



From the Chair

Welcome to our new residents and fellows

Dear alumni, trainees and faculty,

Please join me in welcoming our new residents and fellows. As in past years we have captured the moment with a series of departmental photos in the Lane Courtyard. Since the earliest days of Ronald Dorfman and Richard Kempson, our program has grown from a handful of residents and fellows, to 38 residents and 31 fellows. This exceptional growth has not come without its challenges, from complex logistics of clinical rotations and funding shortages, to struggles with sub-specialization and space. Truly in the Stanford way, we have met these challenges head-on, with optimism and ingenuity, adapting and growing, all while continuing to train the finest leaders in Pathology. I could not be more proud of our Department. As we head into this new academic year we will continue to invite you to join us on this wonderful journey together.



Sincerely,

Tom Montine, MD, PhD,
Chair, Stanford University Department of Pathology

New Residents & Fellows



All Residents & Fellows



The Department of Pathology



In this issue

Critical Tips and Diagnoses (CRITDers)

AP Case

[63-year-old male with a left renal mass ...](#)

CP Case

[8-year-old female with anemia, fever, splenomegaly, and elevated ferritin ...](#)

Alumni, Trainee, & Faculty Developments

Alumni

[Jeffrey Goates, MD, after his residency and fellowship at ...](#)

[Cain McClary, MD moved to the Bay Area in 2012 to train in anatomic pathology at Stanford, all while ...](#)

Trainees

[Keegan Barry-Holson, MD completed AP/CP training at Stanford in June and is ...](#)

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In Memoriam

[Robert V. Rouse ...](#)

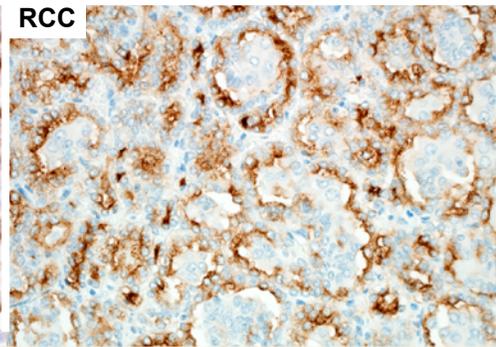
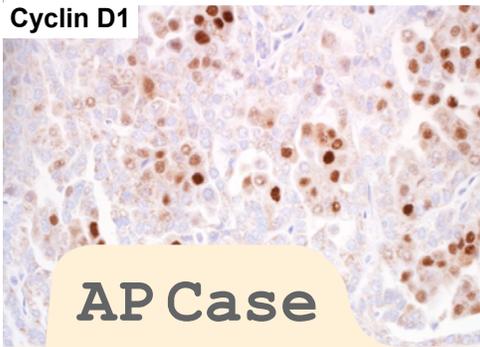
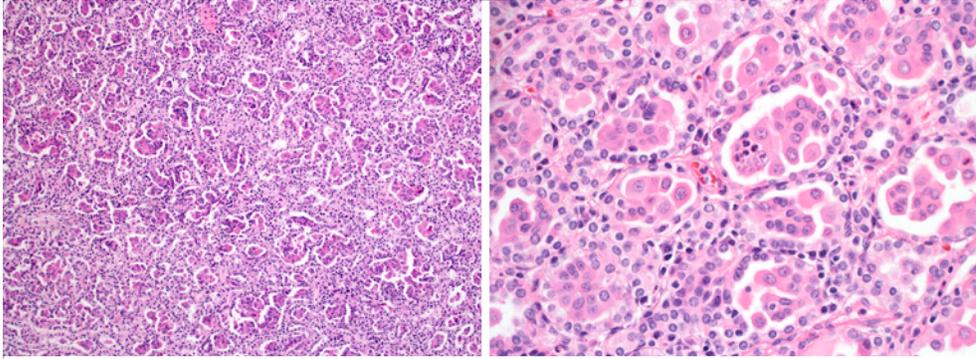
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Critical Tips and Diagnoses (CRITDers)



AP Case

63-year-old male with a left renal mass.

Differential Diagnosis: Papillary renal cell carcinoma, clear cell renal cell carcinoma, chromophobe renal cell carcinoma, biphasic-squamoid-alveolar renal cell carcinoma, urothelial carcinoma.

