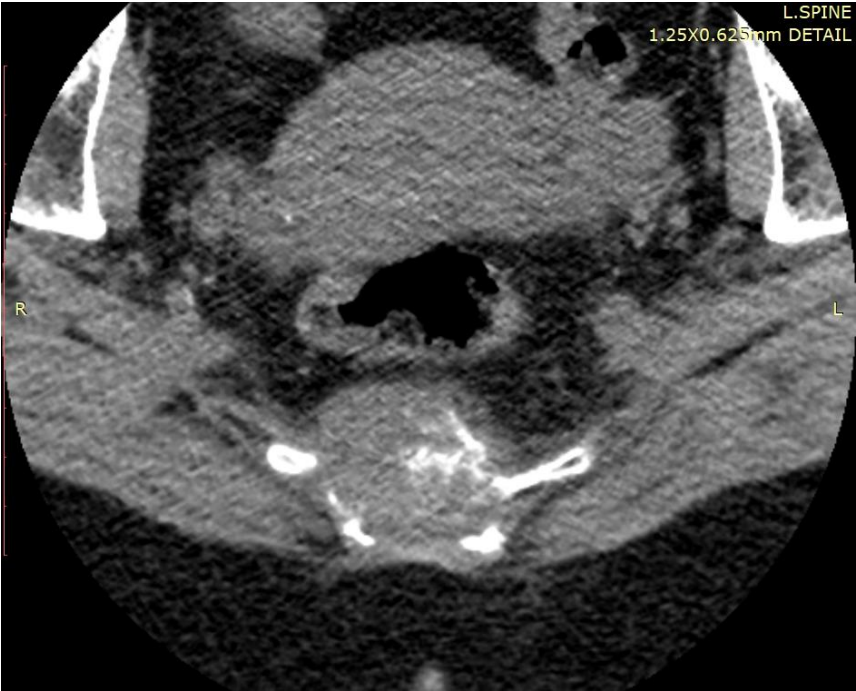




HISTORY

- Female
- 71 y. o.
- Recent history of breast carcinoma
- Mass at the sacrococcygeal region

CASE 3



D. DIAGNOSIS:

- Metastasis
- Myxopapillary ependymoma
- ChS high grade
- OTHER?

IHC: GATA3(-)

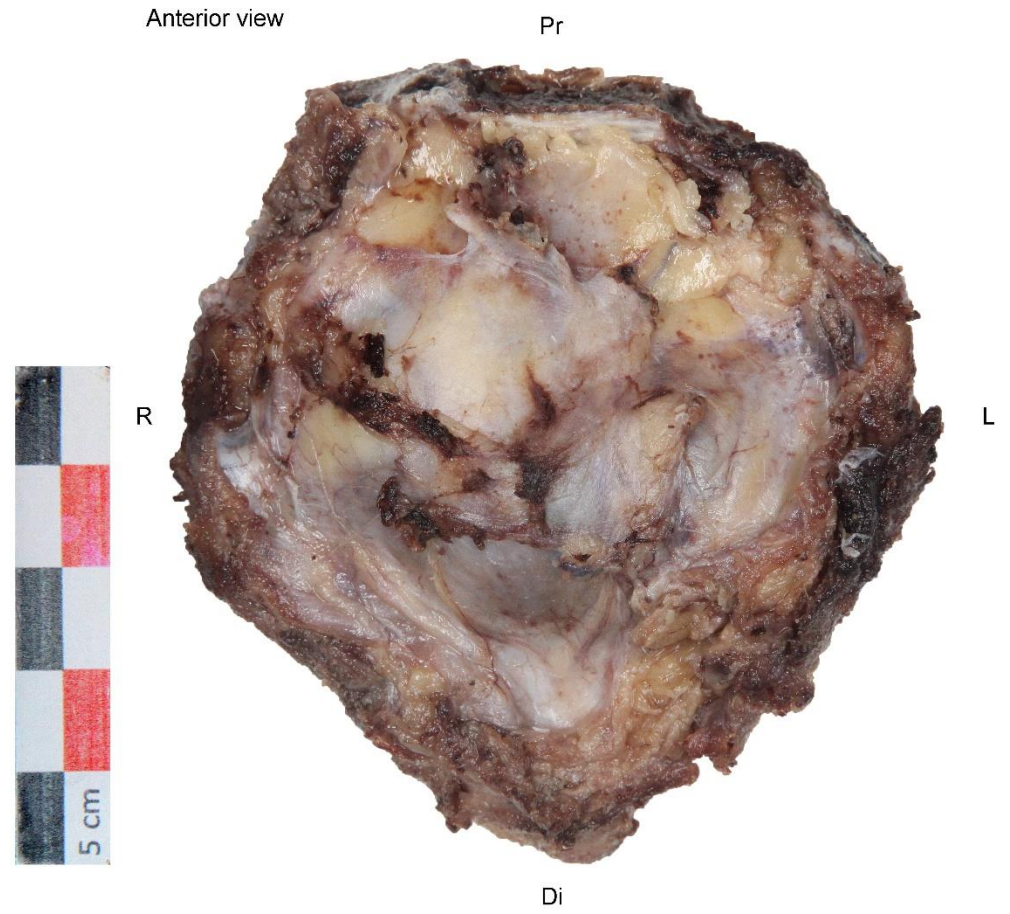
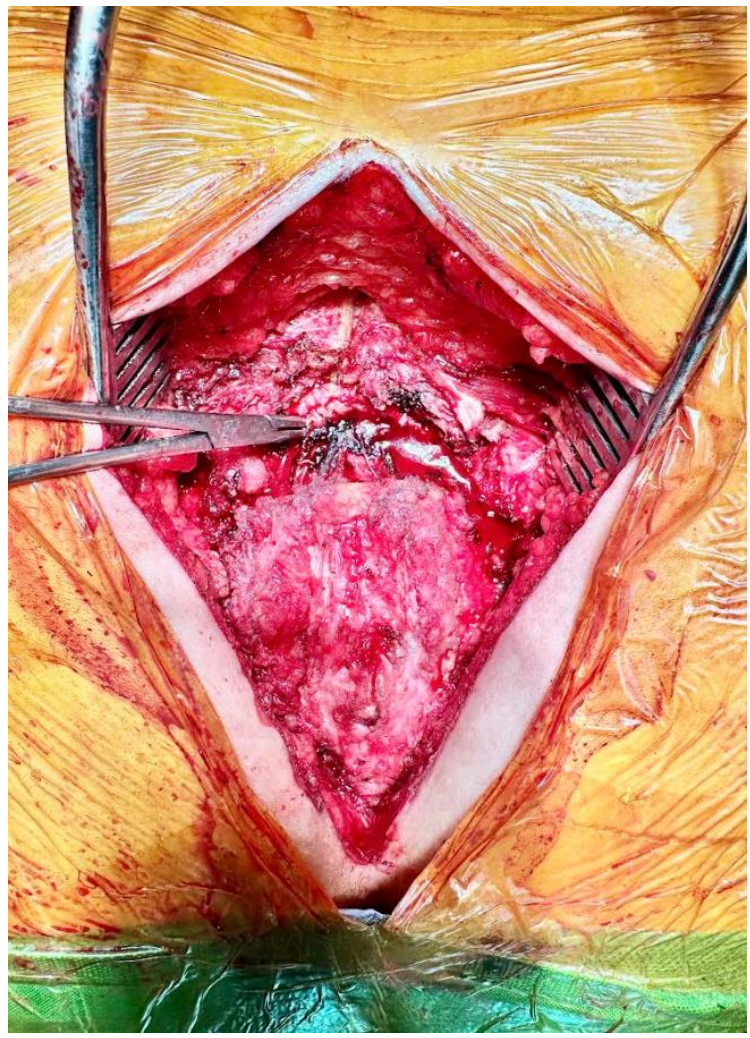
S100(+), AE1/AE3(+), EMA(+), T-brachyury(+)

