

V súvislosti s týmto podujatím nemám žiaden konflikt záujmov.

Skříčkový seminár SD-IAP – No. 727, kazuistika

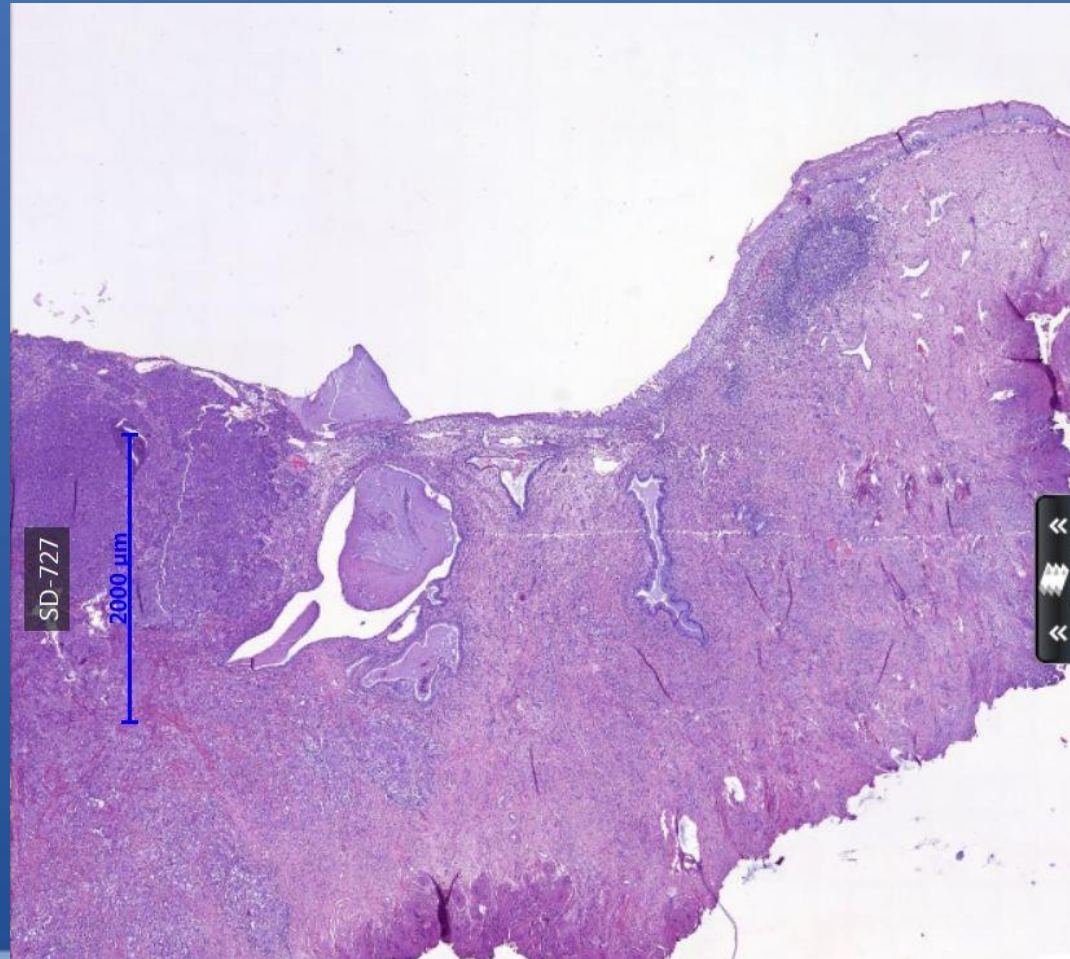
## **9. Východoslovenský bioptický seminár 6. a 7. júna 2019 Miesto: Košice**

