Welcome from Dr. Thomas Montine, MD, PhD, Chair of The Stanford University Department of Pathology

I’d like to introduce you to our first issue of the Stanford Pathology Department’s alumni newsletter. For decades, our department has trained world leaders in diagnostic pathology, but many of the names and faces have changed over the years and it has become increasingly difficult to keep track of all the transformations. In an effort to develop and foster a more cohesive alumni network, we are embarking on a new digital newsletter to be issued quarterly to all alumni, current faculty and trainees. The goal of this enterprise is first and foremost to support and nourish our rapidly growing family of pathology alumni but also to provide information useful for practicing pathologists; strengthen specific ties between graduating alumni and practicing pathologists; disseminate information regarding new developments and tests offered by our consultation services; and foster research collaborations. It is anticipated that our alumni network will also serve as a resource for other unified activities in the future.

Additionally, I’d like to invite you all to The Annual Stanford University Reception at the 2017 USCAP Meeting in San Antonio, TX for an evening of cocktails and Hors d’oeuvres on Sunday, March 5, 2017, from 5:30 to 7:30pm.

Thank you,
Thomas Montine

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AP Case

A 39-year-old woman with a 3 cm vulvar cyst

**Figure:** There is a prominent vascular component, composed of medium-sized hyalinized vessels, in a background of uniformly distributed bland spindle cells and wispy collagen. Differential diagnosis: Aggressive angiomyxoma, angiomyoﬁbroblastoma, ﬁbroepithelial stromal polyp.

**FINAL DIAGNOSIS:** Cellular angiofibroma

**AP Critical Tip:** When considering a lesion of the specialized genitalmesenchyme, the differential should include the entities listed above. Aggressive angiomyxoma is deep seated, large (usually >5 cm), shows large thick-walled vessels, and tends to be more hypocellular and myxoid than the current lesion, although hypocellular variants of cellular angiofibroma do exist. Angiomyoﬁbroblastoma is characterized alternating areas of hypo- and hyper-cellularity, and show numerous dilated thin walled vessels surrounded by round/plasmacytoid cells. Aggressive angiomyoma and angiomyoﬁbroblastoma are usually desmin positive, while cellular angiofibroma is typically desmin negative/weak. Fibroepithelial stromal polyps tend to be exophytic, located just under the epithelium, and can show atypical stromal cells.

(Contributors: Jenny Hoffmann, Teri Longacre)
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CP Case

A 45-year-old had an inguinal biopsy to evaluate a 1.5 cm lymph node, stable in size for the past two years. T-cell clonality studies were positive for a T-cell clone by gamma and beta TCR studies; B-cell clonality studies were negative. Flow cytometry was negative for abnormalities.

Figure: Several large follicles are seen which have tingible body macrophages and appear polarized with well defined mantle zones. Though large in size, they appear normal in morphology. Differential Diagnosis: T-cell lymphoma, atypical T-cell infiltrate, reactive follicular hyperplasia.

FINAL DIAGNOSIS: Reactive follicular hyperplasia with a T-cell clone

CP Critical Tip: Depending on the tissue site, size of biopsy, and other clinical features, positive T-cell clones can be detected in upwards of ~20% of reactive tissues. Conversely, upwards of ~20% of T-cell lymphomas may be negative for a T-cell clone. The sensitivity and specificity of a T-cell clone for malignancy is not particularly high. T-cell clonality studies must be interpreted cautiously and with expert evaluation. T-cell clones should not be thought of as equivalent to lymphoma.

(Contributors: Jenny Hoffmann, Jim Zehnder & Bob Ohgami)
Alumni, Trainee, & Faculty Developments

Alumni

Ankur Sangoi, MD (2009) After completing AP/CP training with GU subspecialty emphasis in 2009, Ankur Sangoi joined El Camino Pathology Medical Group in Mountain View, CA. He still enjoys research and somehow manages to find time not only to publish, but also on occasion give teaching sessions to Stanford residents and fellows all while signing out a busy workload at El Camino Hospital. Since 2011 he has also served as Registrar of SouthBay Pathology Society. Away from work, he has been enjoying running and spending time with wife and 2 sons (6 and 5 years old).

Roger Warnke, MD (1976) Roger has been enjoying spending time with his children and grandchildren when not on service and/or teaching hematopathology to Stanford’s next generation of pathologists. To further that enterprise, Roger has been annotating a digital compendium of Warnke hematopathology consultation cases for future trainees. Roger recently returned from Africa where he was on safari with his wife and friends.

Trainees

Azadeh Aghel, MD is completing her fellowship in our ACGME accredited Gastrointestinal Pathology Fellowship and will be taking a position at California Pacific Pathology Medical Group in September 2017. She previously completed the ACGME accredited fellowship in Cytopathology at Stanford. Azadeh received her residency training in AP/CP at UC San Diego. She and her husband live in Burlingame with their 4 year old son.

Bart Singer, MD is the first ACGME accredited Breast Pathology Fellow from Stanford Pathology. He received his residency training in AP/CP at UNC Chapel Hill, and is currently exploring various job opportunities in California. Bart and his wife just had their first child in December.

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Brittany Holmes, MD (Cytopathology, Head & Neck Pathology) joined the Department in July 2015. She completed residency at Johns Hopkins School of Medicine and fellowship at Massachusetts General Hospital. Brittany is a Clinical Assistant Professor with expertise in cytology, including performing ultrasound-guided fine needle aspirations, as well as in head and neck pathology.

Chia-Sui (Sunny) Kao, MD (Genitourinary Pathology) also joined the Department in July 2015. She completed residency at Indiana University School of Medicine and fellowship at Massachusetts General Hospital. Sunny developed her expertise in GU pathology under the guidance of Drs. Grignon, Ulbright, and Young. She has a particular interest in germ cell tumors.

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Pathology Update: State-of-the-Art Diagnostic Approaches to Surgical Pathology, American Society for Clinical Pathology, Las Vegas, Nevada, July 24-28, 2017

California Society of Pathologists Annual Meeting, San Francisco, California, November 28th - December 2nd, 2017

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The second orderable is a repackaging of HER2 analysis reflecting the recent new CAP/ASCP/ASCO guidelines* for HER2 amplification analysis of gastrointestinal tumors. [HER2 testing and clinical decision making in gastroesophageal adenocarcinoma: Guideline from the College of American Pathologists, American Society for Clinical Pathology, and the American Society of Clinical Oncology. (Bartley AN, et al. Arch Pathol Lab Med. 2016;140:1345–1363)]

News and Job postings

Any suggestions, news items, job postings, or other possible newsworthy bits are welcome and should be directed to one or both of the faculty editors (see below). Also, please contact us if you wish to be removed from the list or better yet, if you know of an alumnus who would like to be added to the list (with the appropriate contact info).

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