# PRE-CONFERENCE Pathology Activities

## SUNDAY, 15 FEBRUARY AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7:00 AM – 8:00 AM</td>
<td>Registration</td>
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<tr>
<td>8:00 AM – 11:30 AM</td>
<td><strong>Short Course I: Neoplastic Pathology and Relevant Molecular Markers of the Genitourinary System</strong></td>
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<td><strong>Course Director:</strong> Wael A. Sakr, MD. Wayne State University, USA</td>
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<td><strong>Course Presenters</strong></td>
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<tr>
<td></td>
<td>Wael A. Sakr, MD., Wayne State University, USA</td>
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<td>Mousa Al Abbadi, MD., King Fahad Specialist Hospital, KSA</td>
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<td>Walid Khalbuss, MD., University of Pittsburgh, Pittsburgh, PA, USA</td>
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<td><strong>Course Description:</strong> This course will highlight the advances in the diagnosis, classification and role of molecular markers in genitourinary tumors with especial emphasis on recently described entities and their clinical significance</td>
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<td>11:30 AM – 12:30 PM</td>
<td>Lunch Break</td>
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<tr>
<td>12:30 PM – 3:00 PM</td>
<td><strong>Short Course II: Current Issues in the Pathology of the Female Reproductive System</strong></td>
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<td><strong>Course Director:</strong> Rouba Ali-Fehmi, MD., Wayne State University, USA</td>
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<td><strong>Course Presenters</strong></td>
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<tr>
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<td>Rouba Ali-Fehmi, MD., Wayne State University, USA</td>
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<td>Walid Khalbuss, MD., University of Pittsburgh, Pittsburgh, PA, USA</td>
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<td><strong>Course Description:</strong> This course offers updates in challenging areas of the pathology of ovary uterus and endometrium. Updates on the cytology and pathology of the uterine cervix will be covered.</td>
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<td>3:00 PM- 3:15 PM</td>
<td>BREAK</td>
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<tr>
<td>Time</td>
<td>Event Description</td>
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| 3:15 PM – 4:15 PM | **Pathology of Germ Cell Tumors**  
Presentation Description:  
The presentation will review practical aspects of the pathology of ovarian, testicular and extra-gonadal germ cell tumors.  
Presenters  
Wael A. Sakr, MD. Wayne State University, USA  
Rouba Ali-Fehmi, MD., Wayne State University, USA |
| 4:15 PM – 4:30 PM | **BREAK**                                                                      |
| 4:30 PM – 6:00 PM | **USCAP Style Evening Case Presentation and Discussion I**  
Presentation Description:  
This activity will present a blend of interesting cases from different organ systems representing contemporary diagnostic considerations. Brief clinical history and digitized images of the cases will be made available to all participants before the start of the conference. |
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<thead>
<tr>
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<tr>
<td>7:00 AM – 8:00 AM</td>
<td>Registration</td>
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<tr>
<td>8:00 AM – 10:00 AM</td>
<td><strong>Short Course III: Hematopathology: Contemporary Issues in the Diagnosis and Classification of Leukemia, Lymphoma and Myelodysplastic Diseases</strong></td>
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<td>Course Directors: Ali Gabali, MD., Wayne State University, USA</td>
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<td>Course Description: This course will review current classifications of the major disorders of the hematopoietic system with emphasis on the role of flow cytometry and molecular markers in the diagnosis and management.</td>
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<tr>
<td>10:00 AM – 10:20 AM</td>
<td>Break</td>
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<tr>
<td>10:20 AM – 11:30 AM</td>
<td><strong>UPDATE ON HEAD AND NECK PATHOLOGY</strong></td>
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<td>Presenters: Wael A. Sakr, MD., Wayne State University, USA</td>
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<td>Wasim Raslan, MD., Johns Hopkin Aramco Health System, KSA</td>
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<td>Mousa Al Abbadi, MD., King Fahad Specialist Hospital, KSA</td>
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<td>Presentation Description: This short session will focus on recent entities in the pathology of squamous neoplasia of the upper aerodigestive tract, thyroid and salivary glands and their molecular correlates.</td>
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<tr>
<td>11:30 AM – 12:30 PM</td>
<td>Lunch Break</td>
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<tr>
<td>12:30 PM – 1:00 PM</td>
<td><strong>Virtual Microscopy in Pathology Practice</strong></td>
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<td>Presentation Director: Issam M Francis, MD., University of Kuwait, Kuwait</td>
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<tr>
<th>Time</th>
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<tr>
<td>1:00 PM – 2:45 PM</td>
<td><strong>Selected Updates in Gastrointestinal Pathology: Barrett’s Esophagus, Inflammatory Bowel Disease, Kras in GI Cancer and Billiary Tract Cytology</strong>&lt;br&gt;<strong>Course Presenters:</strong>&lt;br&gt;Vinod Shidham, MD., Wayne State University, USA&lt;br&gt;Mohamed El-Shawarby, MD., University of Dammam, KSA&lt;br&gt;Walid Khalbuss, MD., University of Pittsburgh, Pittsburgh, PA, USA&lt;br&gt;<strong>Course Description:</strong>&lt;br&gt;This session will offer focused presentations on the interpretation of biopsy and cytological samples of the gastrointestinal tract as well as a review of currently utilized molecular markers of gastrointestinal tumors.</td>
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<td>2:45 PM – 3:00 PM</td>
<td>BREAK</td>
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<td>3:00 PM – 4:30 PM</td>
<td><strong>Hot Topics in Pathology II: Dermatopathology</strong>&lt;br&gt;<strong>Presenters:</strong>&lt;br&gt;Andrew Thompson, MD., Wayne State University, USA&lt;br&gt;Ahmed Al-Sayyah, MD., University Of Dammam, KSA&lt;br&gt;<strong>Presentation Description:</strong>&lt;br&gt;This session will cover selected, clinically relevant inflammatory skin conditions with a review of skin adnexal tumors and the approach to classify and report melanocytic lesions.</td>
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<td>4:30 PM – 4:45 PM</td>
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<tr>
<td>4:45 PM – 6:15 PM</td>
<td><strong>USCAP Style Evening Case Presentation and Discussion II</strong>&lt;br&gt;<strong>Presentation Description:</strong>&lt;br&gt;This activity will present a blend of interesting cases from different organ systems representing contemporary diagnostic considerations. Brief clinical history and digitized images of the cases will be made available to all participants before the start of the conference.</td>
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# TUESDAY, 17 FEBRUARY AGENDA