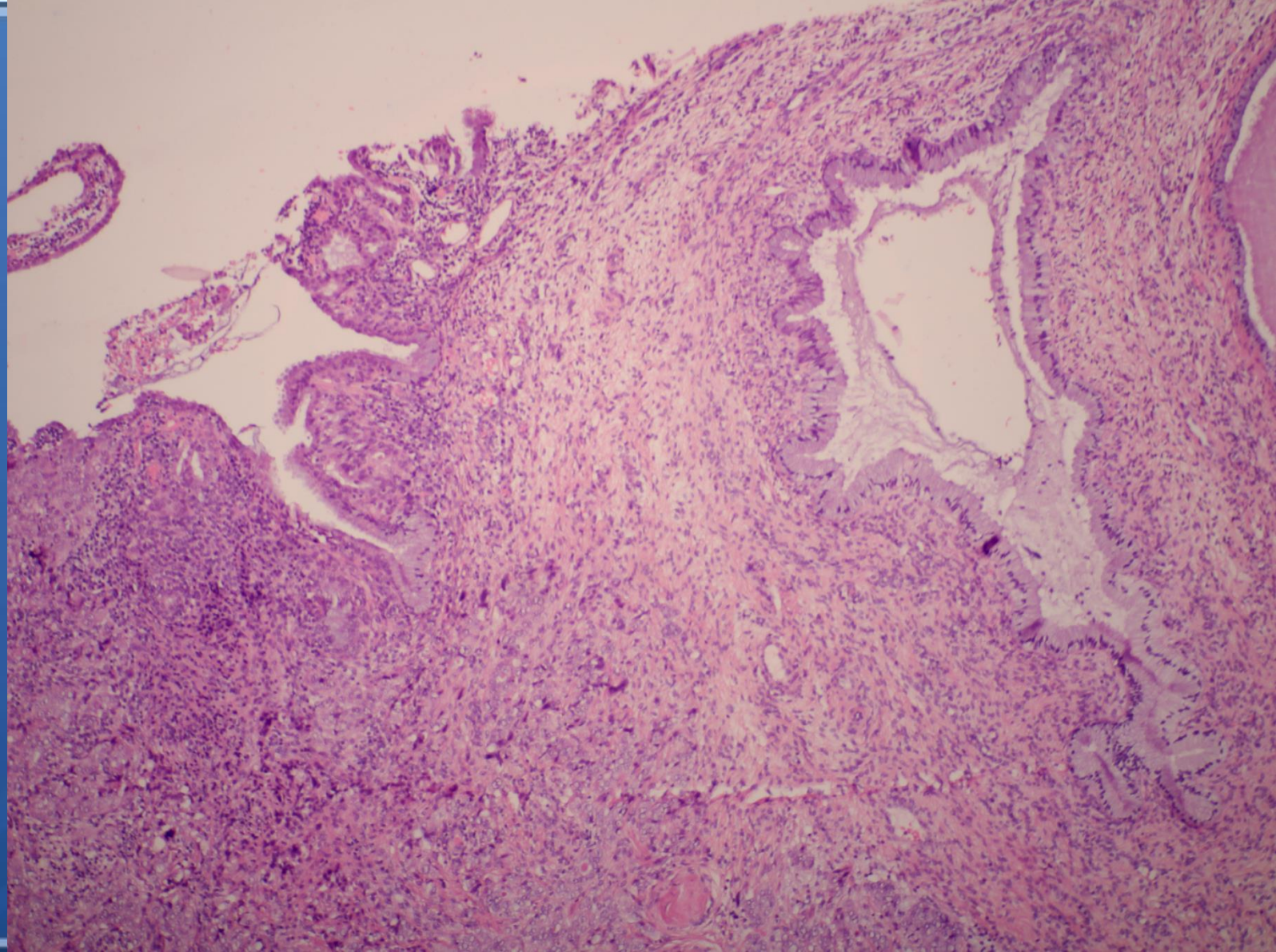
Referuje: MUDr. O.Ondič

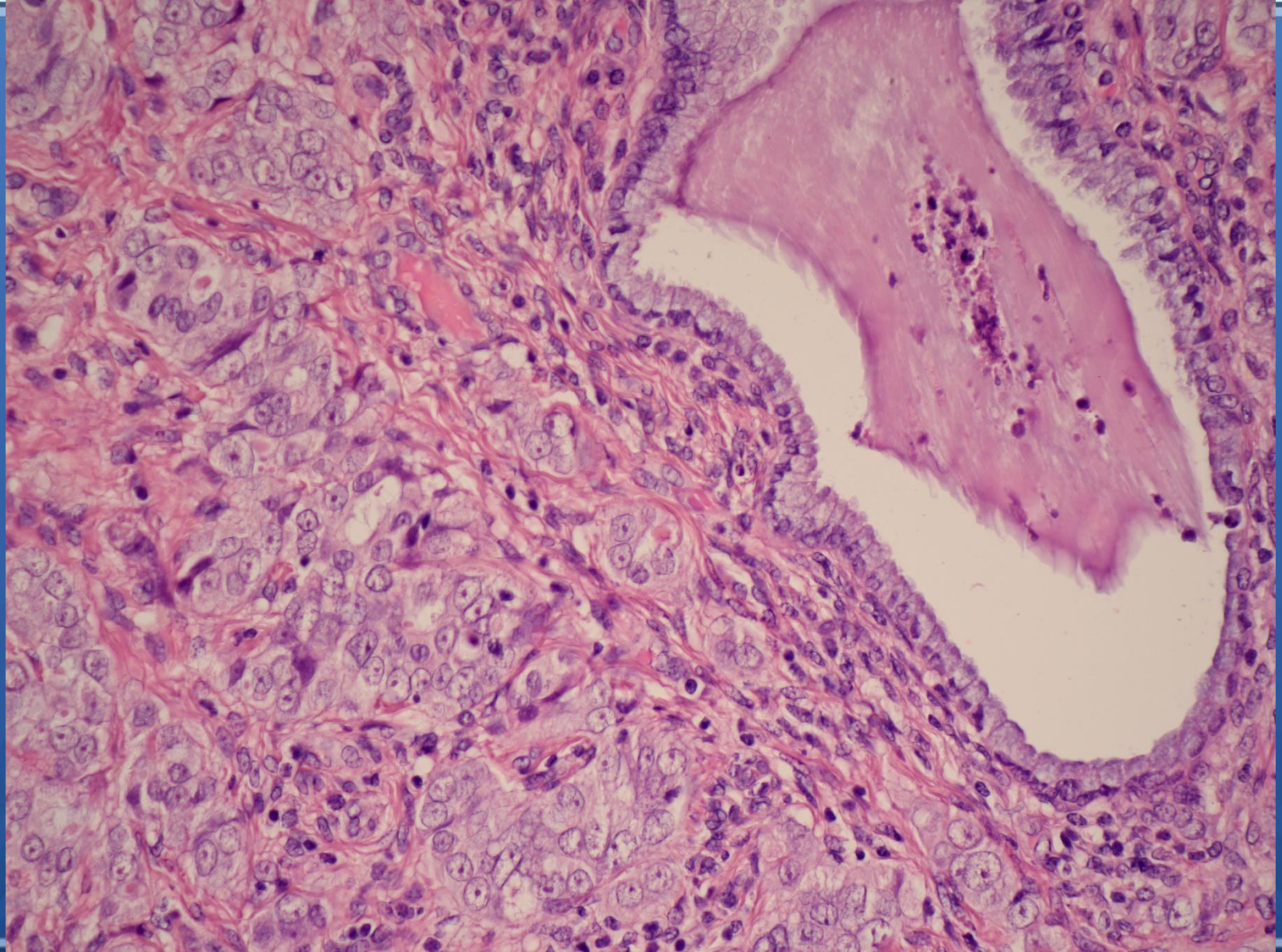
# Údaje k prípadu

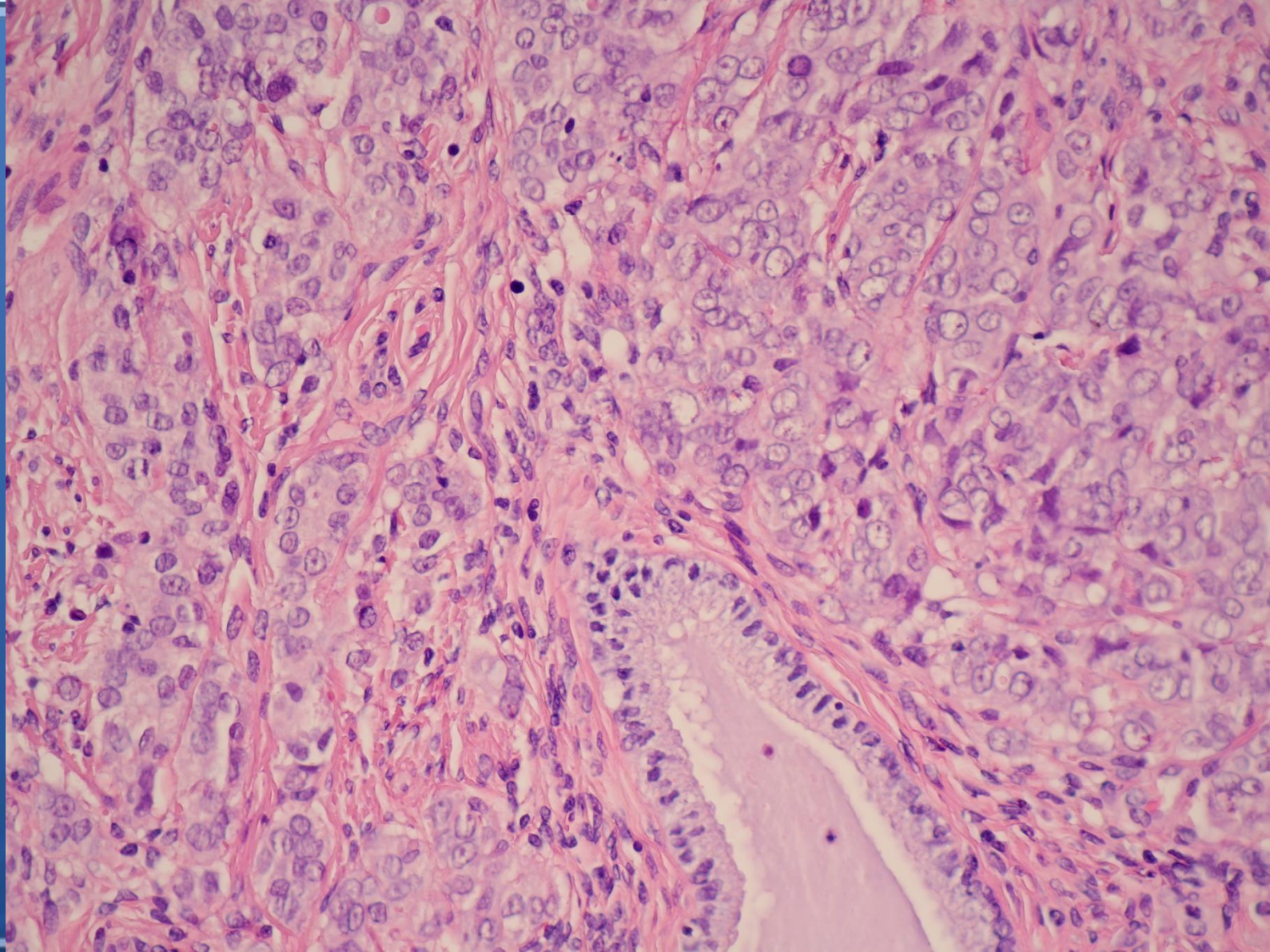
- **Lokalita:** cervix uteri
- **Pacientka:** žena, 64 rokov.
- **Makroskopický nález:** tumor cervixu, celkový rozmer po rekonštrukcii - 25 mm v max. horizontálnom rozmere.
- **Sled udalostí:**
  1. konizácia – non in sano (seminárny prípad),
  2. hysterektómia