Final Diagnosis: Biphasic squamoid alveolar renal cell carcinoma (BSA-RCC)

The hallmark feature of BSA-RCC is a dual cell population and distinctive architectural pattern. One cell population consists of relatively large cells containing abundant dense eosinophilic “squamoid” cytoplasm with large nuclei and prominent nucleoli that form central solid glomeruloid-like structures. Emperipolesis may also be seen within these cells. The other cell population consists of smaller cells with low-grade nuclei that line the vascular structures surrounding the squamoid nests, imparting an alveolar architecture. Immunohistochemical staining for cyclin D1 demonstrates expression only within the squamoid cells. In contrast, RCC staining is limited to the smaller cells lining the alveolar spaces. Both cell populations stain for CK7, AMACR (racemase), PAX8, EMA, and vimentin; they are essentially negative for p63 and CK5/6.

AP Critical Tip: A recent study examined 21 of these tumors, and all demonstrated the same biphasic architecture and cytology as well as emperipolesis (see reference). The majority of these tumors were low stage and indolent; however, 24% (5/21) had metastatic disease. 11/11 tumors that had FISH testing performed demonstrated gains in chromosomes 7 and 17, and 10/21 of the tumors had areas of classic type 1 papillary RCC, suggesting that BSA-RCC may be a morphologic variant of papillary RCC.

References: Hes O, Condom Mundo E, Peckova K, et al. Biphasic squamoid alveolar renal cell carcinoma. A distinctive subtype of papillary renal cell carcinoma? Am J Surg Pathol 2016;40:664–675.

(Contributors: David Levy, Megan Troxell, Sunny Kao and John Higgins)

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CP Case

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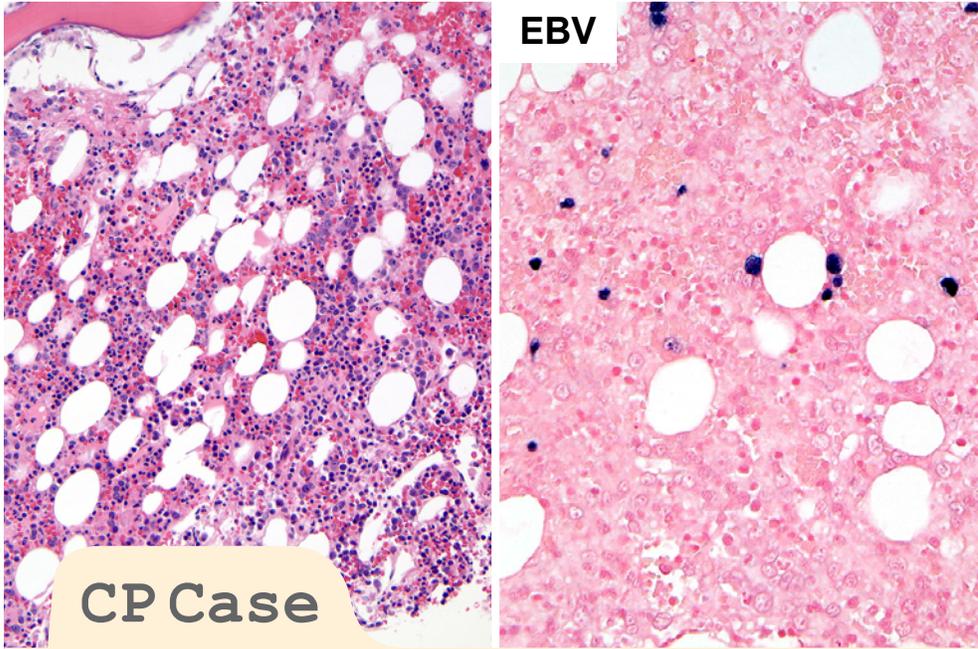
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Critical Tips and Diagnoses (CRITDers) continued



8-year-old female with anemia, fever, splenomegaly, and elevated ferritin.

Differential Diagnosis: Myelodysplastic syndrome, T-cell lymphoma, hemophagocytic lymphohistiocytosis (HLH), chronic myelomonocytic leukemia.

Final Diagnosis: Hemophagocytic lymphohistiocytosis in the setting of EBV infection.

