



THE INSTITUTE FOR CANCER CARE AT MERCY

PHYSICIANS ON THE LEADING EDGE OF EXCELLENCE

4 Pearls About Pigmented Lesions from a Dermatopathologist

Ruth Peng, M.D. | Pathology



Dr. Ruth Peng is a Mercy pathologist, and is part of a coordinated team of experts within The Melanoma and Skin Cancer Center at Mercy. The program offers treatment all in one location and in a community hospital setting. Dr. Peng specializes in dermatopathology and melanoma pathology, and is an essential part of The Center's multidisciplinary physician team.

While many view pathology labs as a black box where tissue enters on one end and a pathology report out the other, there are

actually many complex factors involved in pathologic evaluation. Below are 4 pearls with respect to evaluating pigmented lesions.

- 1. Describe the Pigmented Lesion in Your Note!** What does the lesion look like? Is it raised or flat? Asymmetric or symmetric? Is there variation in color? Are the borders irregular? How long has this lesion been there? Is this a changing lesion? A clinician's description of the lesion in situ is important, because oftentimes, the appearance changes once the lesion has been removed and fixed in formalin, and so a pathologist's gross description may not be an accurate reflection of the pigmented lesion. When there is discordance between the microscopic findings and the clinical impression, further workup such as additional deeper levels will be performed to reconcile this discrepancy. This takes us to the second pearl.

- 2. Pigmented Lesions are Often Heterogeneous, and Pathologic Correlation with Clinical Findings is Essential.** For example, a biopsy can show a dysplastic nevus for the majority of the lesion, with a focal area where we see transition to melanoma, which may not appear until we cut deeper into the tissue. Similarly, depending on the clinical diagnostic

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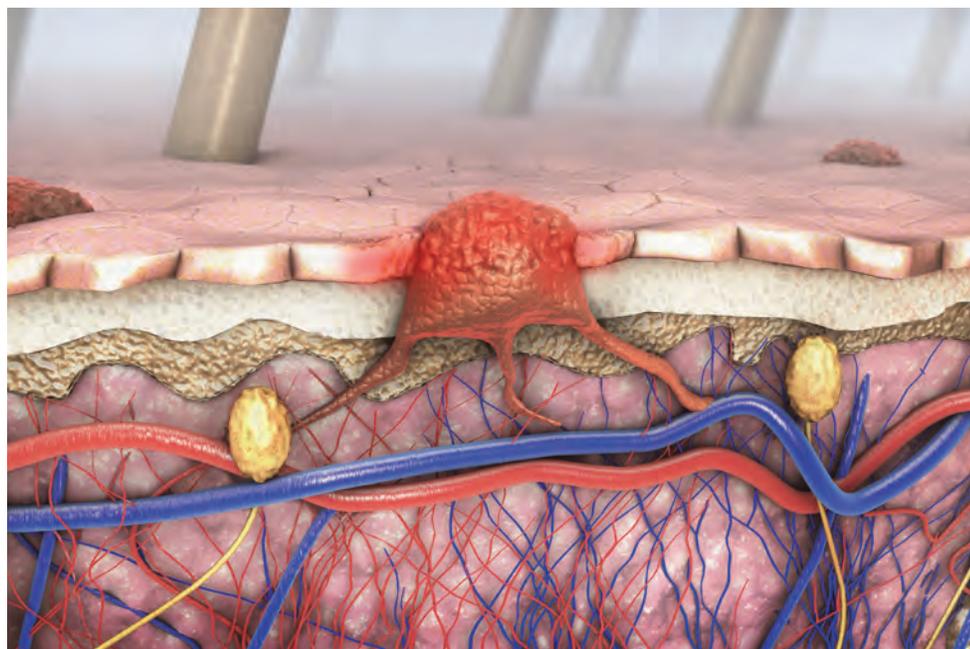
skills of the operator, a punch biopsy of a large pigmented lesion may miss the malignant area. This is where correlation with skilled clinical observation becomes critical reaching the correct pathologic diagnosis.

3. Location, Location, Location.

Different anatomical cutaneous locations have unique characteristics, which cause both benign and malignant melanocytic lesions to grow in characteristic patterns. For example, benign melanocytic lesions from certain sites (aka nevi of special sites) can exhibit architectural and cytologic atypia that elsewhere could be considered dysplastic or malignant. These special sites include genital skin, acral skin, flexural skin and skin along the milk-line. Melanocytic lesions from these sites require a higher threshold for diagnosing melanoma. From the dermatopathologists perspective, knowing the precise anatomic site of the biopsy is critical.

4. Recurrent Nevus Can Mimic

Melanoma! The diagnosis of recurrent nevus can be quite challenging, and in this scenario, having the history that a pigmented lesion was previously biopsied in addition to the prior pathology result are helpful. While clinically benign nevi are often partially biopsied for cosmetic reasons, it is prudent to inform patients that incompletely removed nevi may recur, and that in such cases, a conservative, complete excision is usually indicated.



A cross-section of skin with melanoma disease

Communication of clinical data is the undercurrent for all these pearls. Items a pathologist hopes to achieve from any pathologist-clinician interaction include sufficient clinical information to facilitate pathologic evaluation of the tissue, an appropriate amount of tissue submitted, a satisfied clinician, and avoiding medicolegal complications. As clinicians are the eyes of the pathologists, intentional and effective communication between the clinician and pathologist is essential to achieve the optimal outcome for our patients.