Diagnosis:

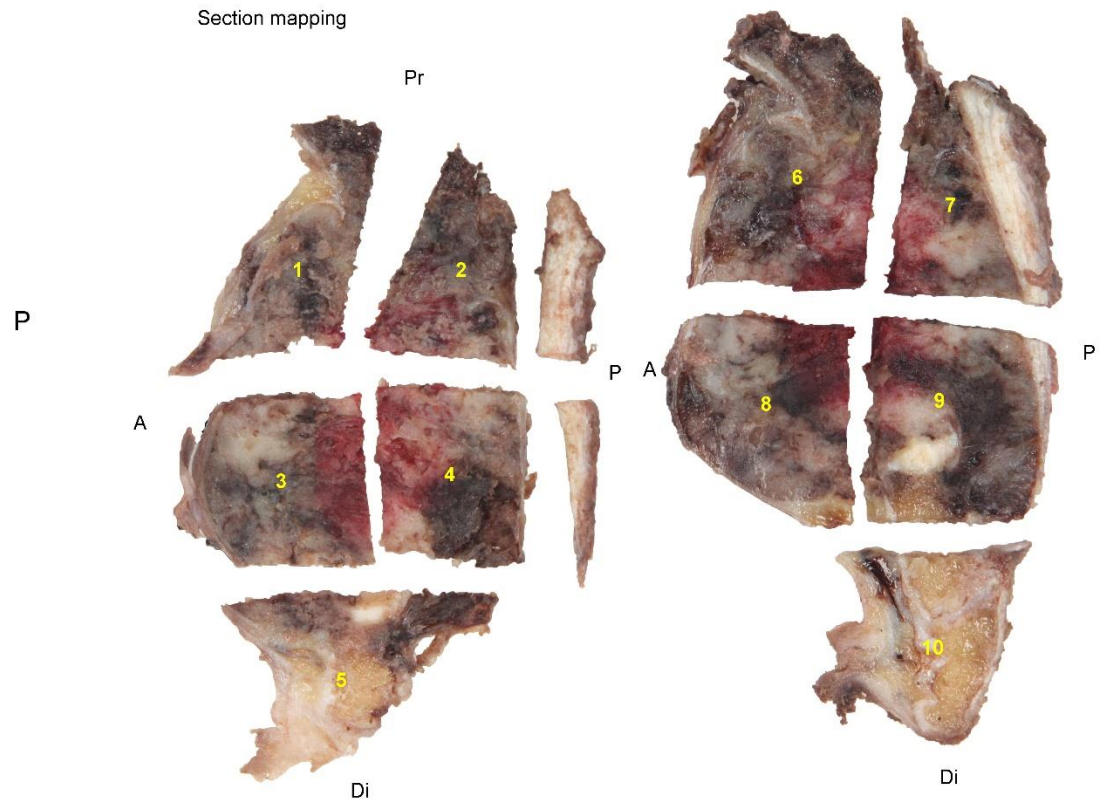
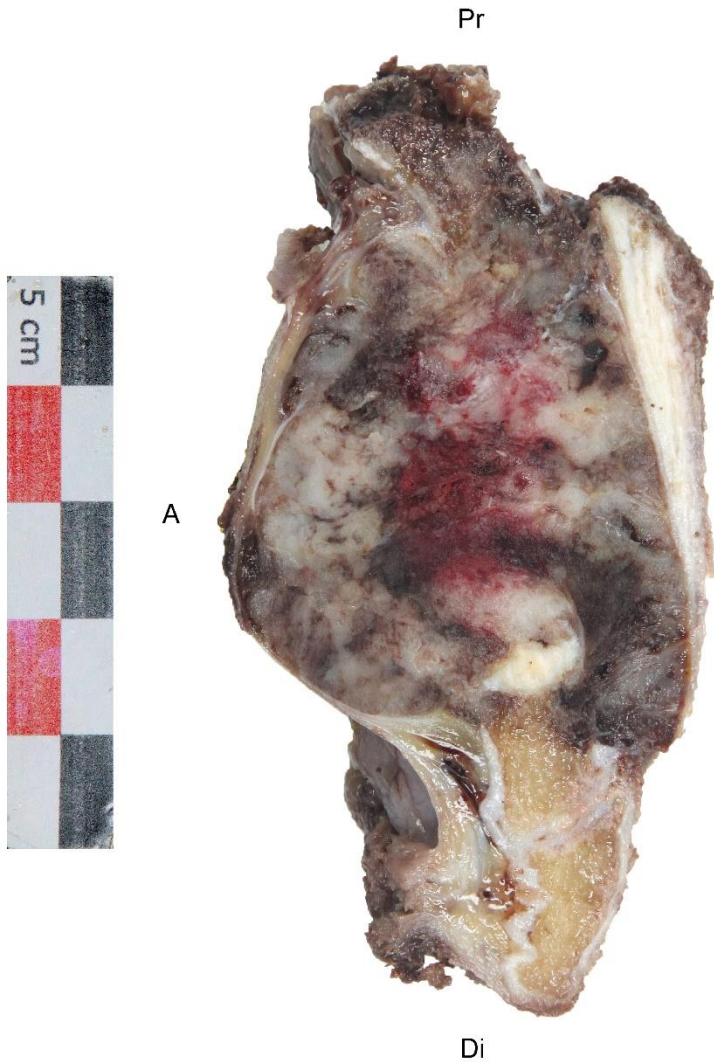
Chordoma