CP Critical Tip: Hemophagocytic lymphohistiocytosis (HLH) is a rare life-threatening syndrome that occurs secondary to severe systemic immune activation. Cytotoxic T-cell proliferation leads to increased cytokine production and activation of tissue resident macrophages with multi-system end organ damage caused by massive inflammation. HLH affects patients of all ages and occurs as an inherited genetic disease, or secondarily in the setting of predisposing conditions, frequently viral (EBV) that alter the normal immune response. HLH presents abruptly over a period of several days to weeks with a consistent pattern of fever, pancytopenia, and splenomegaly. The most widely used diagnostic criteria for HLH were developed for inclusion in the HLH-2004 trial which requires genetic evidence of a mutation associated with HLH, or fulfillment of 5 of 8 clinical criteria including fever, splenomegaly, bicytopenia, hypertriglyceridemia or hypofibrinogenemia, evidence of hemophagocytosis in bone marrow or other tissues, low or absent NK-cell activity, elevated ferritin, and elevated soluble IL-2 receptor. Pathologists play a critical role in the diagnostic work-up of patients suspected of having HLH. The presence of multiple nucleated cells within a single hemophagocyte is a specific indicator of HLH.

References: Gars E, Purington N, Scott G, et al. Bone marrow histomorphologic criteria can accurately diagnose hemophagocytic lymphohistiocytosis. *Haematologica*. 2018 Jun 14. pii: haematol.2017.186627.

(Contributors: Eric Gars and Bob Ohgami)

Volume 2
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In Memoriam

[Robert V. Rouse ...](#)

Notable Pathology Events Featuring Stanford Pathologists

[Third Cancer Biomarker Conference USCAP Interactive Learning Center](#)

Stay Connected



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Alumni



Jeffrey Goates, MD (1993)

After residency and fellowship at Stanford, Jeff joined the faculty at UCSF for two years before heading to Denver, Colorado join Colorado Pathology Consultants (Ameripath Denver) where he has served in major leadership roles from Director of Surgical Pathology to Department Chair to President of the Medical Staff.

Realizing his roots in signing out diagnostic pathology, Jeff has returned to those roots with less administrative responsibility. For more than 20 years Jeff has been enjoying the wonderful outdoors (hiking, biking, running, swimming) and on the weekends plays guitar and banjo in two bands: Rowdy Country Combo and Grey Madderz. Jeff recently ran a 200 mile relay race with 6 other pathologists from Fort Collins to Steamboat Springs (Wild West Relay).



Cain McClary, MD (2015)

Cain moved to the Bay Area in 2012 to train in anatomic pathology at Stanford, all while pursuing research to understand the genetic origins of ameloblastoma, and hustling in the world of venture capital on Sand Hill Road; today he sits on the advisory boards of several large venture firms. In 2016, after joining a health technology startup company, he and his wife, Ashley moved to Asheville, NC. Ashley currently leads all outpatient

pediatrics and quality for Mission Health System. More recently, Cain started his own VC firm, KdT Ventures, focused at the intersection of computation and biology. In his spare time, he stays active in the mountains, running, mountain biking, and fly fishing. Cain is still active in USCAP on the endowment committee and cherishes seeing Stanford colleagues at least once a year. Cain is thankful for his training at Stanford and the faculty that “took a bet on my non-traditional career path while putting up with my varied interests.”



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Notable Pathology Events Featuring Stanford Pathologists

[Third Cancer Biomarker Conference](#)
[USCAP Interactive Learning Center](#)

Stay Connected



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Trainees



Keegan Barry-Holson, MD

Keegan completed AP/CP training at Stanford in June and is continuing her training at Stanford as a fellow in Gynecologic Pathology. She is currently beginning her search for jobs in the East Bay.



David Levy, MD

David completed AP/CP training at Stanford and is also continuing on as a fellow in Gynecologic Pathology. He will complete his training at Indiana University as a fellow in Genitourinary Pathology in the 2019-2020 year. During his time off, he loves to explore the world and has most recently traveled to Namibia, China, Japan and Peru.

Faculty



Greg Charville, MD, PhD
(Soft Tissue, Bone and Gastrointestinal Hepatopancreatobiliary Pathology)

Greg completed the combined medical and graduate school program at Stanford. Not wanting to leave the wonderful Stanford community, he stayed around for anatomic pathology residency and a fellowship focusing on GI-liver and bone-soft tissue pathology. Greg was also fortunate to spend time with Dr. Andrew Folpe at Mayo Clinic as an Arthur Purdy Stout Society Fellow. Greg recently joined the faculty as Assistant Professor. His research interests span the breadth of his clinical practice with a special focus on molecular characterization and classification of sarcoma and gastrointestinal neoplasia. Greg especially enjoys working alongside Stanford's excellent trainees on challenging clinical cases and cutting-edge research. (He is also a new father!)