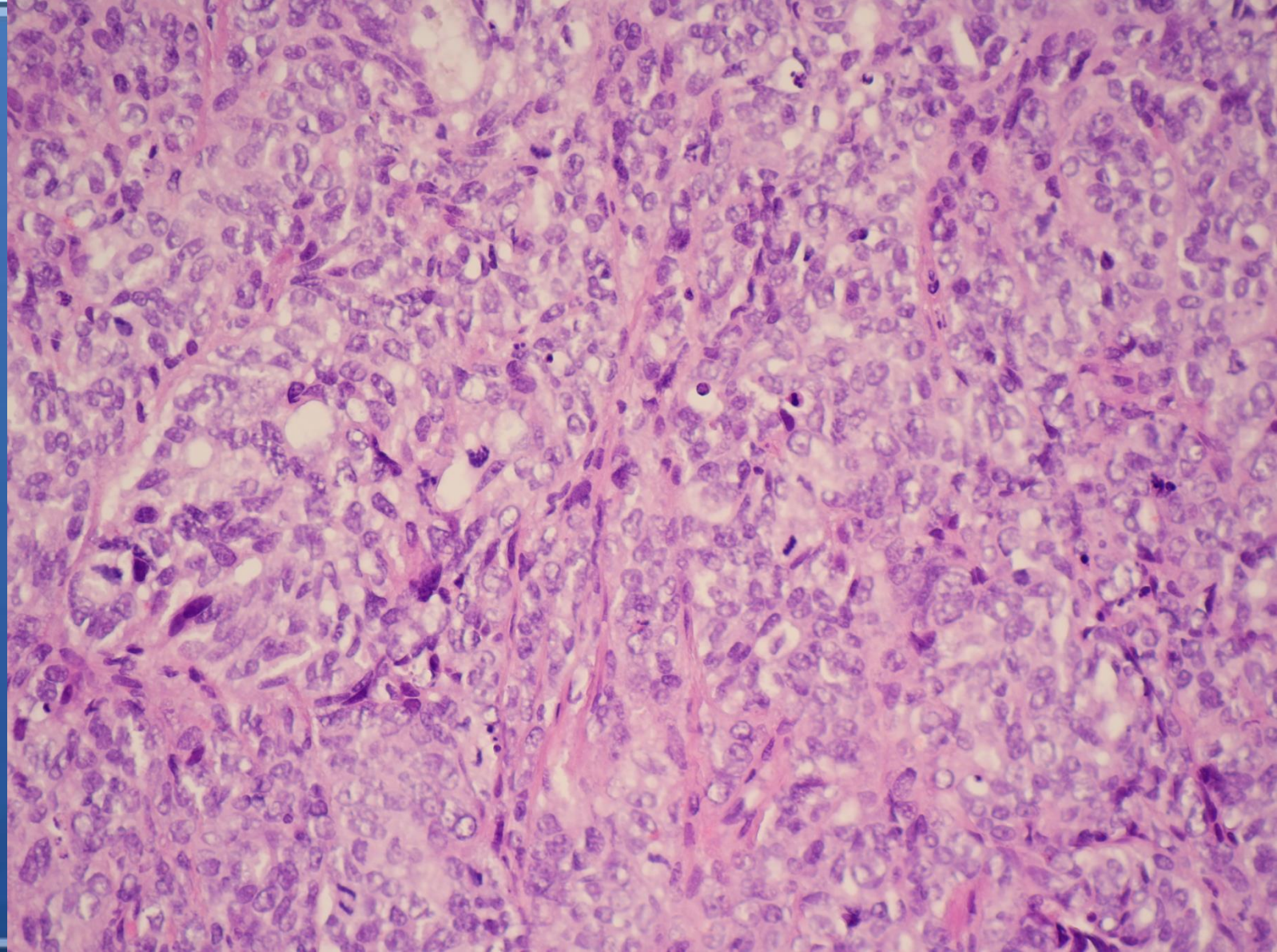
# Histologický nále









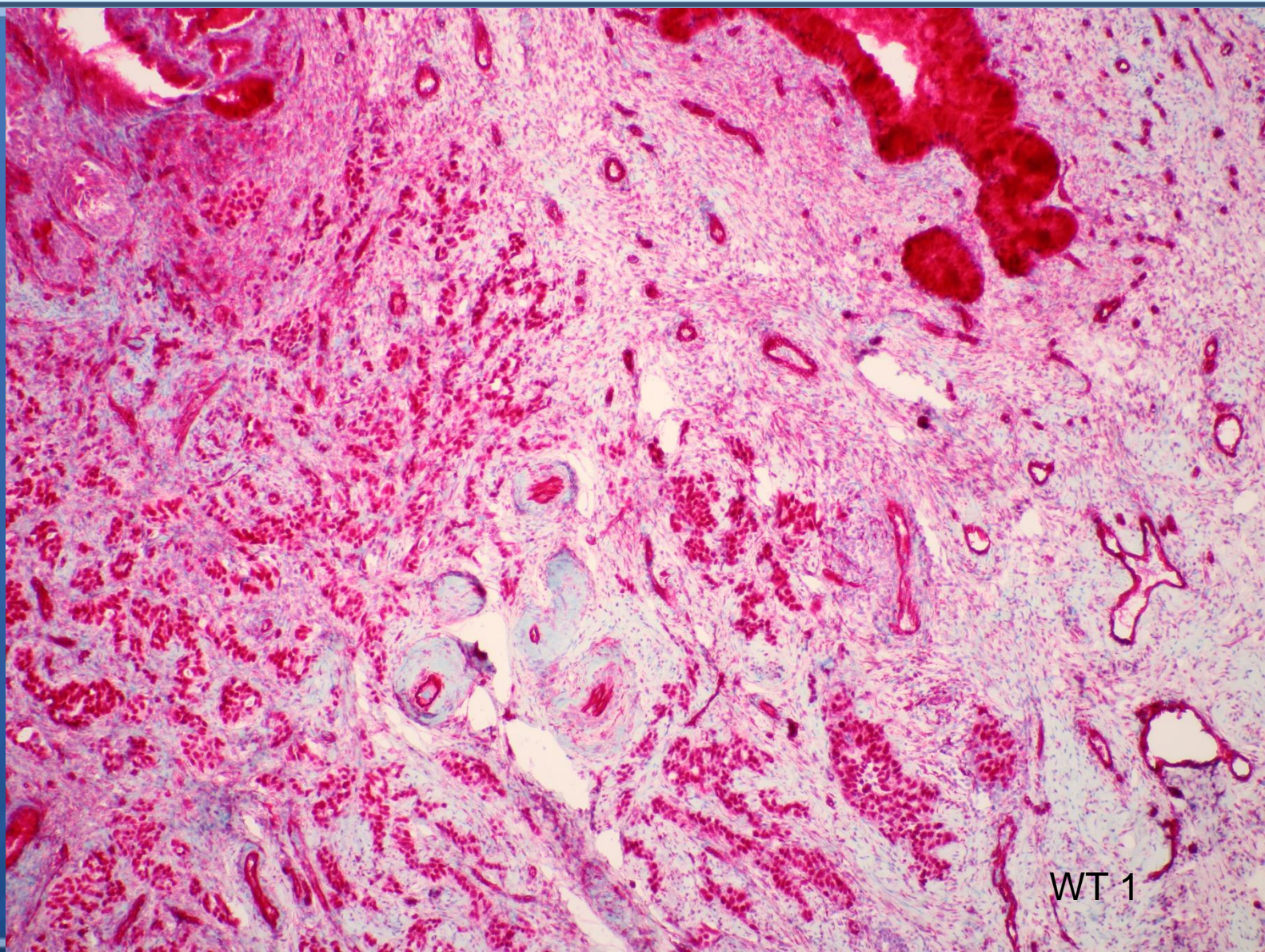




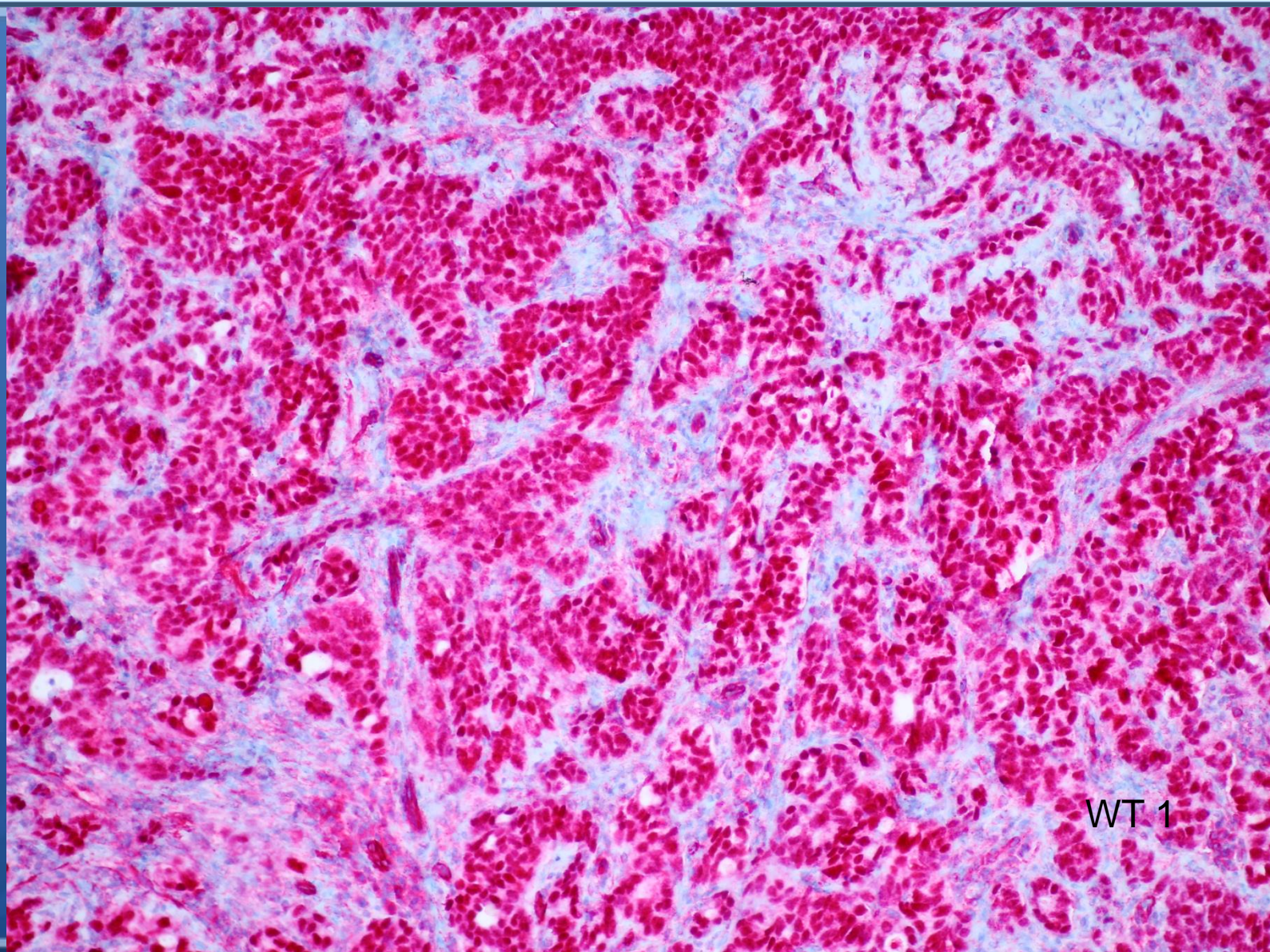


?

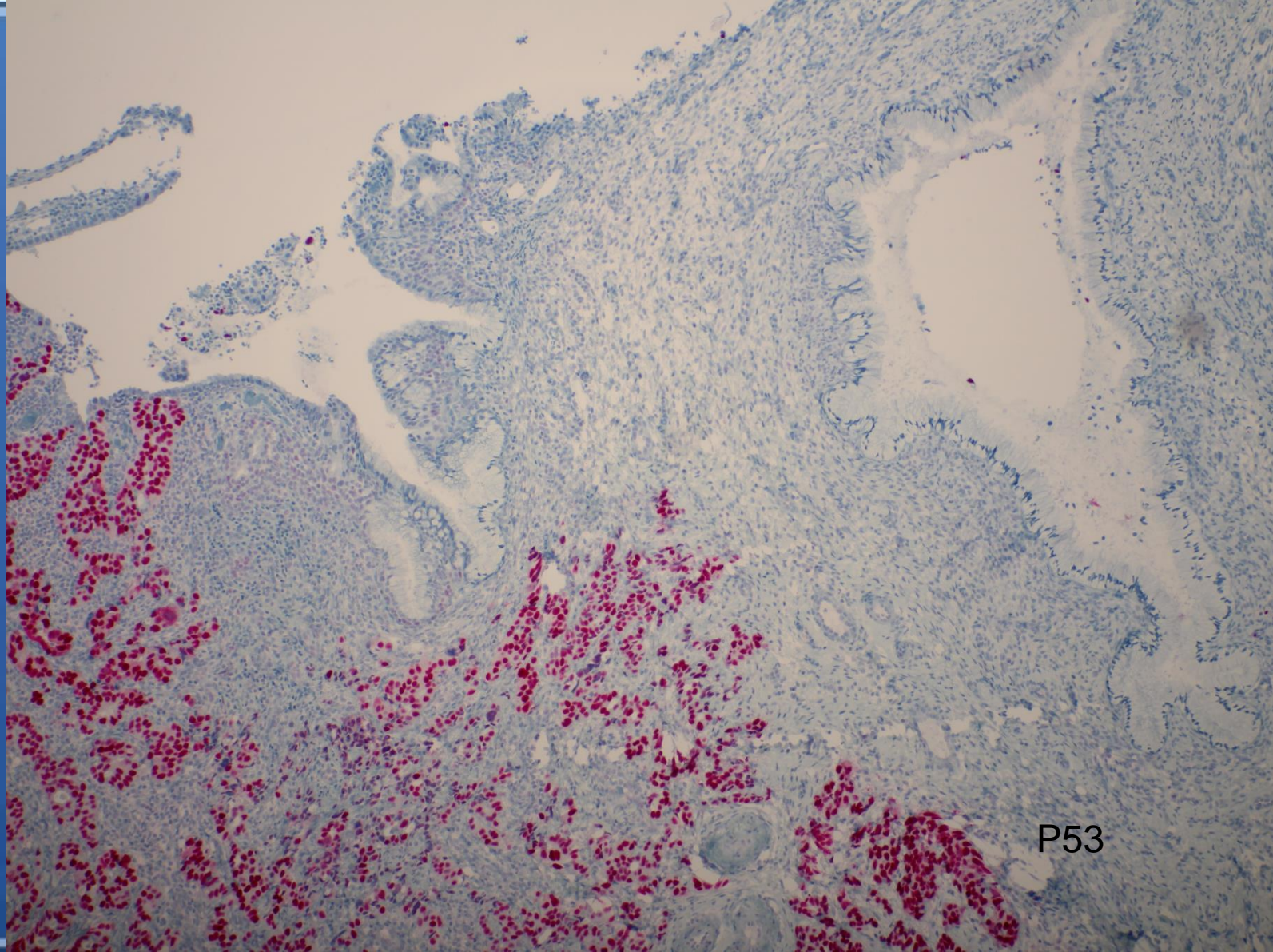
# Imunohistochemia



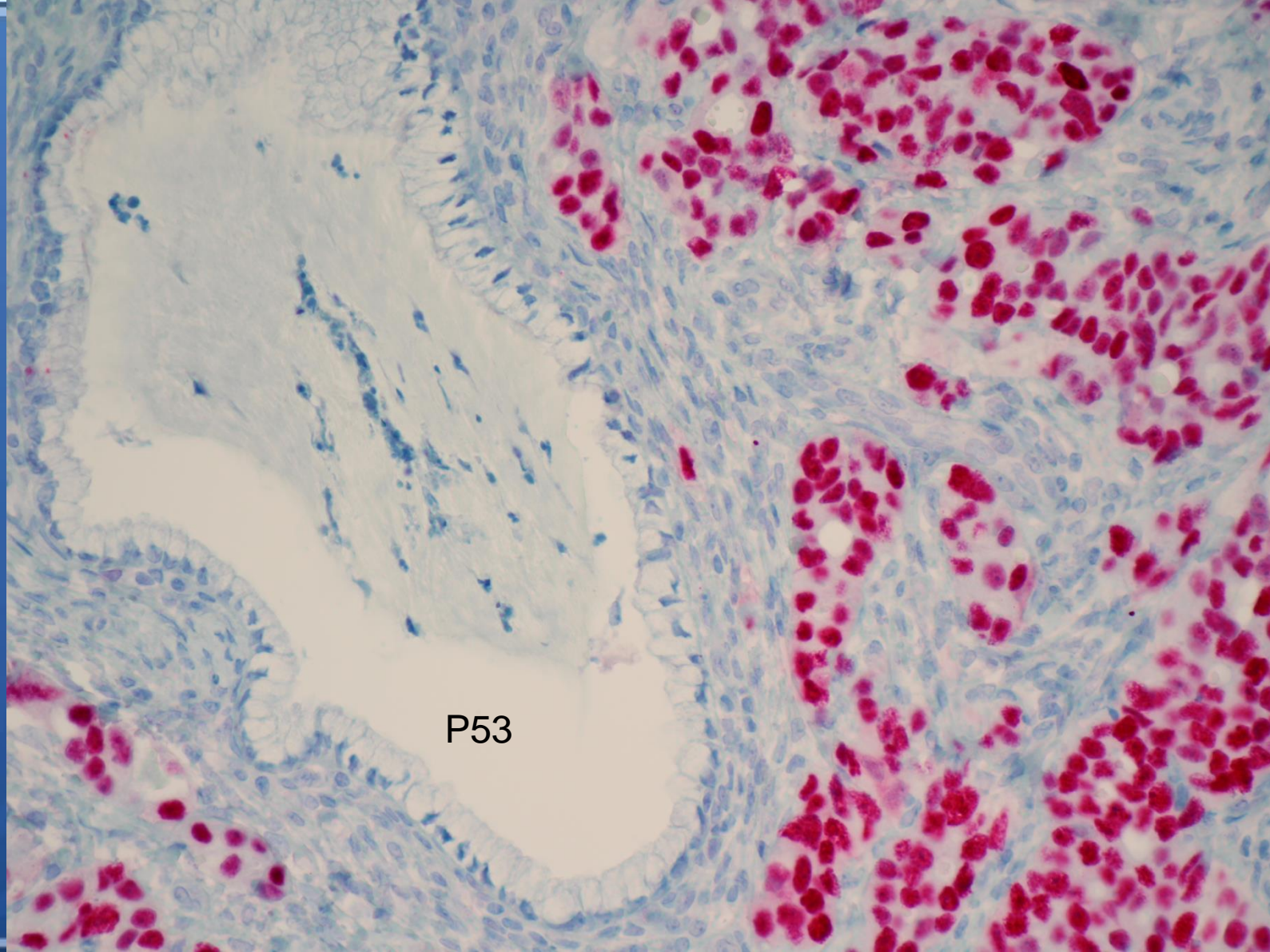
WT 1



WT 1



P53



P53



?