Treatment

- Surgical excision



Longitudinal sectioning plane

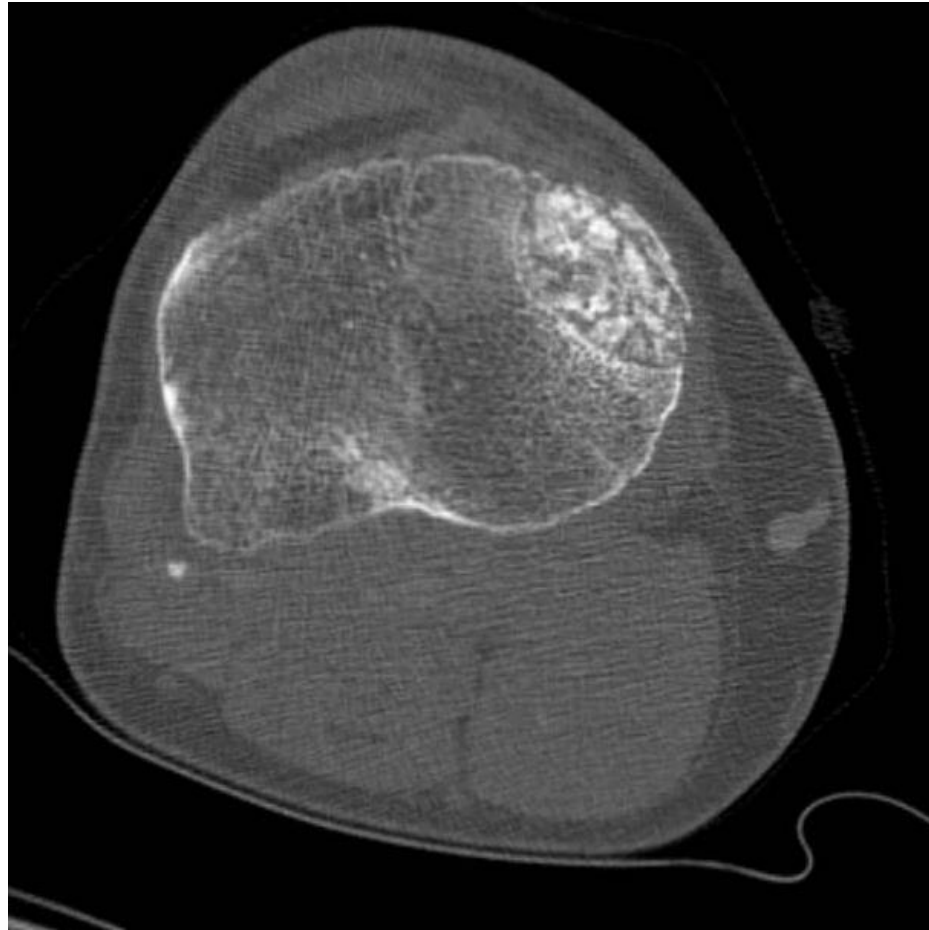




HISTORY

- Male
- 45 y. o.
- Painless tumor, incidental finding at the metaphysis of the R tibia

CASE 4



D. DIAGNOSIS:

- GCT
- Fracture callus
- Chondroblastoma
- OS
- OTHER?

IHC: SATB2(+), CD68 focally (+), SATB2 focally(+), H3K36M(-)

MOLECULAR TESTING

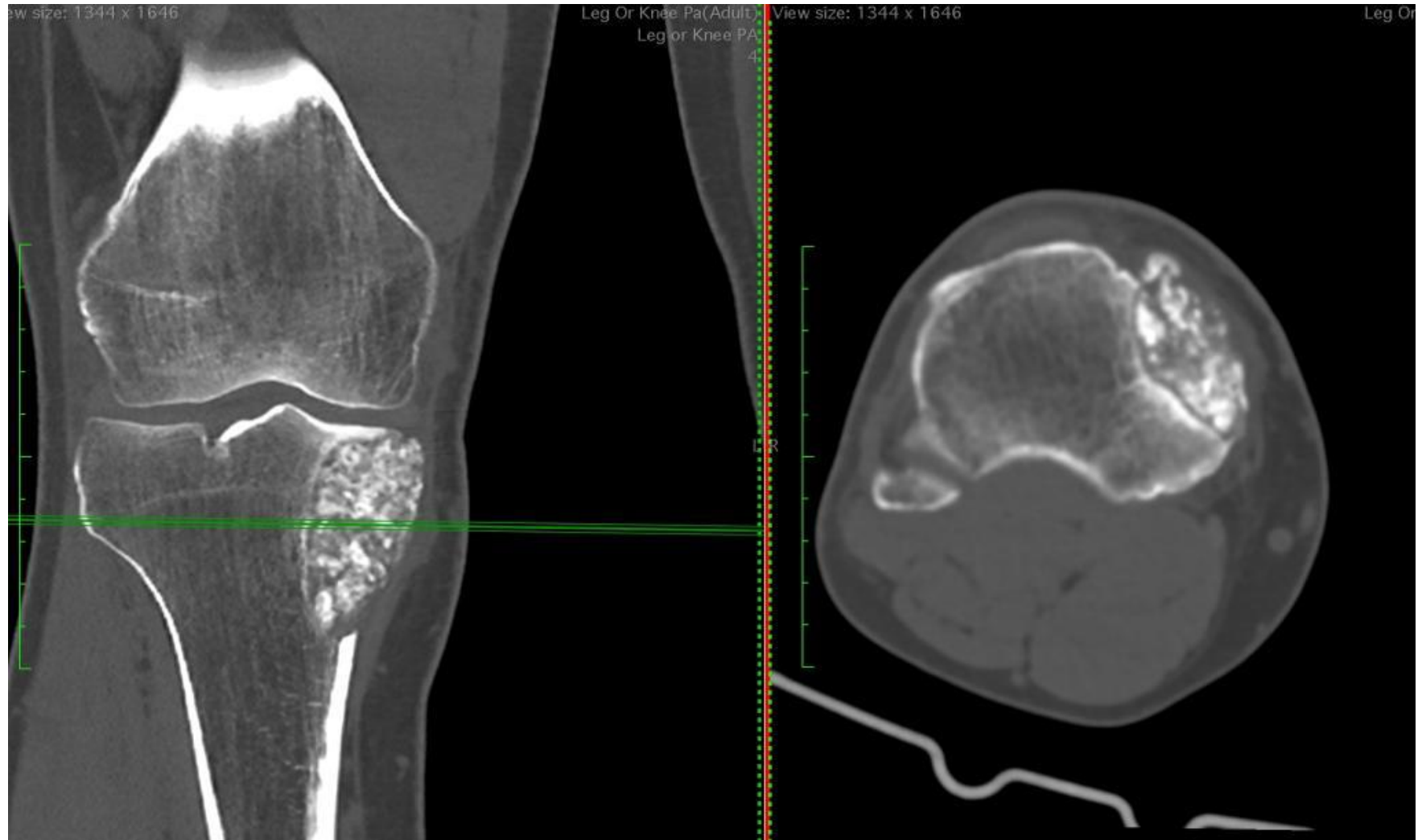
MDM2 amplification on FISH...