References

- Elder DE Precursors to melanoma and their mimics: nevi of special sites. *Mod Pathol* 2006 Feb; 19 Suppl 2:S4-20
- Fox JC et al The Recurrent Nevus Phenomenon A History of Challenge, Controversy, and Discovery. *Arch Pathol Lab Med* 2011 135(7):842-846

To learn more about The Melanoma and Skin Cancer Center and/or to schedule patients, please call 410.332.9294.

Utilizing Cooling Caps to Reduce Chemotherapy Hair Loss

David Riseberg, M.D. | Medical Oncology and Hematology

Cooling cap systems (also known as a 'cold cap') may alleviate the damage caused to the hair follicles by chemotherapy. The cap reduces the temperature of the scalp by a few degrees immediately before, during and after the administration of chemotherapy.

Cooling Cap Functionality

Mercy uses The PAXMAN scalp cooling cap system: one of the scalp cooling systems cleared by the FDA. The system is fitted with a specially-designed neoprene cover and is worn for the duration of each chemotherapy treatment session. Liquid coolant passes through the cap extracting heat from the patient's scalp, ensuring the scalp remains at an even, constant temperature of 18 to 22 degrees Celsius, to minimize hair loss. Chemotherapy works by targeting rapidly dividing cells that make up tumors, but that also include hair. Scalp cooling results in vasoconstriction, significantly reducing the blood flow to the scalp and reducing the amount of chemotherapy drugs reaching the scalp areas. The cooling effect also causes the rapidly dividing hair cells to become dormant, leading the chemotherapy to bypass them.

Impacts on Patient Care

Chemotherapy-induced alopecia is consistently ranked as one of the most feared side effects of chemotherapy treatment. The emotional impact that chemo hair loss can have on patients has been well documented, and patients often refuse the treatment because they do not want to lose their hair. Scalp cooling provides a proven alternative to hair loss, resulting in a high level of retention or even complete hair preservation, improving patients' self-confidence and creating more positive attitudes towards treatment.

PAXMAN's advanced scalp cooling system was cleared by the US Food and Drug Administration (FDA) in 2018 for use during treatment of patients with solid tumors such as: ovarian, breast,



David Riseberg, M.D., is Chief of Medical Oncology and Hematology at Mercy Medical Center. Dr. Riseberg is a highly regarded specialist treating patients with many types of cancers and blood disorders including breast cancer, colon and rectal cancer, gynecologic cancers, lung cancer, leukemia and lymphoma.

colorectal, bowel and prostate cancer. It is important to note that the PAXMAN system works better with some types of chemotherapy than others.

Mercy Medical Center has been offering PAXMAN scalp cooling at both the Downtown outpatient infusion center as well as Mercy Personal Physicians at Lutherville and Glen Burnie.

To learn more about services offered at Medical Oncology and Hematology at Mercy, please call 410.783.5858.

SAVE THE DATE



Announcing the 10th Annual Heat It To Beat It Sunday, September 22, 2019

Mark your calendars for the 10th annual Heat It To Beat It Walk - an event to raise awareness and funds for peritoneal carcinomatosis research and HIPEC surgery.

Proceeds from Heat It To Beat It support research conducted by Armando Sardi, M.D., Vadim Gushchin, M.D., Kurtis Campbell, M.D., and their colleagues at Mercy, whose work helps to provide scientifically proven treatments for patients with peritoneal carcinomatosis worldwide.

Drs. Sardi, Gushchin and Campbell are specialists in the treatment protocol for patients with this disease, using heated intraperitoneal chemotherapy – HIPEC. HIPEC is a highly concentrated chemotherapy treatment that is delivered directly to cancer cells in the abdomen during surgery. For many patients, this is the only chance for long-term survival. Although there have been many scientific reports showing the benefit of this treatment, there is a lack of awareness about the disease and patients often struggle to be correctly diagnosed and treated.

To learn more about the event, start a team or make a donation, please visit www.heat-it.org.



**Same Great Event,
New Location!**

After much success at the Baltimore Zoo, the 10th Anniversary walk will be held at Eastern Regional Park in Middle River, Maryland.

2019 Event Reflections



Celebrating National Cancer Survivor's Day at Mercy – June 9, 2019

Cancer Survivor's Day is an annual, worldwide Celebration of Life held in hundreds of communities. Mercy Medical Center is proud to host an event for our community. Each year on the first Sunday in June, The Institute for Cancer Care at Mercy holds this event.

This celebration is an opportunity for Mercy patients, their families and caregivers, physicians, nurses and staff, to collectively reflect on how cancer has impacted or changed their lives. The 2019 celebration at Mercy featured stories of survival from Mercy Cancer Survivors, recognition of survivors present, as well as a performance by the Unity Ensemble of Huber Memorial Church.



First Annual Melanoma Awareness 5K Run/Walk – April 20, 2019

This year, Dr. Vadim Gushchin hosted the *First Annual Melanoma Awareness 5K Run/Walk* at the Jerusalem Mill Village Trail in Kingsville, MD. The walk served to honor Nick Flowers, a patient of Dr. Gushchin's who fought melanoma at a young age. Nick's mother, Vicki, also is a melanoma awareness advocate and was an integral part of the event.



Funds from the Melanoma Awareness 5K Run/Walk will go toward youth melanoma education; plans include development of a short film about melanoma awareness and prevention that can be shown in schools.

Stay tuned for details on next year's Melanoma Awareness Walk!





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- One-of-a-kind cancer treatment center
- A multidisciplinary team of physician experts
- Dedication to advancing breakthrough treatments for cancer management
- Cutting-edge cancer treatment with access to the latest clinical trials
- Pioneering and complex surgical techniques
- Innovative cancer therapies to meet clinical as well as personal needs for each patient
- Survivorship wellness programs for patients

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