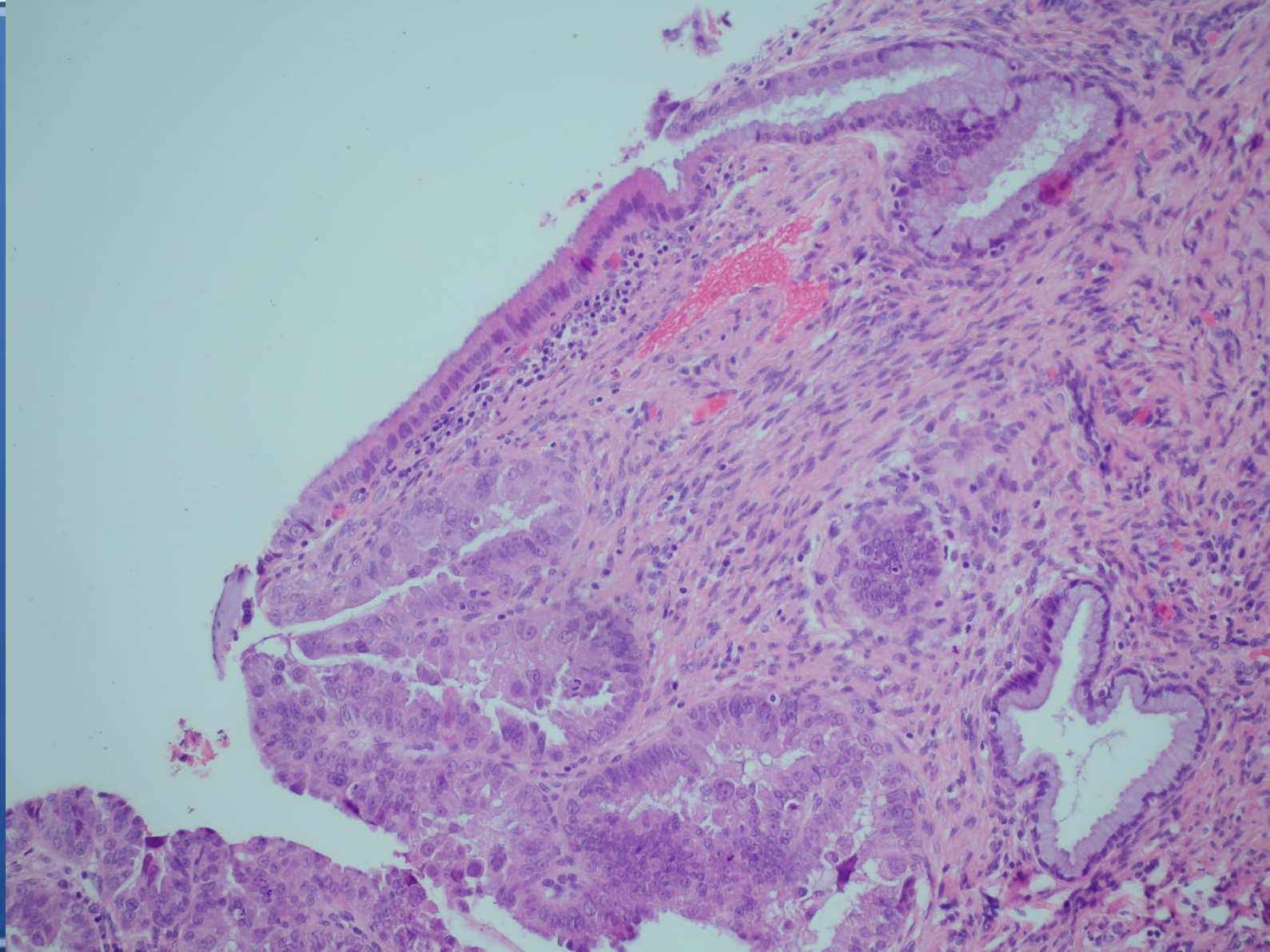
# Diagnóza

Metastáza serózneho karcinómu (SET pattern) do krčka maternice

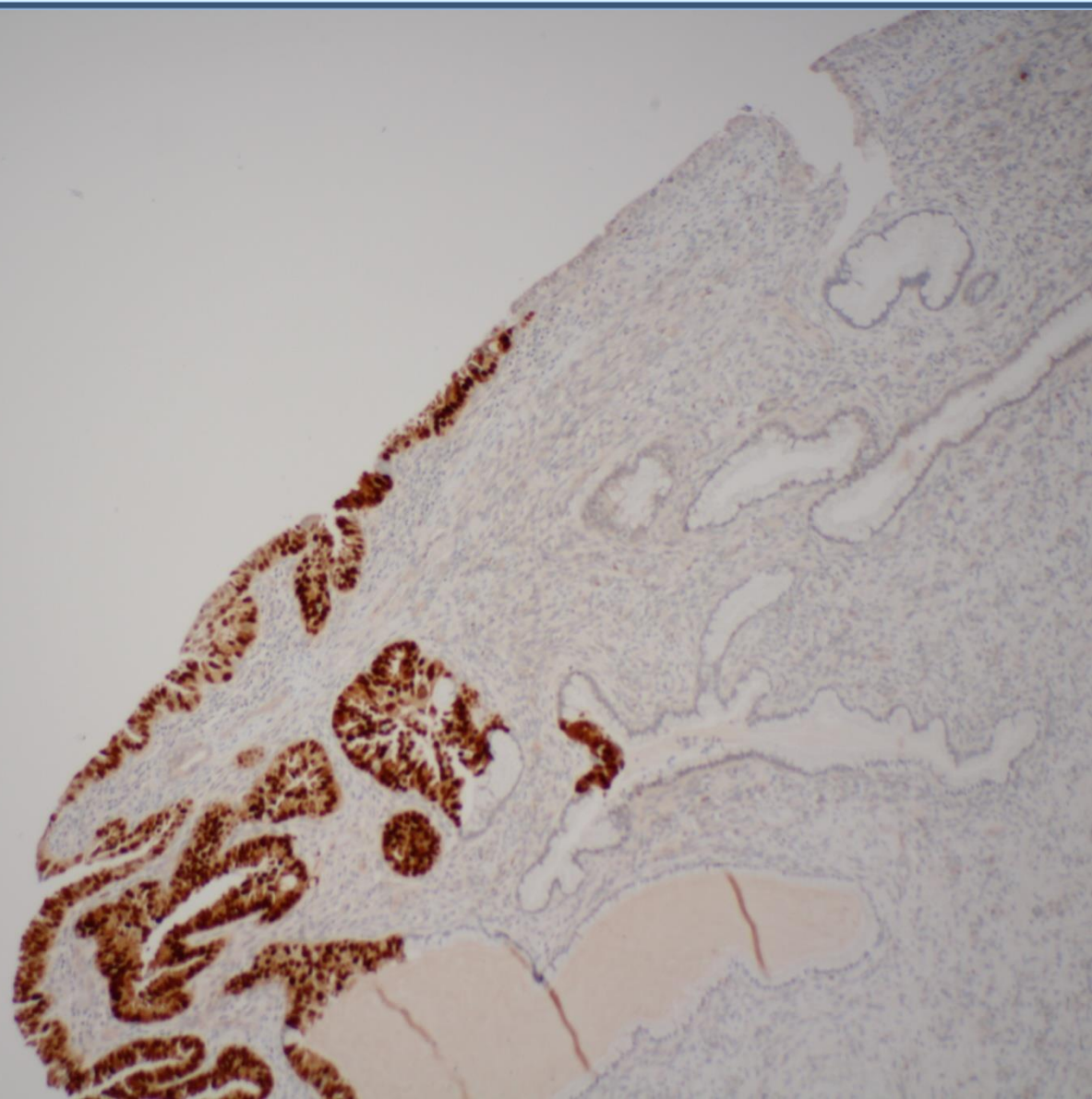


# USG pred hysterektómiou



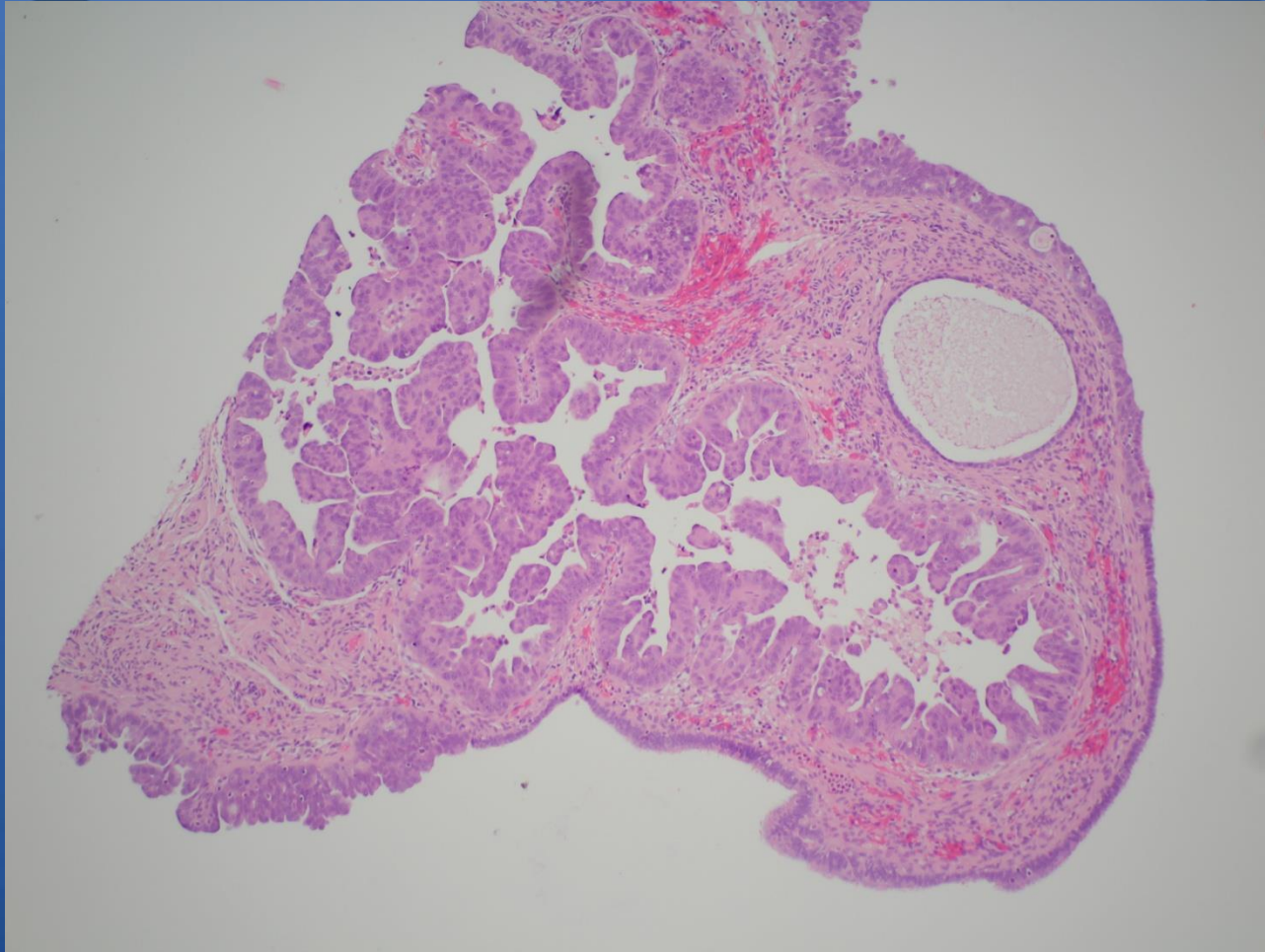


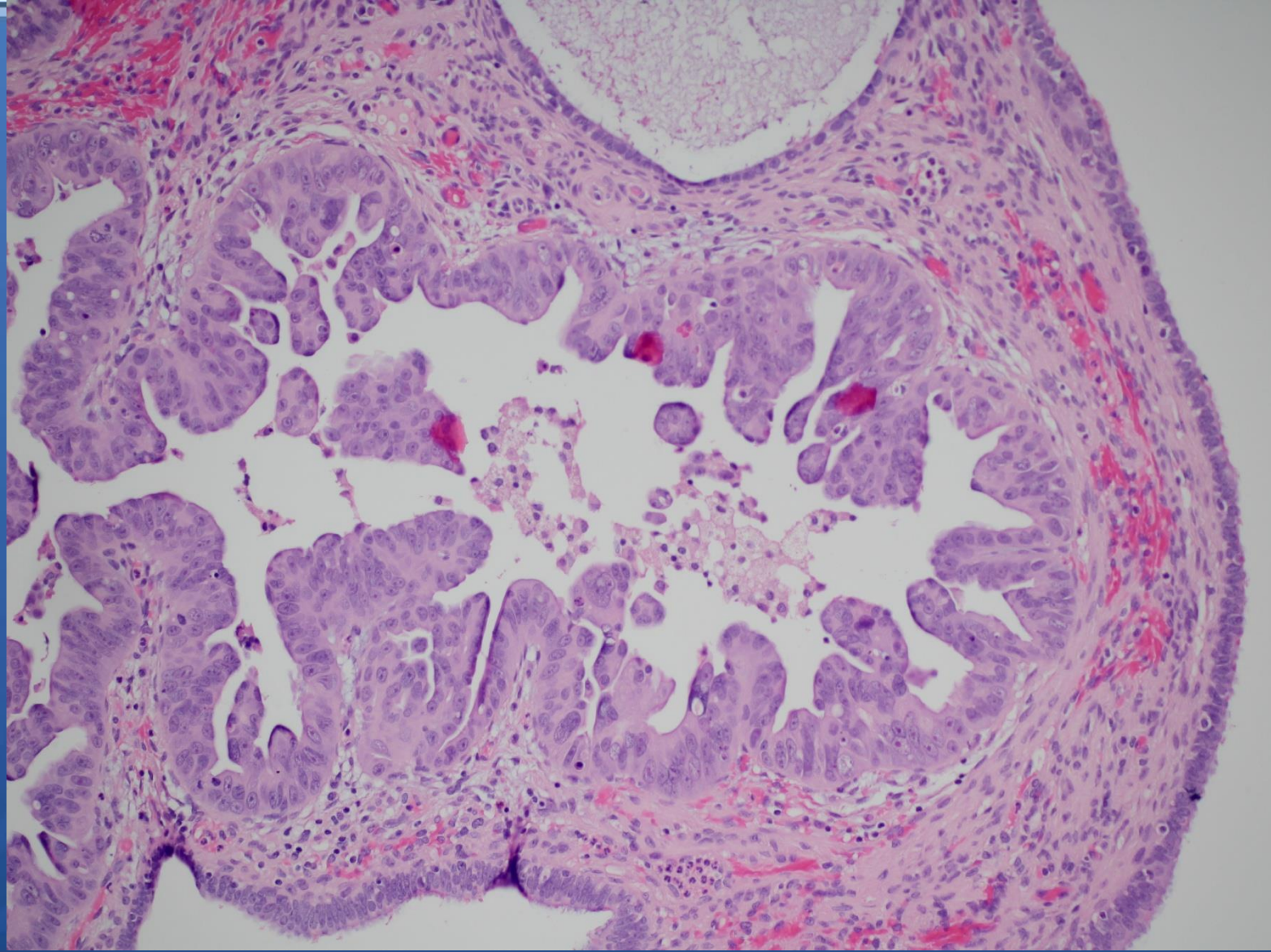
p53



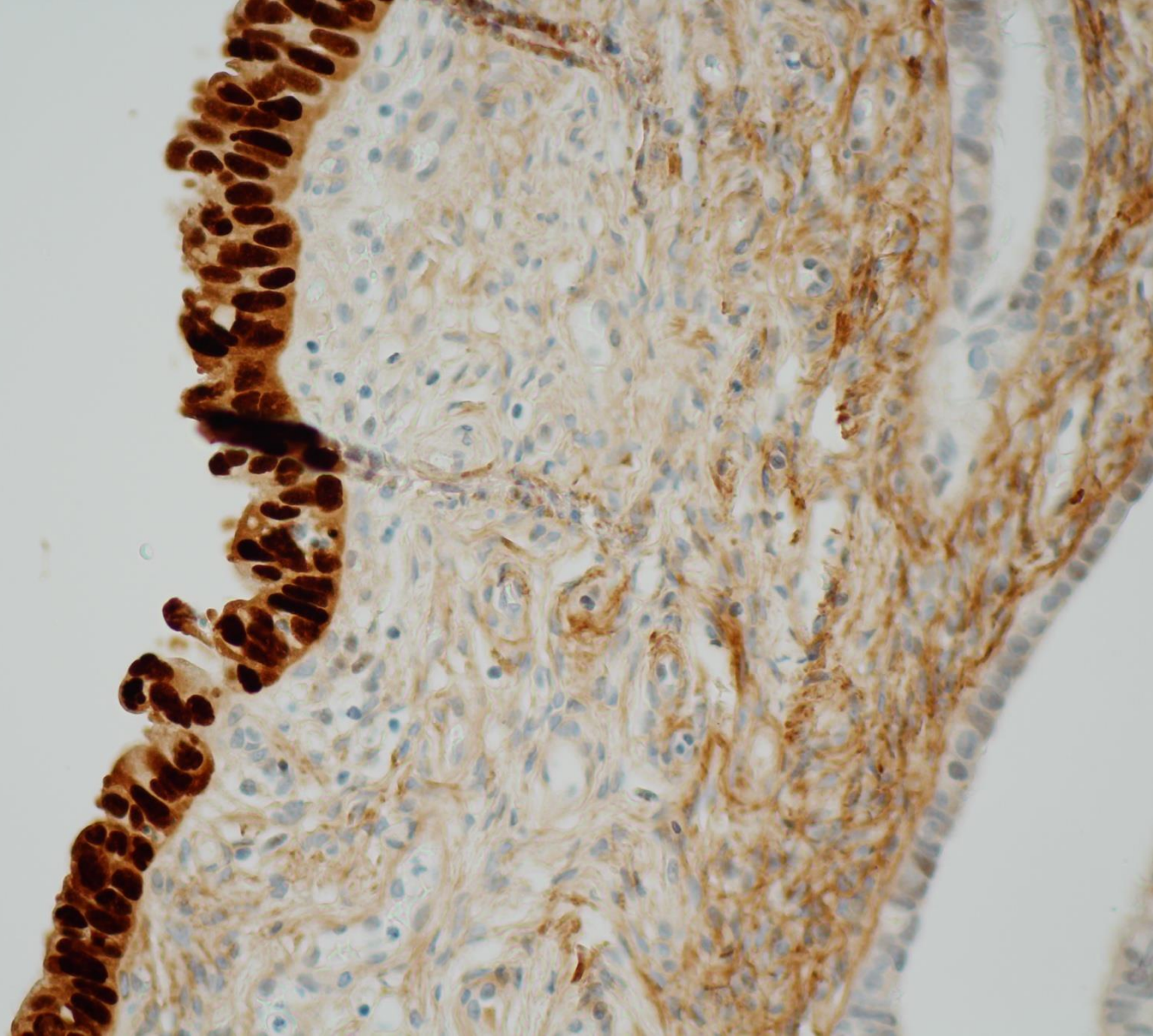
Origo ?

# Fimbrie tuby - STIC





P53



## Dodatočné klinické informácie

- Pacientka bola liečená pre „triple negatívny karcinóm prsníka.“



# Molekulová genetika

- **Na plzeňskom pracovisku:** HPV detekcia a typizácia 3 metódami, ktoré cielia na HPV gén L1, E6/E7 – **neprokazujeme prítomnosť DNA HPV.**
- **Na inom pracovisku:** v minulosti potvrdená zárodočná mutácia génu BRCA1/c.5266dupC/p.Gln1756Profs\*74 (431825413)

# Otázky na zamyslenie

- 1. **Primárny serózny karcinóm cervixu – existuje ?**
- 2. „SET“ varianty high grade serózneho karcinómu.
- 3. Diferenciálna diagnóza : Serous-like endocervikálny adenokarcinóm

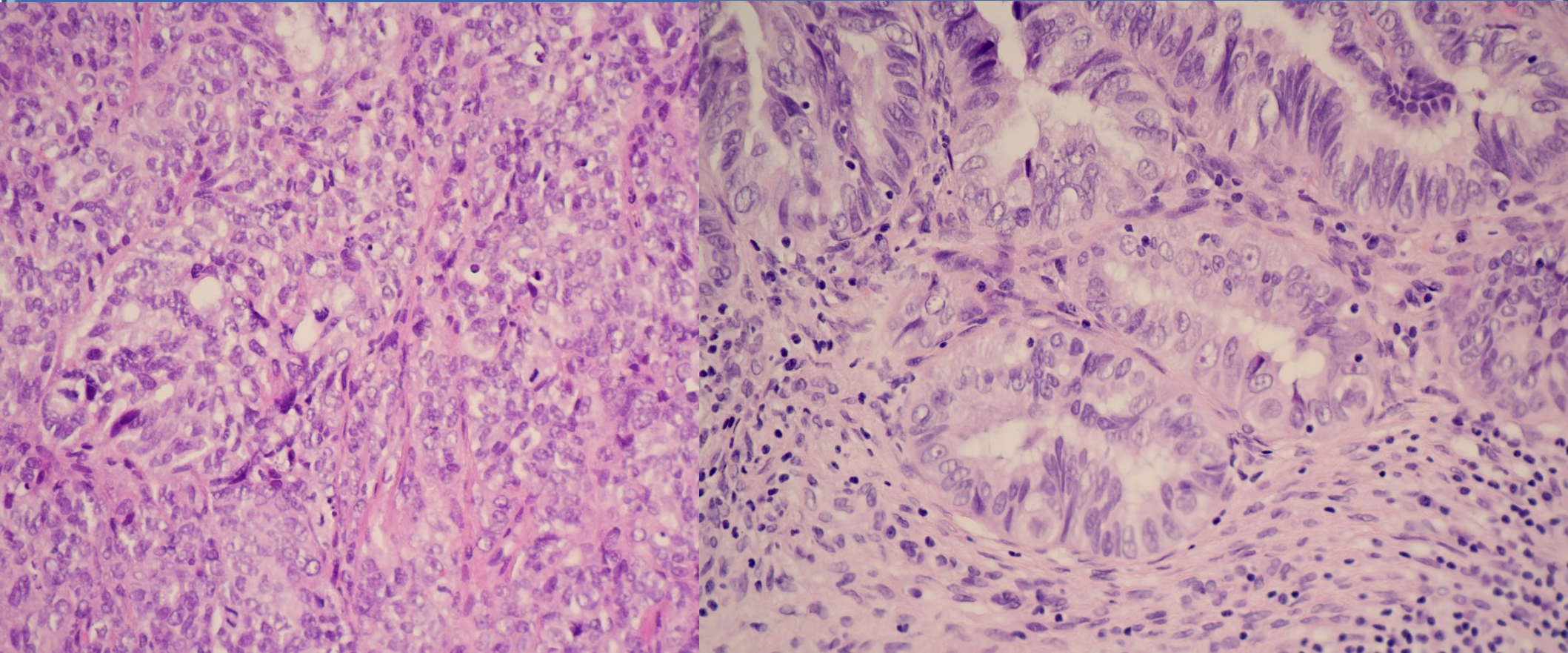
## 2. Primarita high-grade serózneho karcinómu v cervixe ? (Asi naozaj nie.)

- ... a je to aj skúsenosť K. Park - z tímu Stolnicu / Soslow (409 revidovaných prípadov EA) – osobný rozhovor USCAP, Marec, 2019)

# Otázky na zamyslenie

- 1. Primárny serózny karcinóm cervixu – existuje ?
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HG serózny karcinóm pattern  
SET (solid , endometrioid, transitional)



## Morphologic patterns associated with *BRCA1* and *BRCA2* genotype in ovarian carcinoma

Robert A Soslow<sup>1</sup>, Guangming Han<sup>2</sup>, Kay J Park<sup>1</sup>, Karuna Garg<sup>1</sup>, Narciso Olvera<sup>1</sup>, David R Spriggs<sup>3</sup>, Noah D Kauff<sup>3,4</sup> and Douglas A Levine<sup>5</sup>