Diagnosis:

LUMC, Prof. J.V.M.G. Bovee: cellular round-to-spindle cell proliferation with extensive calcification and bone formation with *MDM2* amplification, most consistent with (parosteal) low grade osteosarcoma. However, due to the high cellularity progression towards an "intermediate" - high grade osteosarcoma can't be ruled out.

CASE 4









HISTORY

- Female
- 59 y. o.
- Chief Complaint: mild weight loss (~3kg over 4 months)
- Past Medical History →
 - total hysterectomy with bilateral salpingo-oophorectomy for multiple leiomyomas (10 years ago)
 - multiple neurofibromas (NF1)
 - surgical excision of left brachial neurofibroma (30 years ago), histology not available

Initial Laboratory Tests (07/06/2024)

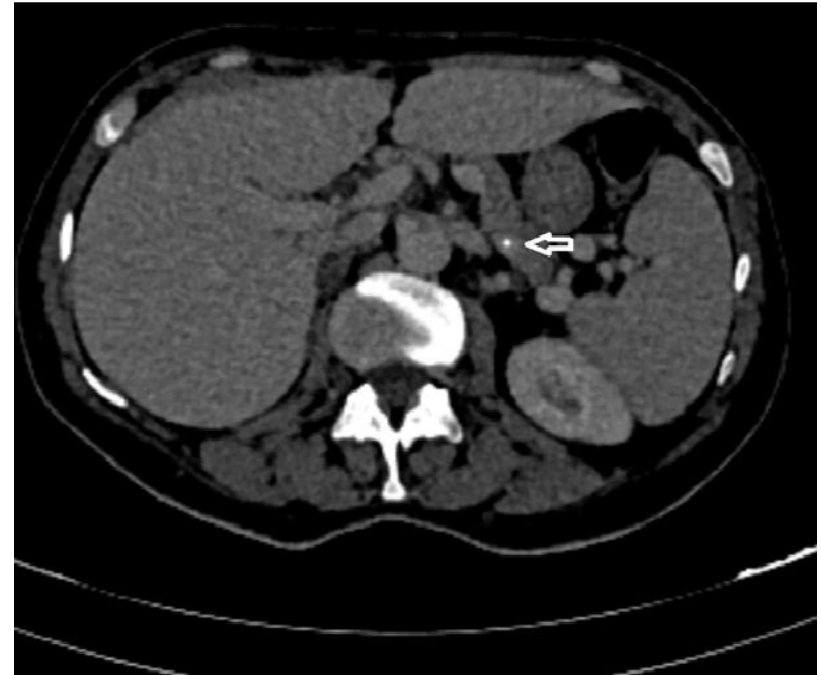
ΓΕΝΙΚΗ ΕΞΕΤΑΣΗ ΑΙΜΑΤΟΣ (Ολικό Αίμα)	Φυσ. Τιμές	Μονάδες	07/06/24 14:57
<input type="checkbox"/> ΓΕΝΙΚΗ ΕΞΕΤΑΣΗ ΑΙΜΑΤΟΣ			OK 📊 📄
<input type="checkbox"/> ΕΡΥΘΡΑ ΑΙΜΟΣΦΑΙΡΙΑ (RBC)	3,80-4,80	10 ⁶ /μL	4,66
<input type="checkbox"/> Αιμοσφαιρίνη (HGB)	12,00-15,00	g/dL	14,18
<input type="checkbox"/> Αιματοκρίτης (HCT)	36,0-46,0	%	42,7
<input type="checkbox"/> MCV	83,0-101,0	fL	91,8
<input type="checkbox"/> MCH	27,0-32,0	pg	30,5
<input type="checkbox"/> MCHC	31,5-34,5	g/dL	33,2
<input type="checkbox"/> RDW-CV	11,6 - 14,0	%	15,1 ▲
<input type="checkbox"/> ΛΕΥΚΑ ΑΙΜΟΣΦΑΙΡΙΑ (WBC)	4,00-10,00	10 ³ /μL	8,95
<input type="checkbox"/> NEU Ουδετερόφιλα %	42,20-75,20	%	84,32 ▲
<input type="checkbox"/> LYM Λεμφοκύτταρα %	20,50-51,10	%	7,74 ▼
<input type="checkbox"/> MONO Μεγάλα Μονοκύτταρα %	1,70-9,30	%	6,37
<input type="checkbox"/> EOS Ηωσινόφιλα %	0,00-5,00	%	1,12
<input type="checkbox"/> BASO Βασεόφιλα %	0,00-1,00	%	0,45
<input type="checkbox"/> NEU Ουδετερόφιλα #	2,00-8,00	10 ³ /μL	7,54
<input type="checkbox"/> LYM Λεμφοκύτταρα #	1,20-3,40	10 ³ /μL	0,69 ▼
<input type="checkbox"/> MONO Μεγάλα μονοπύρρηνα #	0,11-0,59	10 ³ /μL	0,57
<input type="checkbox"/> EOS Ηωσινόφιλα #	0,00-0,40	10 ³ /μL	0,10
<input type="checkbox"/> BASO Βασεόφιλα #	0,00-0,20	10 ³ /μL	0,04
<input type="checkbox"/> ΑΙΜΟΠΕΤΑΛΙΑ (PLT)	140-440	10 ³ /μL	529 ▲
<input type="checkbox"/> MPV	7,4-9,4	fL	6,9 ▼
<input type="checkbox"/> NRBC%		%	0
<input type="checkbox"/> NRBC#		x10 ³ /μL	0,00
<input type="checkbox"/> UWBC		%	8,9
<input type="checkbox"/> RDW-SD	36-48	%	47,7