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<tr>
<td>7:00 AM – 8:00 AM</td>
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<td>8:00 AM – 8:40 AM</td>
<td><strong>Opening Ceremony &amp; Orientation for the Structure of Multi-Disciplinary Conference</strong>&lt;br&gt;Prof. Dr. Dalal Al Tamimi and Prof. Dr. Wael A. Sakr</td>
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<tr>
<td>8:40 AM – 2:00 AM</td>
<td><strong>SESSION I: Management of Gynecological Malignancies</strong>&lt;br&gt;<strong>Session Description:</strong>&lt;br&gt;This session is designed to highlight contemporary approaches to evaluate and manage patients with tumors of the uterus, endometrium, cervix and ovary&lt;br&gt;<strong>8:40-11:30 AM I-A: Ovarian and Uterine Tumors</strong>&lt;br&gt;<strong>Presenters:</strong>&lt;br&gt;Rouba Ali Fehmi, MD., Wayne State University, USA&lt;br&gt;Robert Morris, MD., Wayne State University, USA&lt;br&gt;Adnan Munkarah, MD., Wayne State University, USA&lt;br&gt;Issam M Francis, MRCPath, MIAC, Kuwait University, Kuwait&lt;br&gt;<strong>Moderators:</strong>&lt;br&gt;Abdulmohsen Al Kushi, M.D., King Abdulaziz Medical City of National Guard, KSA&lt;br&gt;Ismail Al-Badawi M.D., King Faisal Specialist Hospital &amp; Research Centre, KSA&lt;br&gt;<strong>8:40-8:55 AM Brief Presentation: (Screening for GYN tumor (cervix, endometrium and ovary)</strong></td>
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8:40 AM – 2:00 AM  

8:55-9:35 AM  **Case 1**

67 year old woman presented with abdominal distention. CT of the abdomen revealed a left adnexal mass, 14 cm in maximum dimension, concerning for malignancy, massive ascites and small left pleural effusion. CA125 level was 1200. She underwent paracentesis. Cytologic exam of ascitic fluid revealed adenocarcinoma of probable Mullerian origin.

**Discussion objectives:**
- Pathogenesis and clinical implication to the classification of epithelial ovarian tumors
- Multimodality management
- Role of biologic therapy

9:35-10:10 AM  **Case 2**

59 year old post menopausal white female presented with abnormal uterine bleeding. Imaging studies revealed no extra uterine masses or pelvic abnormalities. D&C confirmed endometrial carcinoma.

**Discussion objectives:**
- Pathologic diagnosis, surgical staging and establishing predictive factors.
- Consideration for additional treatment for advanced disease?