Ryanne Brown, MD, MBA
(Dermatopathology, Soft Tissue and General Surgical Pathology)

Ryanne completed medical school at Baylor College of Medicine, then completed anatomic and clinical pathology residency, surgical pathology fellowship, and dermatopathology fellowship at Stanford. She is a new faculty member who will sign out dermatopathology at Stanford and general pathology at the VA. Her clinical and research interests include soft tissue, dermatopathology, and hematopathology. She enjoys working with the amazing faculty and trainees at Stanford. Outside of the hospital, she enjoys live music, her family, and spending time in the sun.

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In Memoriam

[Robert V. Rouse ...](#)

Notable Pathology Events Featuring Stanford Pathologists

[Third Cancer Biomarker Conference](#)
[USCAP Interactive Learning Center](#)

Stay Connected



In Memoriam

Robert V. Rouse died on July 28 after a short hospitalization following complications from Parkinson disease. His wife Bichtien, daughter Liensa, and son Nick were able to be with him during this time and all had recently returned from vacationing with other family and friends in France where Bob had spent several sabbatical leaves. Bob lived life fully, traveled widely, and enjoyed every minute of it.

Robert V. Rouse, MD, Professor of Pathology Emeritus, was raised in St. Louis and graduated with a degree in engineering at Northwestern University in Evanston, IL. In 1974 after finishing Medical School at Washington University in St. Louis, MO, he came to Stanford for anatomic pathology training. After one year in pathology, Bob spent two years in immunology in Irv Weissman's Lab. Some of the enduring principles that he and his associates discovered include positive and negative selection of developing T-cells in the thymus, effects on selective expression of MHC class I and II molecules in cortical and medullary epithelial cells, and studies of T-cells that are now known as follicular helper T-cells. He finished his training with a surgical pathology fellowship. Soon he became recognized as an outstanding general surgical pathologist with special expertise in GI, thymomas, and testicular tumors. The new approach of applying antibodies to frozen and paraffin sections of human tissues led in 1982 to the establishment of the Stanford Immunodiagnosis Lab which Bob co-directed for over 20 years. Bob's clinical service was split between Stanford Hospital and the Palo Alto Veterans Hospital until he was appointed Chief at the VA in 2006. Bob's many contributions to the medical literature range from seminal contributions in basic immunology to very practical applications of immunohistochemistry to surgical pathology practice.

Bob was regarded as an expert general surgical pathologist but also revered as a friend and mentor. His calm demeanor and wry/dry sense of humor were especially appreciated. Those who have ever sat across or around a microscope with him will fondly recall his careful scrutiny of slides at "1X" power -- that's to say with one eye squinted shut and the slide held closely to his face -- a particular skill he had that perennially amused trainees and colleagues alike. He frequently wore bowties to special events included a striking wooden one. His baking skills were known to many of the Stanford faculty and trainees. He made lemon meringue for his wedding reception and made varied delicious breads on an almost daily basis. Souffles were also a favorite preparation of his, especially chocolate ones. His skills extended to the garden where he freely offered advice on varieties of potatoes, tomatoes and garlic as well as grafting techniques for apples and other fruits.

In lieu of flowers or gifts, Bob's family asks that you consider making a donation to the [Michael J. Fox Foundation](#) to honor his memory.



*Pathology Group Photo 1986
Robert Rouse (middle) with Ronald Dorfman on the left & Roger Warnke on the right*

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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Third Cancer Biomarker Conference (CBCIII)

Houston, Texas
 September, 2018: <https://www.houstonmethodist.org>

USCAP Interactive Learning Center

Palm Springs, California
 September, 2018: www.interactive.uscap.org

2018 Hawaii Pathology Conference

Maui, Hawaii
 October, 2018: www.pathcme.com/product/2018hpc_whpath/

College of American Pathologists

Chicago, Illinois
 October, 2018: www.cap.org

Arab Division of the International Academy of Pathology

The XXXII Congress of the International Academy of Pathology,
 King Hussein Bin Talal Convention Centre, Dead Sea, Jordan
 October, 2018: <http://www.iap-congress.org/>

Arizona Society of Pathology

Scottsdale, Arizona
 November, 2018: www.azpath.org

California Society of Pathologists

San Francisco, California
 December, 2018: www.calpath.org/events



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