CT Chest and Abdomen (07/06/2024)



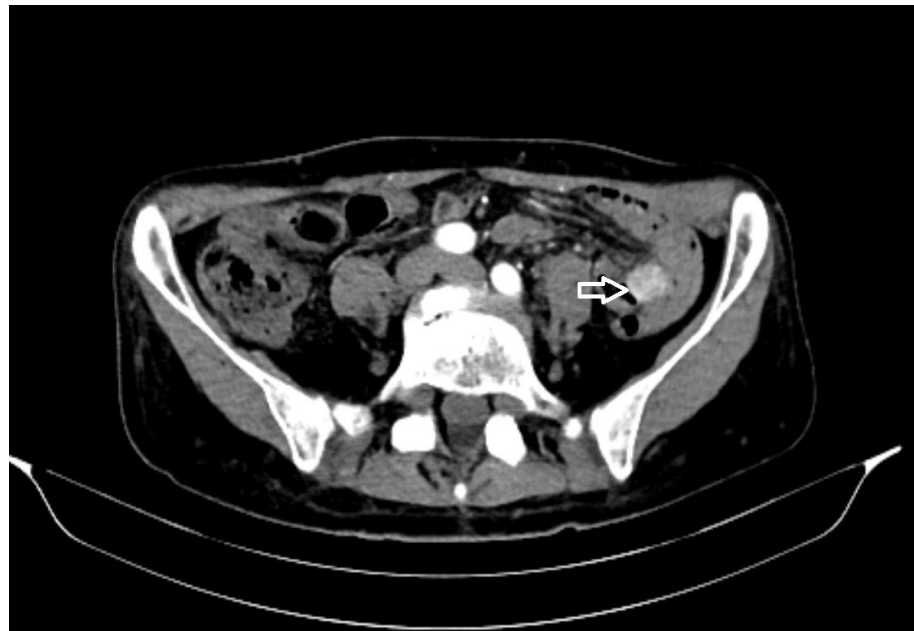
1. Duodenum:

- Round lesion in second portion
- Size: 14mm
- Characteristics: Calcifications and heterogeneous enhancement



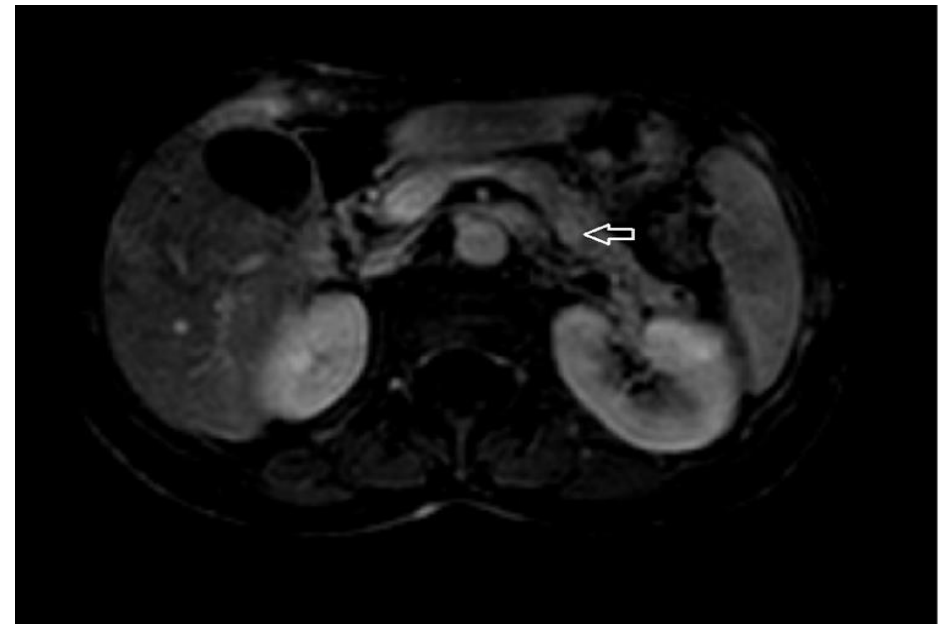
2. Pancreas:

- Location: Junction of body and tail, posterior surface
- Size: 9mm
- Features: Central calcification

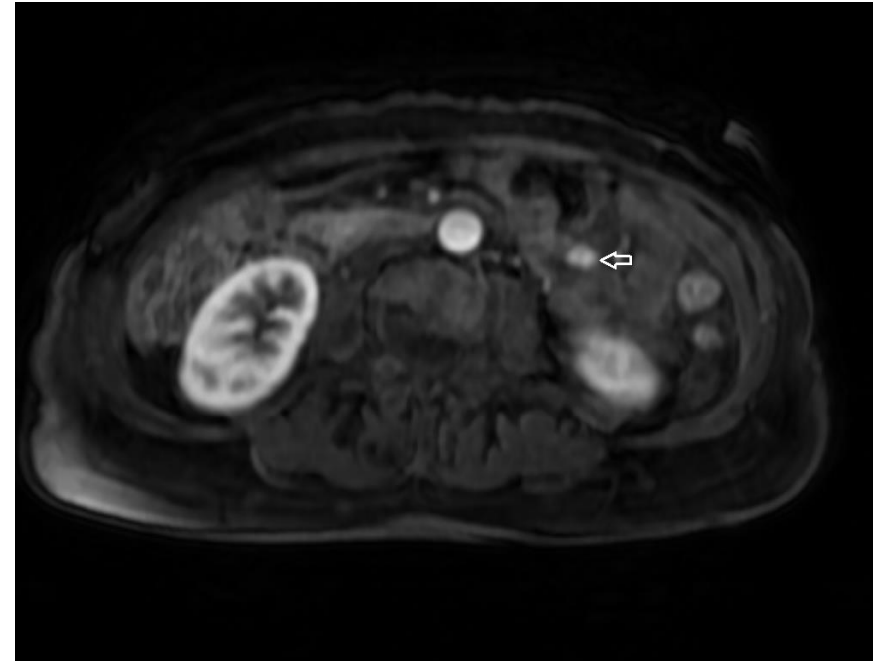


3. Jejunum:
- Two exophytic lesions
 - Sizes: 1.1cm and 2.0cm
 - Location: Between and in contact with jejunal loops

MRI Upper Abdomen (10/06/2024)



1. Duodenal Region:
 - Mass between duodenal bulb and pancreatic head
 - Maximum diameter: 1.3cm
 - Characteristics:
 - Central area with low magnetic signal
 - Corresponding to CT-identified calcifications
 - Strong contrast enhancement



