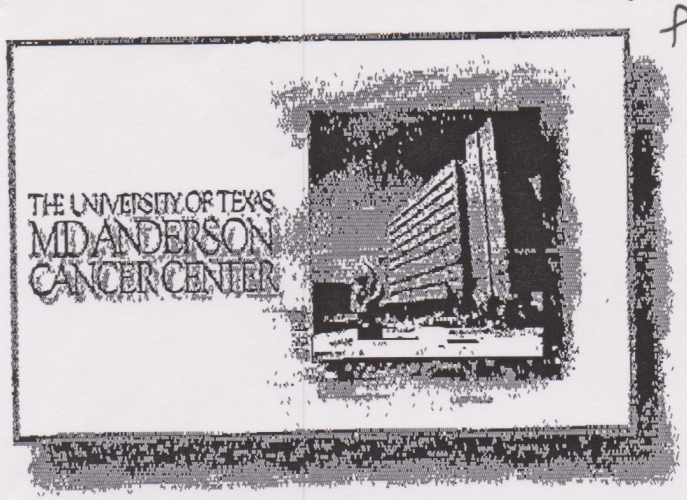
phone 985 624 3470 fax

646 888-2315 Jeanie




- **Date** Thursday, May 01, 2008
- **To** Mark Bodin
- **Company**
- **Fax Number** 504) 596-2861
- **Total Number of Pages** (2) Two

Re: Jeffrey Bodin

**Lane Read, MPAS, PA-C**

Department of Surgical Oncology
1400 Holcombe Blvd, Box 301402, Unit 444
Houston, Texas 77230-1402

Telephone: 713-745-6858
Fax: 713-792-0722

**NOTES:**

Ms Bodin,

attached is final Pathology on Jeffrey's last Surgery. Linda requested that I send this to you.

Lane Read, PA



**FAX TRANSMISSION**

5/6/2008

**Re: BODIN, JEFFREY**
Age: 10 Sex: M

1: LEFT INGUINAL SENTINAL LYMPH NODE, LEFT ANKLE, LEFT KNEE, RIGHT FACE, LEFT POPLITEAL, MD ANDERSON CANCER CENTER, S08-17604 (12 SLIDES) (jb)

Casey,Sherri
Sherri Casey, M.D.
71107 Highway 21, Sute 1
Covington, LA 70433
TEL: 985-871-9418
FAX: 985-893-2580

Dear Dr. Casey.

Dr. Alan Houghton has asked me to review the slides of Jeffrey Bodin's melanocytic tumor. Unfortunately, so far I have not received the slide of the initial biopsy. What I have been able to review is the re-excision of the melanocytic tumor from the left ankle. It shows a proliferation of plump fusiform melanocytes in nests and intersecting fascicles in the dermis in association with a scar. The lesion shows Spitzoid features, a nevoid growth pattern, but only limited "maturation". A rare mitotic figure is seen. The margins are benign. The left inguinal sentinel lymph node shows small clusters of melanocytes in the lymph node parenchyma and focally within fibrous tissue. These melanocytes are similar in appearance to the primary tumor cells, and need to be considered derivatives thereof.
Descriptively, one may summarize the findings as "atypical Spitzoid melanocytic proliferation with microscopic deposits in one sentinel lymph node". I acknowledge that on the one hand, the constellation of findings is compatible with a diagnosis of "melanoma with sentinel node micrometastasis". However, alternatively, one may also consider an "atypical Spitz nevus/tumor with lymph node involvement" (via mechanical transport) that is different in its biology from (conventional) metastatic melanoma.
I believe that Jeffrey's prognosis is likely more favorable than for a child with a "conventional" melanoma. I have seen a number of similar lesions and clinical scenarios which fortunately so far have not been associated with adverse outcome to the patient, but these are preliminary and anecdotal data.
Since I did not see the top part of the lesion, I cannot be more definitive at the current time. I would appreciate the opportunity to review the initial biopsy of the lesion, since its features may help diagnostically. In attempt to further classify the primary tumor, we have requested additional material to study the tumor for possible chromosomal aberrations. Once results from those studies are available, we will issue a final assessment of the lesion.

Sincerely,

Klaus J Busam, M.D.
Attending Pathologist

MH#: S08-18392