10:10-10:25 AM  Break
### Case 3

62 year old woman complained of increased lower abdominal/pelvic discomfort over the last year. Diagnostic work up confirmed the presence of a pelvic tumor with a maximum dimension of 18 cm. She underwent surgery with a final diagnosis of uterine leiomyosarcoma.

**Discussion objectives:**
- Pathologic criteria for diagnosing leiomyosarcoma.
- Role for surgical and adjuvant therapy.
- Management of recurrent and metastatic disease.

### Schedule

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<th>Time</th>
<th>Session</th>
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<tr>
<td>10:25-11:00 AM</td>
<td><strong>Case 3</strong>&lt;br&gt;62 year old woman complained of increased lower abdominal/pelvic discomfort over the last year. Diagnostic work up confirmed the presence of a pelvic tumor with a maximum dimension of 18 cm. She underwent surgery with a final diagnosis of uterine leiomyosarcoma. <strong>Discussion objectives:</strong>&lt;br&gt;- Pathologic criteria for diagnosing leiomyosarcoma.&lt;br&gt;- Role for surgical and adjuvant therapy.&lt;br&gt;- Management of recurrent and metastatic disease.</td>
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<tr>
<td>11:00-11:20 AM</td>
<td><strong>Brief Presentation</strong> (Endometrial stromal sarcoma presenting as a gastric mass suspicious for GIST)</td>
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<td>11:20-11:30 AM</td>
<td>Q&amp;A, Panel Discussions</td>
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<tr>
<td>11:30-12:30 PM</td>
<td>Lunch Break</td>
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<tr>
<td>12:30-2:00 PM</td>
<td><strong>I-B: Management of cervical tumor and Gestational trophoblastic disease</strong></td>
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**Presenters:**
- Rouba Ali Fehmi, MD., Wayne State University, USA
- Robert Morris, MD., Wayne State University, USA
- Adnan Munkarah, MD., Wayne State University, USA
- Haifa Al Turki, MD., University of Dammam, KSA

**Moderators**
- Raja Al-Yusuf, MD., Salmaniya Medical Complex, Kingdom of Bahrain
- Shamayel Mohammed, MD., King Faisal Specialist Hospital & Research center, KSA
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<tr>
<td>8:40 AM – 2:00 AM</td>
<td><strong>Case 4</strong></td>
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<td>32 year old woman, G3 P3, had a history of high grade squamous intraepithelial lesion on Pap smear four years ago with no subsequent follow up. She is currently seeking medical attention due to metrorrhagia. Colposcopic exam revealed an ulcerated tumor involving 3-9 o’clock of the cervix. Biopsies confirmed the presence of invasive squamous cell carcinoma.</td>
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<td><strong>Discussion objectives:</strong></td>
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<td>Diagnostic criteria of precancerous and early stage disease.</td>
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<td>Surgical treatment of early stage disease.</td>
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<td>Multimodality management of advanced and metastatic cervical cancer.</td>
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<td>1:00-1:30 PM</td>
<td><strong>Case 5</strong></td>
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<td>19 year old woman G1P0 has an ultrasound that is suspicious for hydatiform mole. She presents to the emergency department with heavy vaginal bleeding.</td>
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<td><strong>Discussion objectives:</strong></td>
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<td>Diagnostic criteria for GTD</td>
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<td>Update on the Clinical management of GTD</td>
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<tr>
<td>1:30-1:45 PM</td>
<td><strong>Brief Presentation (Fertility preservation in oncology patients)</strong></td>
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<tr>
<td>1:45-2:00 PM</td>
<td><strong>Q&amp;A, Discussions</strong></td>
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<tr>
<td>2:00 PM – 2:15 PM</td>
<td><strong>BREAK</strong></td>
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SESSION II: Multidisciplinary Management of Head and Neck and Thyroid Tumors

Session Description:

The session provides a review of the wide spectrum of the clinical and pathological manifestations of squamous neoplasia of the upper aerodigestive tract with the larynx as a target organ. It will also offer a brief discussion on the role of HPV related/viral etiology in a subset of oropharyngeal tumors. The session includes a brief update on thyroid and salivary gland tumors. The integrated management with input from imaging and radiology, endocrinology, pathology, medical and radiation oncology and surgery will be discussed.