<sup>1</sup>Department of Pathology, Memorial Sloan-Kettering Cancer Center, New York, NY, USA; <sup>2</sup>Department of Pathology and Laboratory Medicine, University of Calgary, Calgary, Alberta, Canada; <sup>3</sup>Gynecologic Medical Oncology Service, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY, USA; <sup>4</sup>Clinical Genetics Service, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY, USA and <sup>5</sup>Gynecology Service, Department of Surgery, Memorial Sloan-Kettering Cancer Center, New York, NY, USA

## Morphologic correlates of molecular alterations in extrauterine Müllerian carcinomas

Lauren L Ritterhouse<sup>1</sup>, Jonathan A Nowak<sup>1</sup>, Kyle C Strickland<sup>1</sup>, Elizabeth P Garcia<sup>2</sup>, Yonghui Jia<sup>2</sup>, Neal I Lindeman<sup>1,2</sup>, Laura E Macconnaill<sup>2</sup>, Panagiotis A Konstantinopoulos<sup>3</sup>, Ursula A Matulonis<sup>3</sup>, Joyce Liu<sup>3</sup>, Ross S Berkowitz<sup>4</sup>, Marisa R Nucci<sup>5</sup>, Christopher P Crum<sup>5</sup>, Lynette M Sholl<sup>1,2,6</sup> and Brooke E Howitt<sup>1,5,6</sup>

<sup>1</sup>Department of Pathology, Brigham and Women's Hospital, and Harvard Medical School, Boston, MA, USA; <sup>2</sup>Center for Advanced Molecular Diagnostics, Brigham and Women's Hospital, and Harvard Medical School, Boston, MA, USA; <sup>3</sup>Dana Farber Cancer Institute, Harvard Medical School, Boston, MA, USA; <sup>4</sup>Division of Gynecologic Oncology, Department of Obstetrics, Gynecology, and Reproductive Biology, Brigham and Women's Hospital, and Harvard Medical School, Boston, MA, USA and <sup>5</sup>Women's and Perinatal Pathology Division, Department of Pathology, Brigham and Women's Hospital, and Harvard Medical School, Boston, MA, USA