2. Pancreas:

- Normal size
- Mass at body-tail junction, posterior margin
- Size: 1.0cm maximum diameter
- Incidental finding: Small cystic lesion in tail
 - Size: ~5mm
 - No contrast enhancement

D. DIAGNOSIS:

- Neurofibromas
- GISTs
- IPMN
- Neuroendocrine lesions

Nuclear Medicine Studies (11/06/2024)

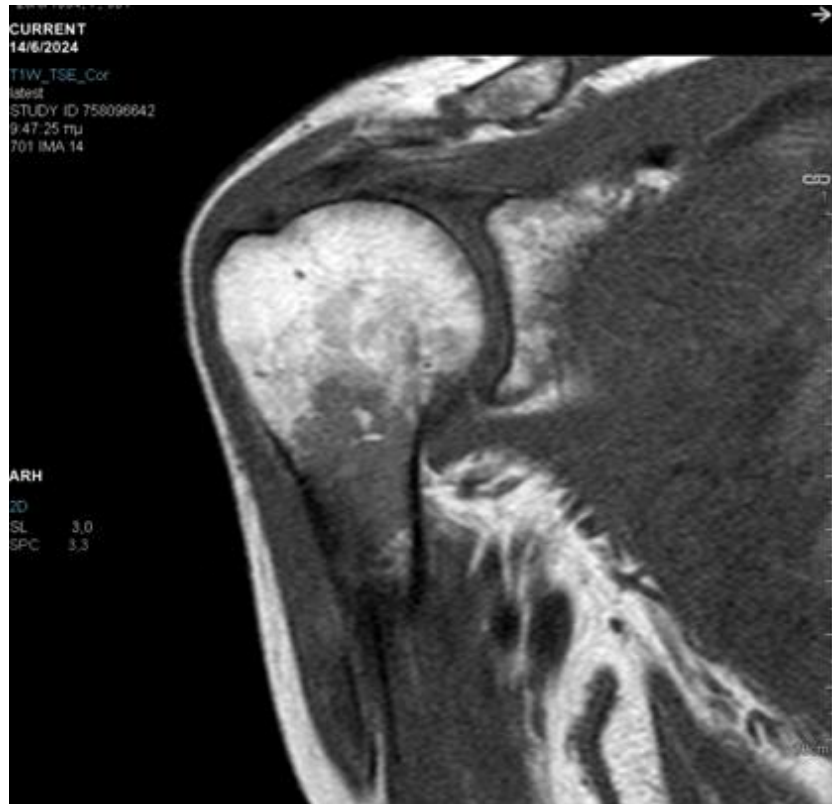
F-18 FDG PET-CT:

- Previously described lesions: No significant uptake
- **Incidental finding: Increased uptake in right proximal humerus (SUV: 5.5)**

Ga-68 DOTATOC PET-CT:

- Significant uptake in pancreatic body-tail junction lesion (SUV: 16.5)

CASE 4



Endoscopic Ultrasound with FNB

1. Duodenal Mass:
 - Immunohistochemistry:
 - DOG1: Positive
 - SMA: Negative
 - Synaptophysin: Negative
 - Ki67: ~1%
 - Conclusion: **Consistent with**
Gastrointestinal Stromal Tumor (GIST)
2. Pancreatic Mass:
 - No definitive lesion identified

Further Workup for Humeral Lesion (15/06/2024)

Hematological Studies:

- Serum kappa light chains: 70.8mg/L (Reference: <22.4mg/L)
- Kappa/lambda ratio: 4.16
- Urine Bence-Jones protein: Positive

Bone Marrow Biopsy (Iliac wing and right humerus):

- 15% monoclonal C κ / κ plasma cell infiltration
- Diagnosis: Kappa light chain **multiple myeloma**
- Additional finding: Hypercellular marrow with reactive changes
- Note: Elevated platelets suggest possible concurrent myeloproliferative neoplasm

Treatment

- Radiation therapy to right humerus
- Total dose: 30.00 Gy □
- Ig(κ) and Ig(λ) levels unchanged

Molecular testing for possible therapy

primeDX

1. Περίληψη έκθεσης αποτελέσματος

1021	Γονίδια (38 αναδιατάξεις) αναλύθηκαν	2	Κλινικά σημαντικές γενωμικές αλλοιώσεις που ανιχνεύθηκαν στον όγκο
0	Εγκεκριμένες θεραπείες που σχετίζονται με Βιοδείκτες για την ένδειξη	2	Θεραπείες με πιθανό όφελος που σχετίζονται με Βιοδείκτες
4	Θεραπείες με πιθανή αντίσταση που σχετίζονται με Βιοδείκτες	4	Κλινικές μελέτες που σχετίζονται με Βιοδείκτες

2. Βιοδείκτες με κλινική σημασία*

Βιοδείκτης	Αποτέλεσμα	Εγκεκριμένες Θεραπείες για την ένδειξη	Θεραπείες με πιθανό όφελος	Θεραπείες με πιθανή αντίσταση/τοξικότητα	Κλινικές μελέτες
JAK2	Exon 14 c.1849G>T (p.V617F)	-	-	Pembrolizumab (2D) Nivolumab (2D) Atezolizumab (2D) Durvalumab (2D)	-
NF1	Exon 35 c.4756delT (p.Y1586Ifs*17)	-	Cobimetinib (2C.1) Trametinib (2C.1)	-	ναι
Μικροδορυφορική Αστάθεια (MSI)	χωρίς μικροδορυφορική αστάθεια (MSS)	-	-	-	-
Συνολικό Φορτίο Μεταλλαγών του όγκου (TMB)	1.65 Muts/MB	-	-	-	-



HISTORY

- Female
- 39 y. o.
- Mass at the R buttock



D. DIAGNOSIS:

- UPS
- Dedif. ChS
- OS
- OTHER?

IHC: SATB2(+),

AE1/AE3, EMA, SMA, desmin (-)

MOLECULAR TESTING

MDM2 negative on FISH

FINALLY:

Sarcoma with signs of bone formation favoring periosteal OS



Treatment

- Neoadjuvant C/T
- Excision





Periosteal OS, facts:

- Neoadjuvant C/T does not seem to affect the survival, although commonly used
- The percentage of necrosis does not seem to correlate with prognosis
- Prognosis is better than conventional OS, 60-75%
10 y. overall survival





HISTORY

- Female
- 77 y. o.
- Liver mass



The two bright spots are two hypervascular metastases, the one more laterally is smaller, the other one bigger.