2:15-3:00 PM  II-A: Clinicopathological Considerations in Squamous Neoplasia of the Larynx

Presenters:

- John Jacobs, MD., Wayne State University, USA
- Wael A. Sakr, MD., Wayne State University, USA
- Wasim Raslan, MD., Johns Hopkin Aramco Health System, KSA

Moderators

- Laila Al-Telmesani, MD., University of Dammam, KSA
- Mousa Al-Abbadi, MD., King Fahad Specialist Hospital, KSA

Case 1A

62 year old man with heavy smoking history reported worsening hoarseness for past three months for which he underwent endoscopy. A lesion of the right vocal cord was identified which was biopsied. The vocal cord surface was stripped

Case 1B

45 year old male with smoking history presented with 6 week history of hoarseness. Office examination revealed a lesion of the left vocal cord with normal motion. The patient subsequently underwent triple endoscopy and biopsy. The pathology was consistent with micro invasive squamous cell carcinoma
Case 1C

55 year old nonsmoking female presented with a 6 month history of hoarseness. Patient reported one episode of specs of bright red blood with coughing which brought her to the doctor. Office examination reviewed a lesion of the left vocal cord, which was noted to be hypo mobile. Biopsy of the lesion was consistent with squamous cell cancer and the lesion was stages as T2NOMO. The patient subsequently completed external beam radiotherapy to a dose of 6200cGy. The patient now presents with recurrence of the hoarseness.

Discussion objectives:
- Surgical management of in situ and minimally invasive squamous cell carcinoma of the larynx
- Resection margins status as a determinant of local recurrence and disease outcome.

3:00-3:10 PM  Q&A, Panel Discussion

3:10-3:50 PM  II-B: Selected Update in Salivary Gland and Thyroid Tumors

Presenters:
- John Jacobs, MD, Wayne State University, USA
- Wael A. Sakr, MD, Wayne State University, USA
- Mousa Al-Abbadi, MD., King Fahad Specialist Hospital, KSA
- Hassan Al Bisher, MD., University of Dammam, KSA

Moderators
- Wasim Raslan, MD, Johns Hopkin Aramco Health System, KSA
- Yaser Al Jehani, MD., University of Dammam, KSA

Case 1

39 year old female with a 2.5 cm mass in the right lobe of the thyroid gland. There is no history of low dose RT exposure and the family history is negative for thyroid cancer. Fine needle aspiration of the nodule is interpreted as “follicular neoplasm”

Discussion objectives:
- Accuracy of FNA diagnosis of thyroid masses
- Role of molecular markers in thyroid neoplasms
- Surgical considerations in the management of thyroid cancer
**Case 2**

49 year old female presents with an enlarged right parotid gland with an intact facial nerve. Patient reports some vague pain in the face. The lesion is felt to be roughly 3.5 cm and an FNA is performed. The FNA is interpreted as presence of a neoplasm without clear evidence of high grade component the low yield of material precludes definitive diagnosis.

**Discussion objectives:**

- The role of FNA in the pre-surgical management of salivary gland tumors.
- Recently described and clinically relevant entities.

**3:50-4:05 PM**  **Brief Presentation (Unusual presentation of Thyroid Carcinoma)**

**4:05-4:15 PM**  **Q&A, Panel Discussion**
SESSION III: Management of Gastrointestinal, Liver and Pancreatic Tumors

Session Description:
This session will address the diagnosis and management of Barrett’s esophagus with dysplasia and the treatment of adenocarcinoma of the esophagus. The role of molecular markers in the management of gastrointestinal stromal tumors (GIST) will be covered. The case discussion will also review the multimodality management of rectal tumors including accurate staging, the role of preoperative adjuvant therapy with sphincter sparing / organ preserving surgery. The second segment offers an interdisciplinary approach to the diagnosis and management of primary and metastatic hepatic tumors and the cystic tumors of pancreas.

8:00-11:30 AM  III-A: Management of Gastrointestinal Malignancies

Presenters:
Donald Weaver, MD., Wayne State University, USA
Philip Philip, MD., Wayne State University, USA
Vinod Shidham, MD., Wayne State University, USA
Moneer Alrefaee, MD., University of Dammam, KSA
Hanan AlGhamdi, MD., University of Dammam, KSA

Moderators
Abdulaziz Al Quorain, MD., University of Dammam, KSA
Hadeel AlMana, MD., King Faisal Specialist Hospital and Research Centre, KSA
8:00-8:15 AM **Brief Presentation:** (Epidemiology of gastrointestinal cancers in KSA and its variance with western societies)

8:15-8:45 AM **Case 1**

55 year old male with hematochezia, narrowing of stools, and recent unintentional weight loss of 2 Kgs. Colonoscopy revealed an ulcerating mass approximately 5-6 cm from the anal verge. Biopsy showed moderately differentiated adenocarcinoma. CT scan of the chest, abdomen and pelvis revealed no distant metastases. two less than one cm nodes in the perirectal area. History of similar presentation in late father.