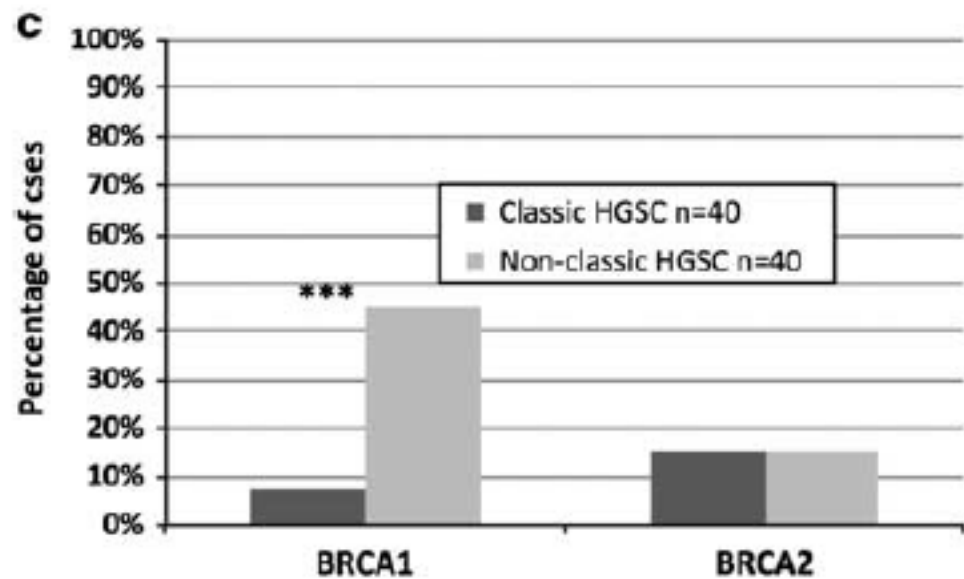
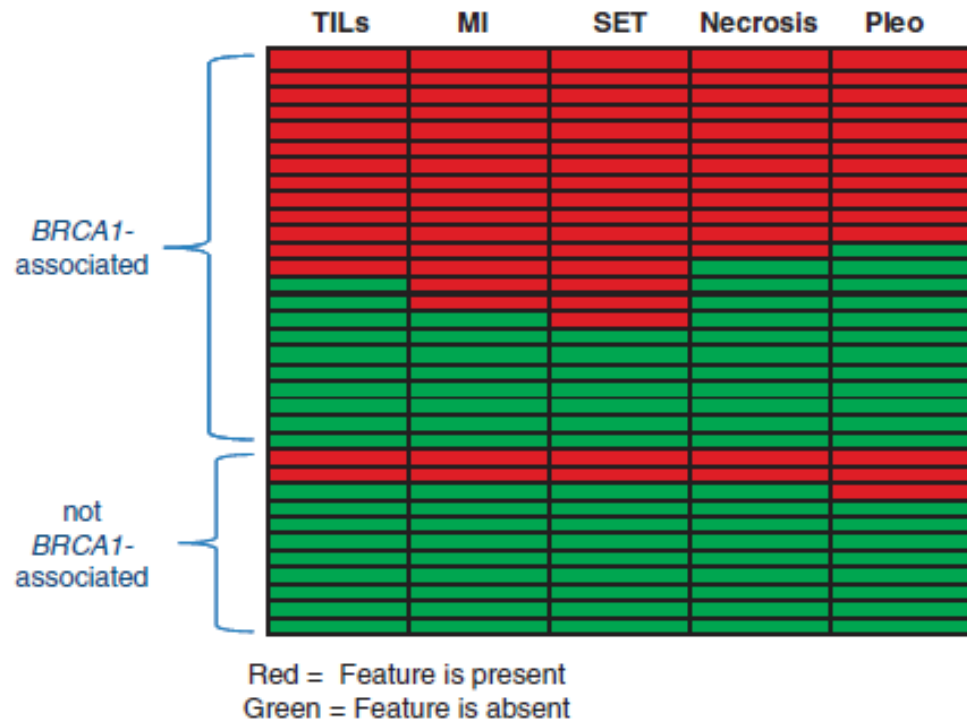


Figure 3 Frequency of DNA repair pathway mutations by morphology, including: (a) homologous recombination (HR),

# Terapia - olaparib

to high-grade serous carcinoma.<sup>6-9</sup> Homologous recombination-deficient high-grade serous carcinomas (including *BRCA1/2* mutations) depend on alternative, error-prone mechanisms for double-strand break repair, such as the Polθ/PARP1-mediated alternative end-joining pathway for DNA repair,<sup>10,11</sup> and subsequently have been shown to have increased sensitivity to platinum chemotherapy and to poly ADP-ribose polymerase inhibitors (PARPi), and improved overall survival.<sup>3,4,12-19</sup>

ay.<sup>10,11</sup> The reliance on alternative end-joining repair pathways subsequently renders homologous recombination-deficient tumors more sensitive to chemotherapy as well as to PARPi.<sup>3,4,12-19</sup> Only one PARPi has been FDA approved for the treatment of ovarian cancer, olaparib, and this is only in the setting of *BRCA* mutation and at least three prior lines of chemotherapy. Our findings further support the work of Pennington *et al*,<sup>21</sup> suggesting that a broader population of women with ovarian cancer may benefit from PARPi therapy.

