NC Society of Pathologists Digest

Society News

August 2024

Welcome New Trainees –

Inaugural Welcome Gifts Sent!

Mentorship Program

Matchmaking is complete and initial meetings underway

Lecture Series Continues

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Welcome New Trainees!

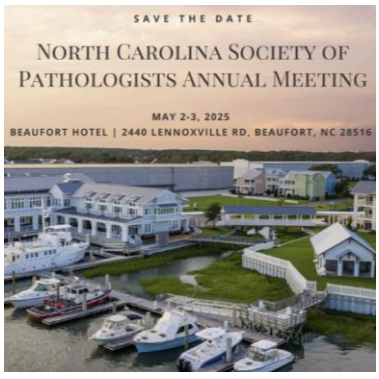
On July 1st, Duke, ECU, UNC, and Wake Forest welcomed their new pathology residents and fellows! The start of a new academic year affords us the opportunity to welcome all our trainees to our amazing NC training programs. This year, in collaboration with the trainee advisory council (TAC), the NCSP created gift boxes for each new trainee with a personalized letter from Dr. C. McKinney, NCSP President, welcoming them to our society and wishing them the best as they start their new careers. Many thanks to NC medical society's team who supported this effort. Everyone loved the personalized NCSP dotting pens (*we all know too well how important good dotting pens are*)! Here is a picture of the welcome gift, courtesy of Dr. Shirley Jiang, MD, a PGY1 at Duke University Medical Center.

Mentorship Program Kicks Off

Once again, thank you to all who volunteered to be a mentor. This summer, the officers along with the TAC, worked to match trainees with a mentor they desired. Kick off emails announcing the matches were sent out in July and initial scheduling and meetings are underway. If you care to share any stories with us, please do! And if you want to sign up to be a mentor for the next iteration, please let us know at **ncpath@ncmedsoc.org.**

Longitudinal Lecture Series

The first NCSP sponsored trainee lecture of the new academic year was held in July and was a hit! Dr. Sergio Pina-Oviedo, a Thoracic and Hematopathologist at Duke University Medical Center, lectured on, "Basic Concepts in Microscopy for Pathology Trainees." He touched on concepts like parfocality, Koehler illumination, calculating size of field in mm^2, amongst other things. It was a great lecture for the start of a new year, with one trainee saying, "I think this was exactly what we were looking for in a TAC lecture." The next lecture will focus on "Navigating the Job Search Process" and will be led by Dr. M. Snyder, practicing pathologist at Raleigh Pathology Laboratory Associates. And if you have any ideas for an upcoming lecture, please let us know! NCSP is here to support you and our trainees.



NCSP Interesting Case Series

Case #4 Chad McCall, MD, PhD Carolinas Pathology Group

Clinical History: Young adult female with a one-month history of vague sore throat and left tonsillar enlargement, which did not respond to antibiotics. A tonsil biopsy was performed.

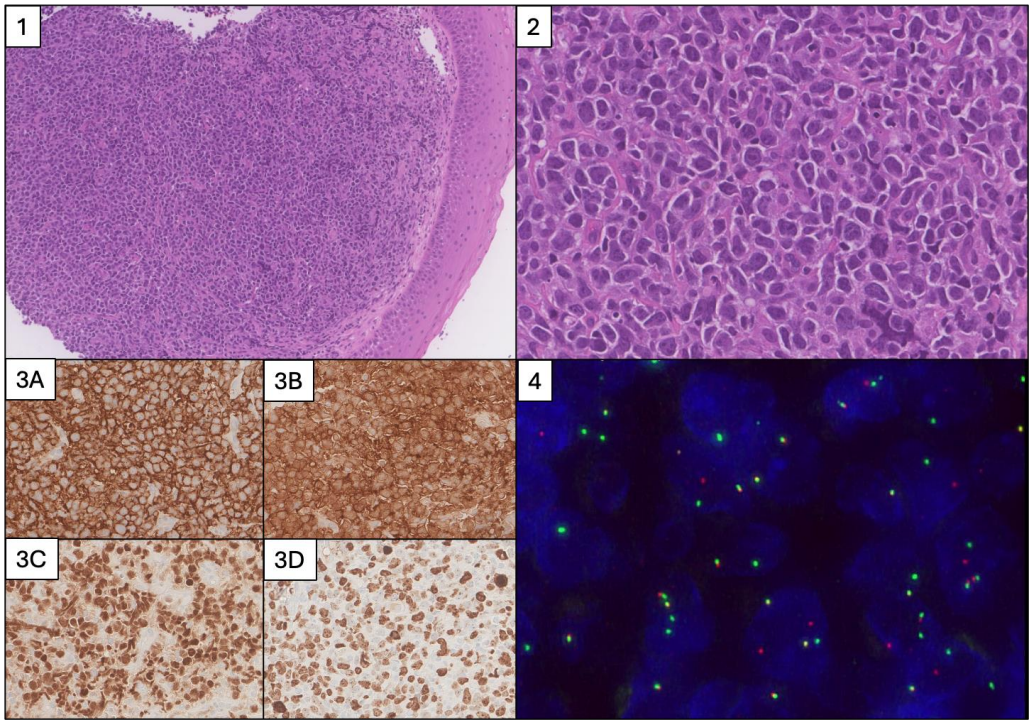


Figure: Low-power H&E of the tonsillar epithelium with an underlying diffuse lymphoid infiltrate (1); High-power H&E showing large, atypical centroblasts (2); CD20 (3A), CD10 (3B), MUM1 (3C), and Ki-67 (3D) immunohistochemical stains; *IRF4* break-apart FISH (separate red and green signals indicating *IRF4* rearrangement).

Case Diagnosis:

Large B-cell lymphoma with *IRF4* rearrangement

Histology/Key Diagnostic Criteria (Source: WHO Classification of Hematolymphoid Tumors, 5th ed. 2022)

- Rare lymphoma (<0.1% of all large B-cell lymphomas), predominantly seen in children and young adults, which most often involves the Waldeyer ring or cervical lymph nodes.
- Diffuse and/or follicular growth pattern, with large cells, usually centroblastic in morphology. Despite a high proliferative rate, a “starry-sky” appearance with tingible-body macrophages is rare.
- The morphology may be indistinguishable from follicular large B-cell lymphoma (follicular lymphoma, grade 3B) if follicular in architecture or diffuse large B-cell lymphoma if diffuse.
- The key to the diagnosis is strong IHC expression of both germinal center (CD10 and/or BCL6) markers and MUM1 (IRF4). In this age group, any large B-cell lymphoma with this IHC pattern should be evaluated for an *IRF4* rearrangement by FISH testing.

High-Yield Relevant Information (Source (above))

- Very good prognosis: only rarely reported relapses after appropriate chemotherapy. Some patients have been cured by complete resection alone.

Differential Diagnoses with Pertinent Ancillary Testing (Source (above))

Pediatric-type follicular lymphoma	**Follicular large B-cell lymphoma (follicular lymphoma grade 3B)**	**Diffuse large B-cell lymphoma, germinal center type**
• Absent *IRF4* rearrangement, only rarely expresses strong MUM1 by IHC. • Typically lacks follicular large cell (purely centroblastic) morphology • Usually does not involve extranodal sites such as tonsils	• Absent *IRF4* rearrangement, although may express MUM1 by IHC.	• Absent *IRF4* rearrangement, although may express MUM1 by IHC.