Dominant tumor.

D. DIAGNOSIS:

- Metastasis
- Poorly differentiated HCC
- Poorly differentiated cholangioCa
- Undifferentiated sarcoma
- EHE
- Angiosarcoma
- OTHER?

IHC: initially → AE1/AE3(+), CD34(-), SMA(-), desmin (-), HepPar1(-), Glipican3(-)

Following: CD31(+), Fli1(+), ERG(+), Ki67>50%

MOLECULAR TESTING

YAP1::TFE3, *WWTR1::CAMTA1* negative on FISH

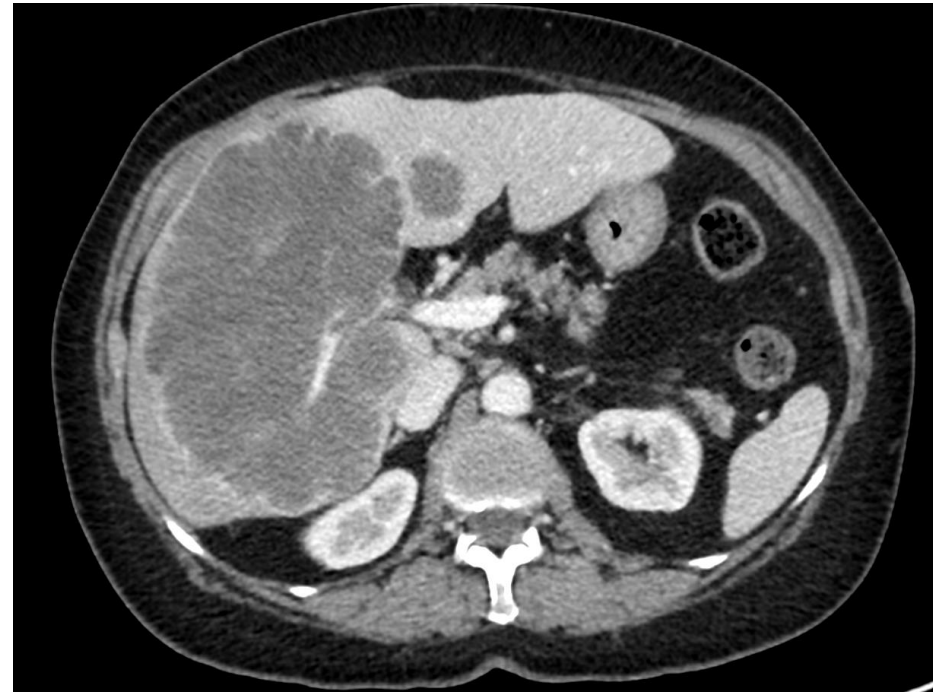
FINALLY:

Angiosarcoma of the liver

Neoadjuvant C/T



Now it looks reversed, lateral lesion has grown, the more medial one has shrunk.



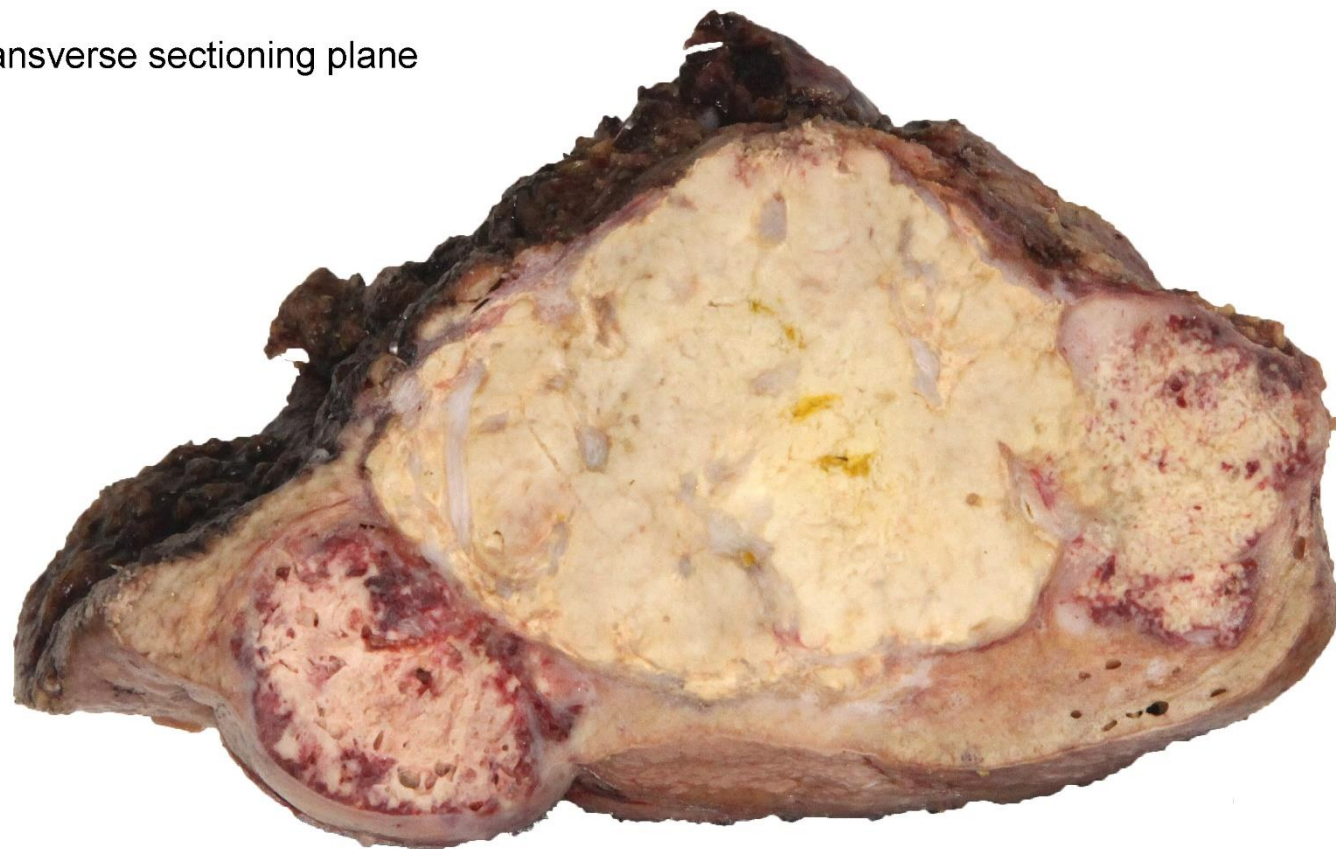
Dominant metastasis has increased from 8.8 cm to 14.1 cm - a 60% increase so per RECIST would be progression of disease



Treatment

- Neoadjuvant C/T
- Surgical excision

Transverse sectioning plane





HISTORY

- Female
- 64 y. o.
- Painless mass at the L inguinal region
- History of MM at the area of the L buttock 18 years ago

D. DIAGNOSIS:

- Metastatic MM according to history
- Spindle cell sarcoma
- Vascular lesion
- Poorly differentiated Ca
- OTHER?