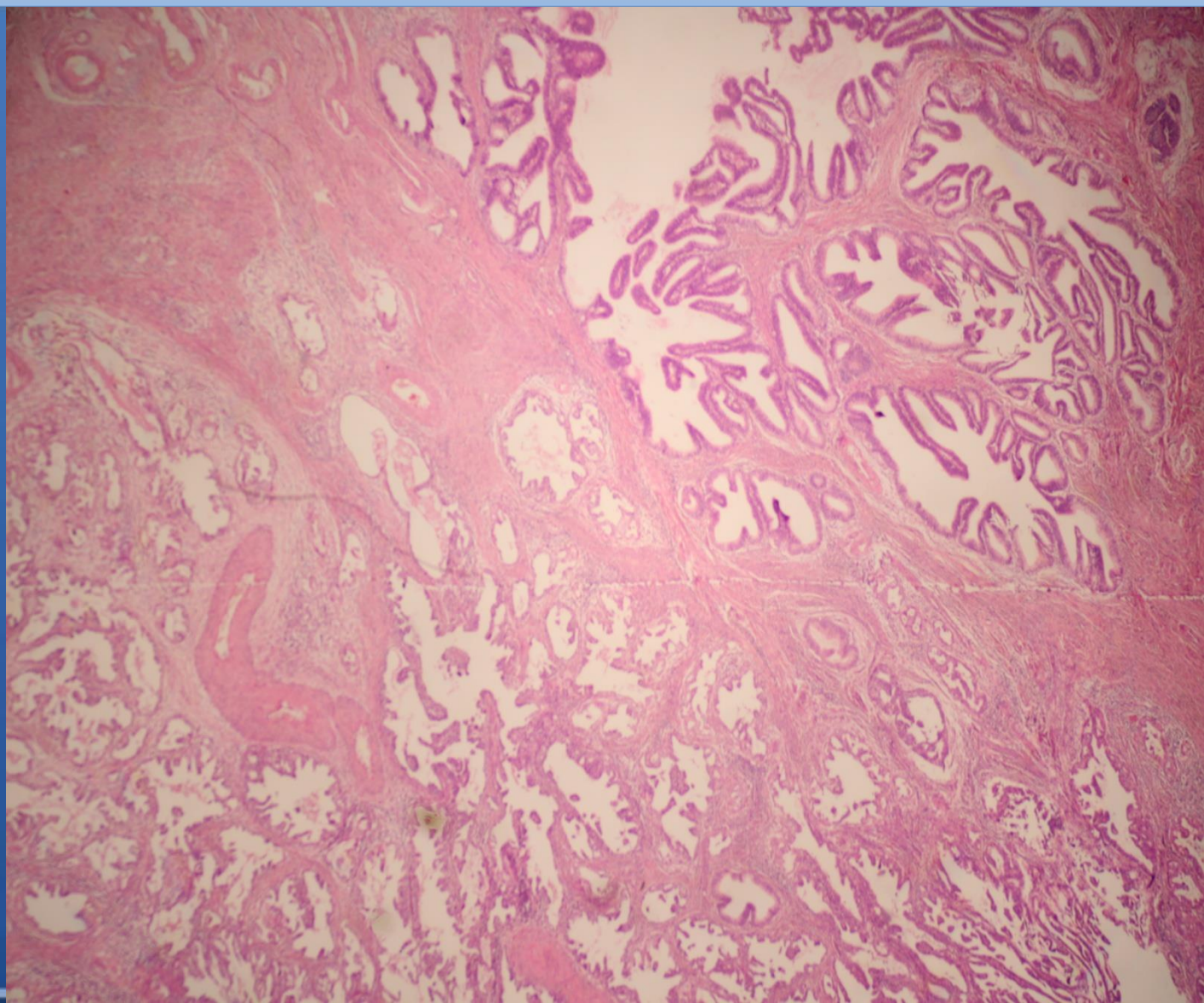


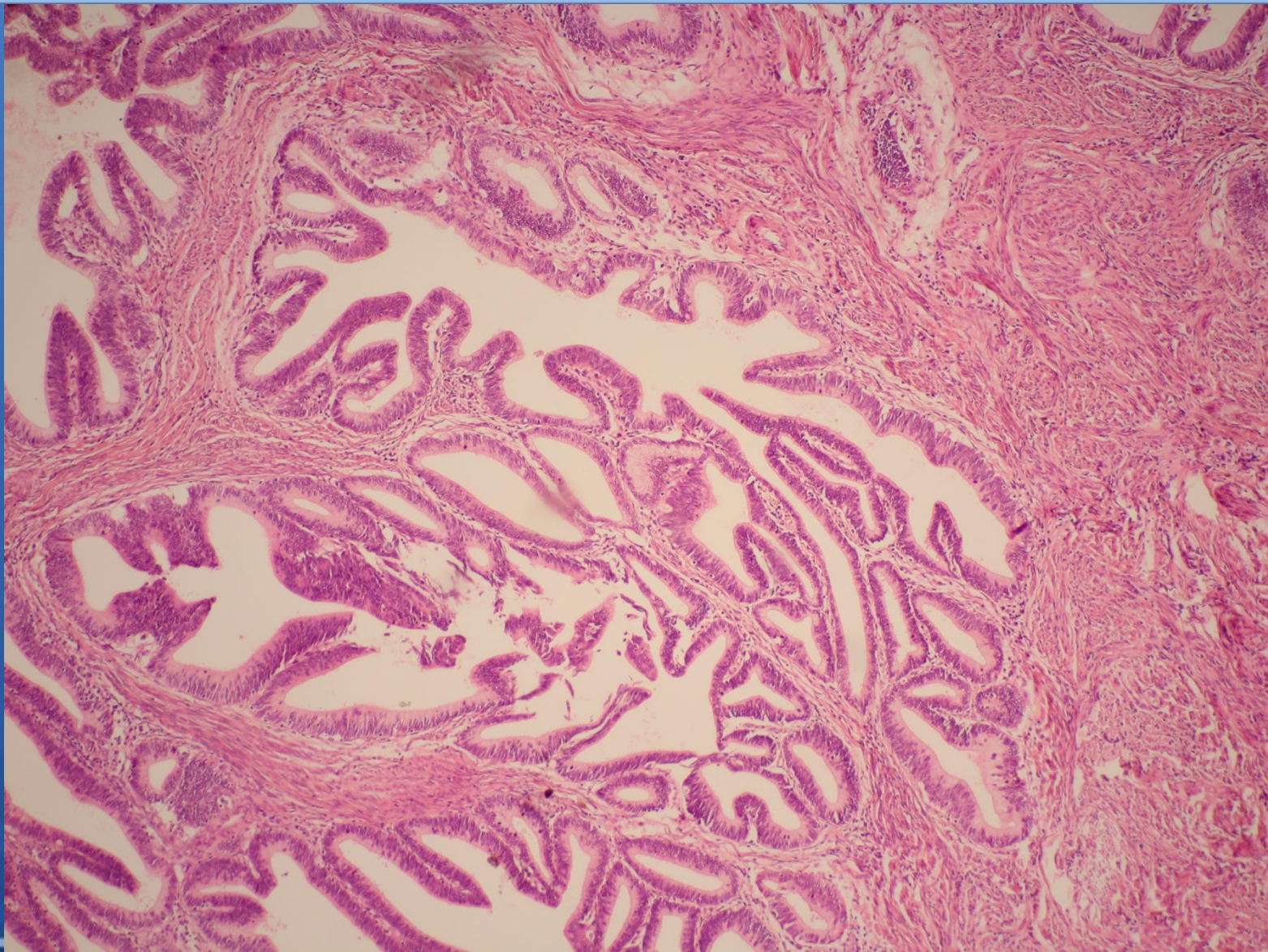
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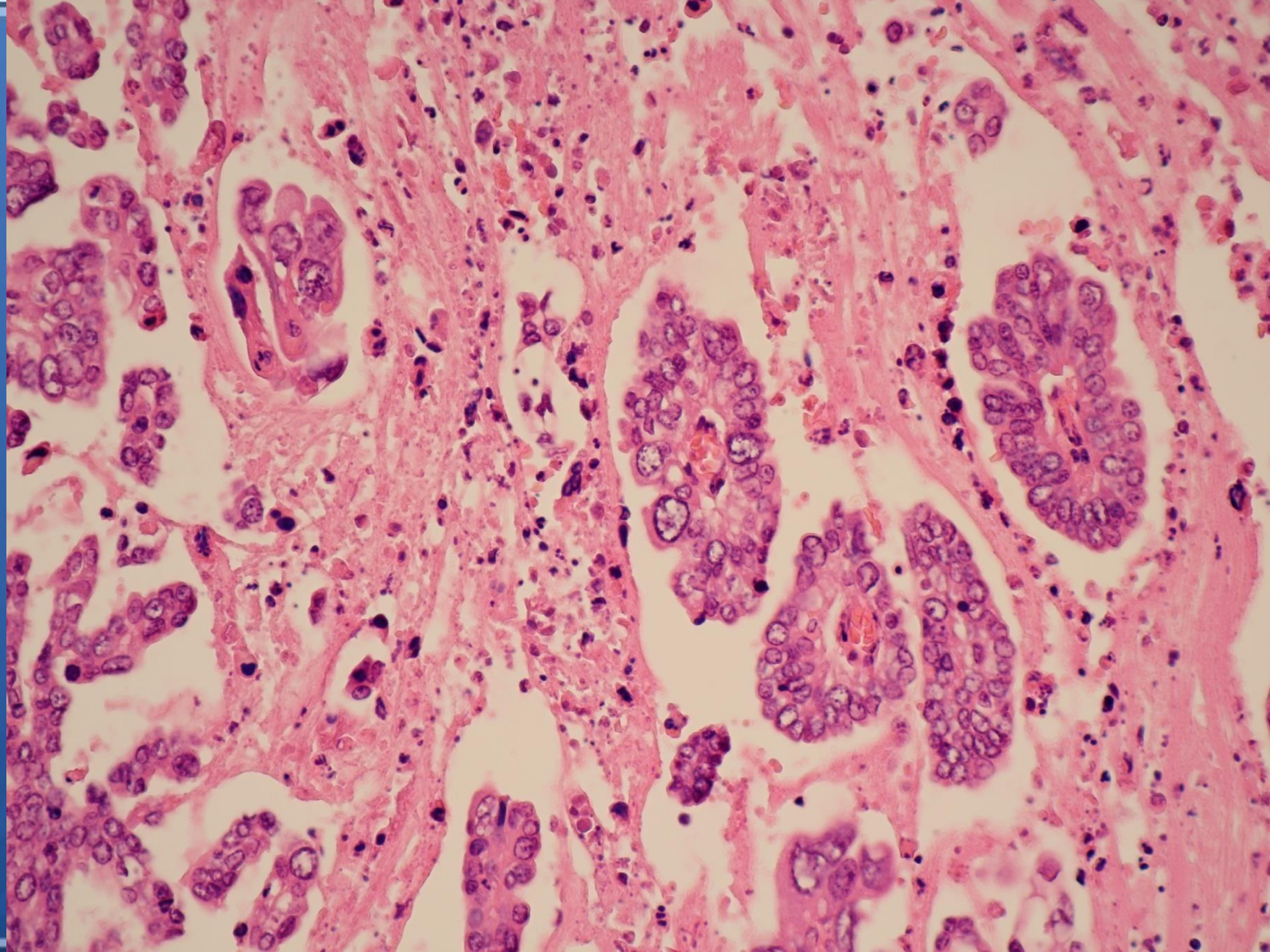
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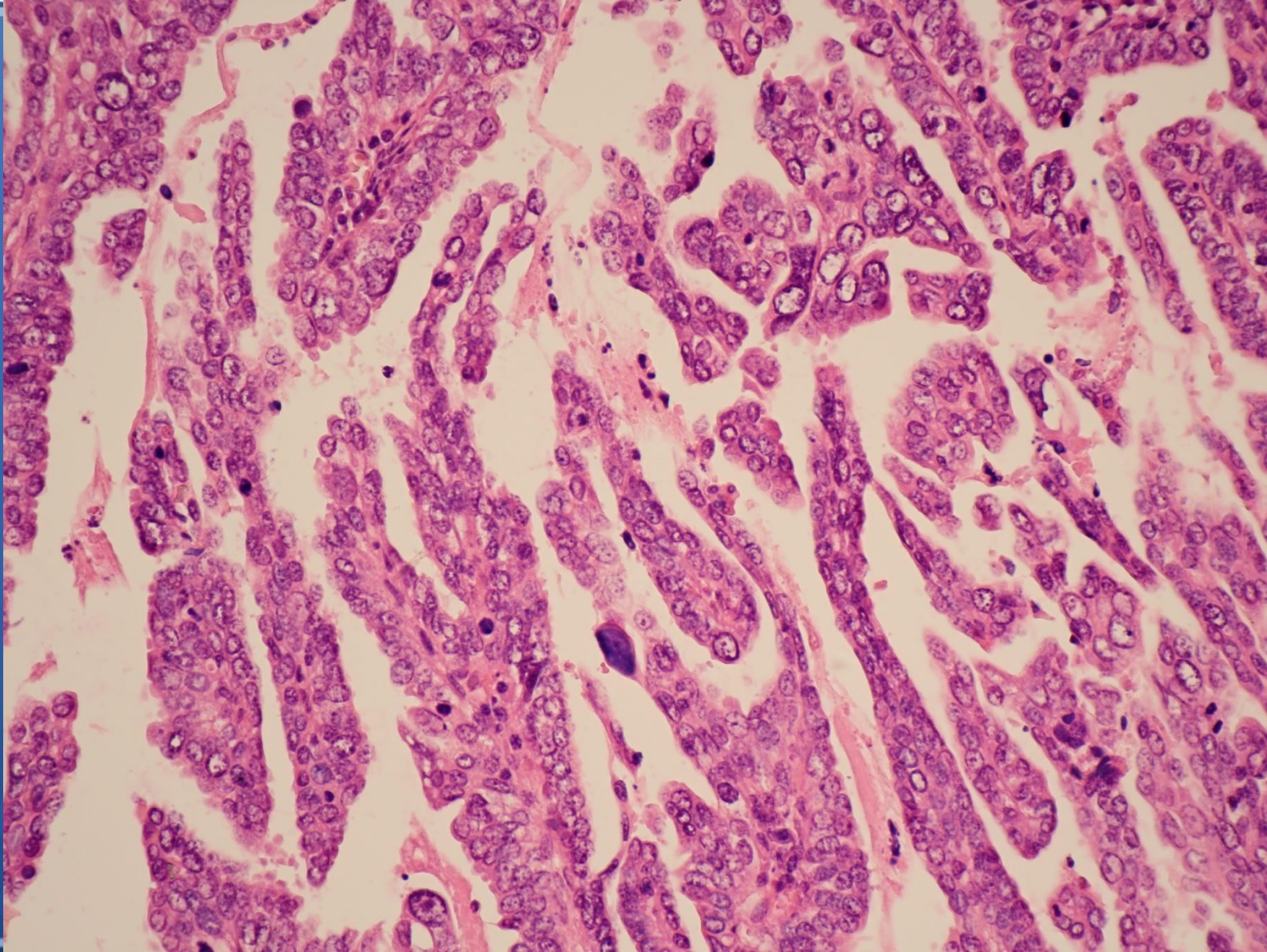
# Serous-like endocervikálny adenokarcinóm

HE – prechod do obvyklého EA



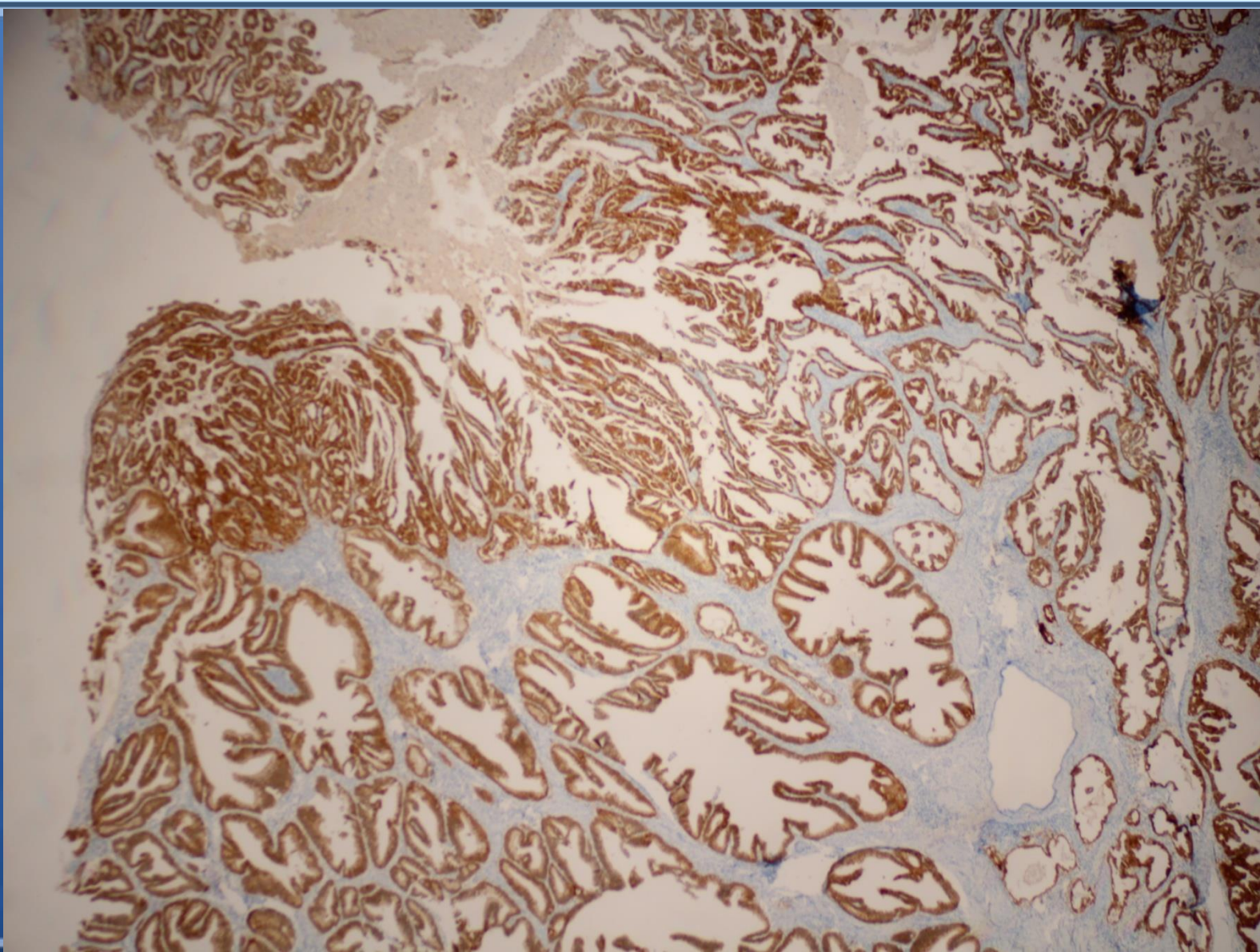


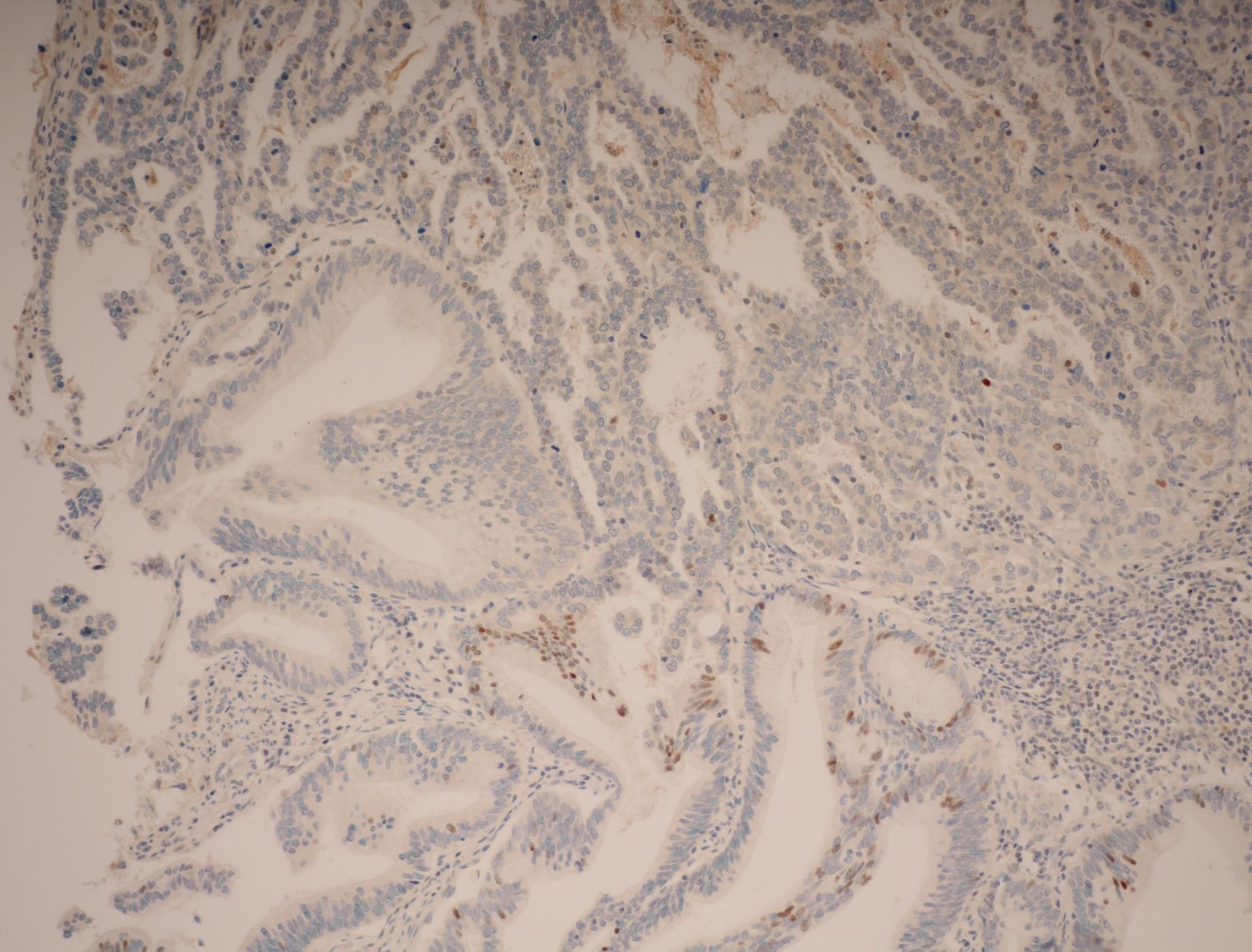


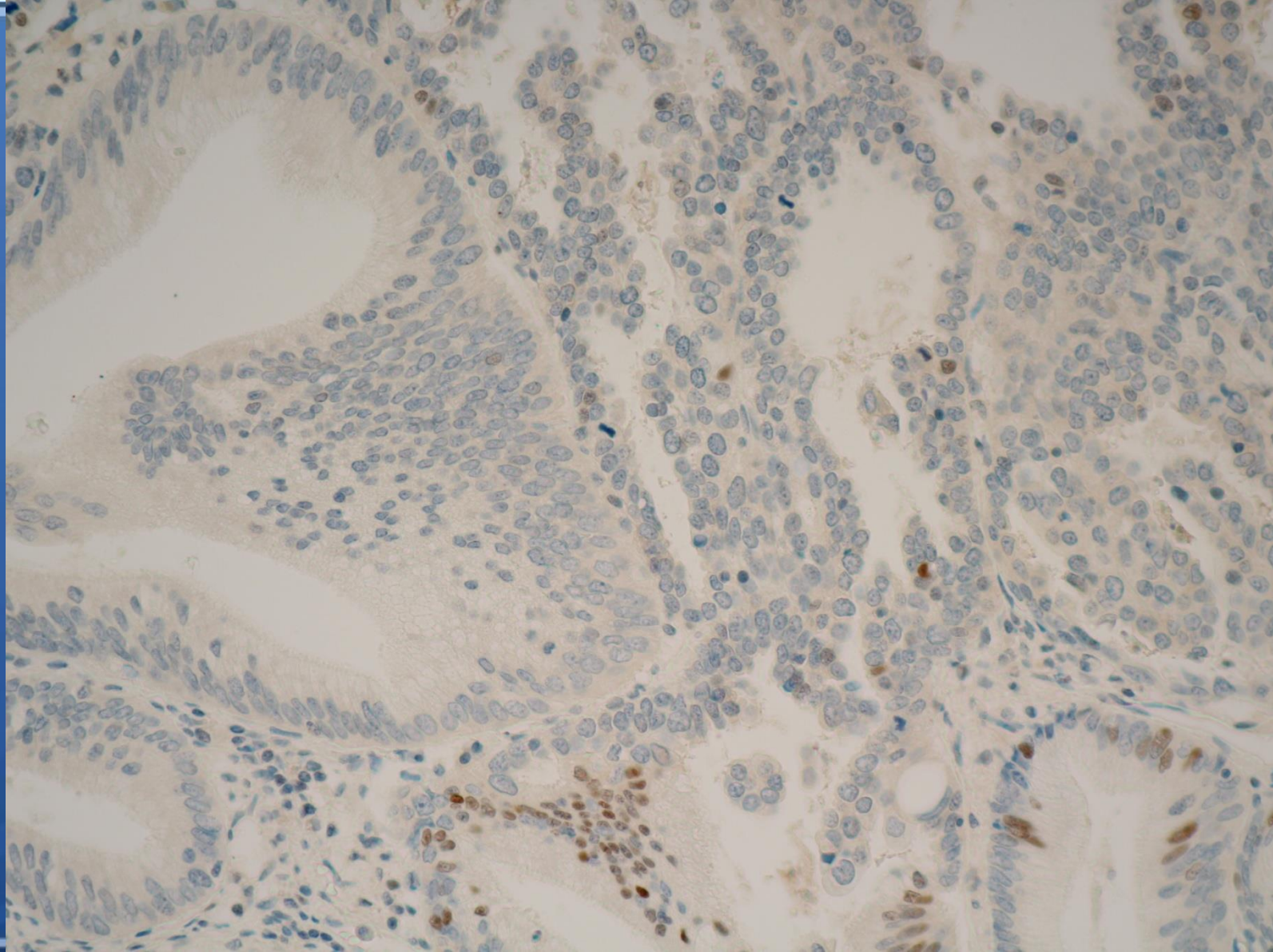


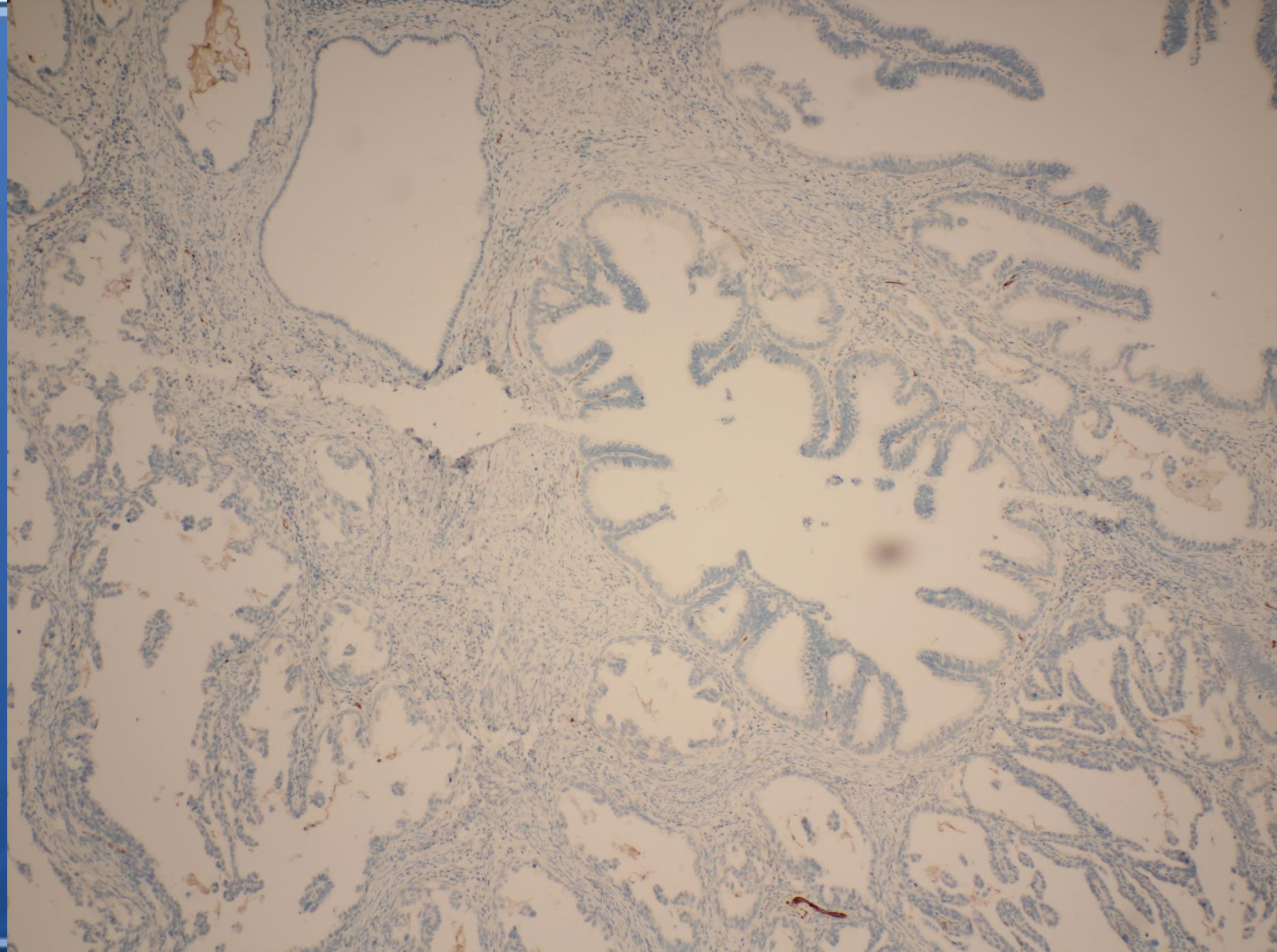
IHC p16, p53, WT1









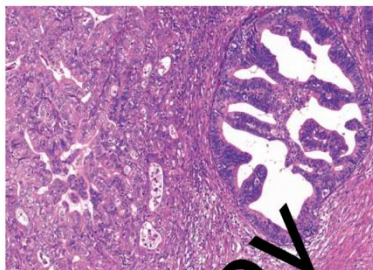


# Detekcia HPV – 18, 45

## On Histologic Variability of HPV-associated Endocervical Adenocarcinomas

### To The Editor:

We read with great interest the article by Hodgson et al<sup>1</sup> on the newly proposed classification system for endocervical adenocarcinomas (EA)—the International Endocervical Adenocarcinoma Criteria and Classification (IECC). The authors stated that observation was based on various excisional material (loop excision, cone biopsy, trachelectomy, or hysterectomy) in 63% of cases



**FIGURE 1.** Endocervical adenocarcinoma presenting both usual subtype on the right side and a peculiar eosinophilic mucinous subtype on the left side, probably falling into mucinous not otherwise specified category according to the WHO 2014 Classification (hematoxylin-eosin).

**TABLE 1.** Characteristics of 39 Cases With 2 Clearly Discernible WHO 2014 Histologic Subtypes of Endocervical Adenocarcinoma

EA Subtype Combination	No. Cases
Usual—villoglandular	13
Usual—endometrioid	7
Usual—mucinous NOS	6
Mucinous NOS—intestinal	7
Usual—gastric-like	1*
Usual—serous-like	2†
Mucinous NOS—gastric-like	1‡
Mucinous NOS—villoglandular	1
Usual—neuroendocrine	1§

\*Case associated with HPV 18.

†Each case was associated with HPV 45 or 18.

‡Case associated with HPV 18 and HPV 45 coinfection.

§Case associated with HPV 16.

NOS indicates not otherwise specified.

## Serózny vs serous-like karcinóm krčka maternice - závery

- HE – hodnotenie okraja nádoru (zóny prechodu do obvyklého EA)

## Serózny vs serous-like karcinóm krčka maternice - závery

- IHC p16 pozitivita – obozretná interpretácia u solídne rastúcich karcinómov cervixu.
- Doplnenie hodnotenia expresie p53, WT1.

## Serózný vs serous-like karcinóm krčka maternice - závery

- Použitie metód molekulovej genetiky: HPV - .



## Serózny vs serous-like karcinóm krčka maternice - závery

- Primárny serózny karcinóm cervixu je sporná jednotka a zdá sa, že naozaj neexistuje.

# Závery

- HE – hodnotenie okraja nádoru (zóny prechodu do obvyklého EA)
- IHC p16 pozitivita – obozretná interpretácia u solídne rastúcich karcinómov cervixu.
- V sporných prípadoch s doplnením hodnotenia expresie p53, WT1.
- Použitie metód molekulovej genetiky: HPV - .
- Primárny serózny karcinóm cervixu je sporná jednotka a zdá sa, že naozaj neexistuje.

Ďakujem za pozornosť



Zatmenie mesiaca, 21.1. 2019 a Slanský hrad., (S.Odziomek)

# IECC (HPVA - NHPVA)

Stolnicu S, Barsan I, Hoang L, Patel P, Terinte C, Pesci A, Aviel-Ronen S, Kiyokawa T, Alvarado-Cabrero I, Pike MC, Oliva E, Park KJ, Soslow RA.

International Endocervical Adenocarcinoma Criteria and Classification (IECC): A New Pathogenetic Classification for Invasive Adenocarcinomas of the Endocervix.

Am J Surg Pathol. 2018 Feb;42(2):214-226. doi: 10.1097/PAS.0000000000000986.