IHC: EMA(+), CK 8/18 focally(+), INI-1(+), vimentin(+)

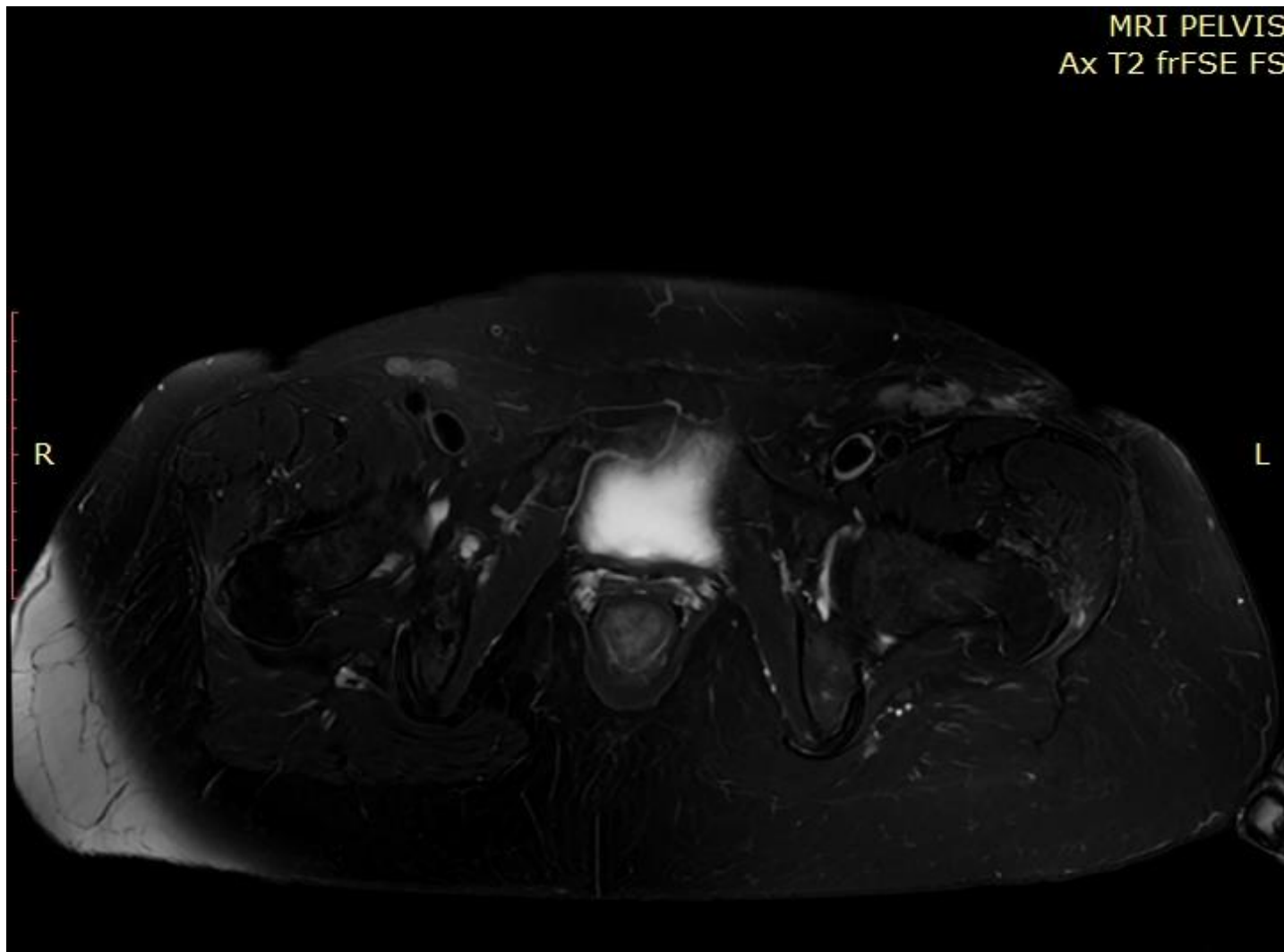
MelanA, HMB45, S100, SOX10, PRAME1, SSX, CD31, CD34, SALL4,
chromogranin, synaptophysin, MDM2, CDK4, C-KIT (-)

MOLECULAR TESTING

NGS negative

FINALLY:

Undifferentiated spindle cell sarcoma grade 2





Treatment

- Local recurrence - surgical excision



IHC: S100(+), SOX10 (+), PRAME1(?),

MelanA, HMB45 (-)

MOLECULAR TESTING

Mutation in *BRAF* exon 15, c.1799 T>A [p.Val600Glu (p.V600E),
COSM 476]*BRAF* V600E (+)

FINALLY:

Malignant melanoma that underwent almost total dedifferentiation,
losing the common markers of melanocyte differentiation

The major clues to the diagnosis of DDM

- (1) Presence of minimal well-differentiated clone in DDM
- (2) Prior history of melanoma in cases of metastasis
- (3) Undifferentiated histology that does not fit any defined entity
- (4) Locations at sites that are unusual for undifferentiated/unclassified pleomorphic sarcoma (axilla, inguinal, neck, digestive system, etc.)
- (5) Unusual multifocal disease typical of melanoma spread
- (6) **Detection of a melanoma-compatible gene mutation**



HISTORY

- Male
- 17 y. o.
- Painful tumor, at the metadiaphyseal area of the distal R fibula



D. DIAGNOSIS:

- Epithelioid hemangioendothelioma
- Epithelioid sarcoma
- OS
- OTHER?

IHC: AE1/AE3(+), EMA(+), SMA(+), desmin focally (+), SATB2 focally (+), Fli-1 weakly(+), CD34(+), D2-40(+), INI-1(+)

ERG, CD31, LCA, CD30, myogenin, myoD1, S100 (-)

MOLECULAR TESTING

YAP1::TFE3, *WWTR1::CAMTA1* negative on FISH

FINALLY:

Angiosarcoma of the liver



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Thank you!