**Discussion objectives:**
- Preoperative adjuvant therapy with sphincter sparing / organ preserving surgery
- Role of molecular or other tests for assessing potential response to pre-op adjuvant therapy.
- Sibling and family counseling with MSI / MMR testing

8:45-9:15 AM **Case 2**

72 year old woman with a newly diagnosed 5 cm mass in the liver and elevated serum CEA at 9. She had undergone right hemicolectomy for ascending colon carcinoma 3 years ago that was pT3N0M0. Concern is also about ill-defined lesion in pancreas.

**Discussion objectives:**
- Liver metastasis- Resection-Ablation methods
- Role of molecular pathology (BRAF-KRAS), FNA.

9:15-9:30 AM **Q&A, Group Discussion**

9:30-9:45 AM **Break**
9:45-10:15 AM  **Case 3**

48 year old male with gastroesophageal reflux for 10 years with recent worsening and poor response to PPIs. Recently biopsied for evaluation of a tiny lesion at GE junction with evidence of Barrett’s esophagus.

**Discussion objectives:**

Barrett’s esophagus and high grade dysplasia
Management and surgical pathology- adjunct tests- molecular path events, brushing

10:15-10:45 AM  **Case 4**

53 old woman with space occupying mass lesion in stomach body after presenting with anemia and early satiety. Endoscopic examination was negative for a mucosal lesion but had evidence of an extrinsic mass effect. EUS guided FNA showed a spindle cell neoplasm.

**Discussion objectives:**

GIST management- with molecular pathology- PR for C-kit and other markers for GIST

10:45-11:00 AM  **Q&A, Group Discussion**

11:00-11:15 AM  **Brief Presentation (Immunotherapy in cancer)**

11:15-11:30 AM  **Brief Presentation (Surgical Management of Hepatobiliary Malignancies)**

11:30 AM – 12:30 PM  **Lunch Break**
III-B: Hepatocellular Carcinoma and Pancreatic Tumors

12:30-2:30 pm  

**Presenters:**
- Donald Weaver, MD., Wayne State University
- Philip Philip, MD., Wayne State University
- Vinod Shidham, MD., Wayne State University
- Mona Ismail, MD., University of Dammam, KSA

**Moderators:**
- Miral Mashhoor, MD., King Fahad Specialist Hospital, KSA
- Raed AlSulaiman, MD., University of Dammam, KSA

12:30-1:10 PM  **Case 5**

57 year old female with chronic active hepatitis C, status/post breast carcinoma (stage IIb) 7 years. CT showed hypervascular 4.5 cm mass lesion in right lobe of the liver with background cirrhotic changes. Serum AFP was 250. Liver evaluation reveals a Child Pugh Score of B6.

**Discussion objectives:**
- HCC vs. hypervascular metastases
- Resection – Ablation
- FNA, IHC and other molecular tests

01:10-1:40 PM  **Case 6**

63 year old female with no significant past medical history presented with painless obstructive jaundice and weight loss of 3 Kgs. Imaging showed a partially cystic lesion in head of pancreas with dilatation of the common bile duct and pancreatic duct. Tumor involves the SMA for less than 180 degrees.

**Discussion objectives:**
- Neuroendocrine tumor (Diagnosis; EUS FNA Pancreas; Differential diagnosis, Pancreatic tumor, NET with cystic presentation / Cystic lesion., Grading, molecular tests, Therapy- surgical therapy – chemotherapy-radiation therapy)

1:40-1:50 PM  **Q&A, Panel Discussion**

1:50-2:05 PM  **Brief Presentation** (Evaluation and Management of Hepatocellular Carcinoma)

2:05-2:15 PM  **Brief Presentation** (Potential avenues of collaborative research between WSU and Dammam University in GI cancers)

2:15-2:30 PM  **Break**
### SESSION IV: Accurate Classification and Modern Treatment of Leukemia and Lymphoma

**Session Description:**

The objective of this session is to review current trends in the management of hematopoietic malignancies and provide a contemporary approach to the diagnostic modalities utilized to reach an accurate diagnosis and classification of these disorders. Similarly, case discussions will focus on highlighting the collaborative roles of the pathologists and medical oncologists in the diagnosis and treatment of these malignancies.

#### 2:30-3:35 PM  IV-A: Brief Introductory Presentations

**Presenters:**
- Ayad Al-Katib, MD., Wayne State University, USA
- Ali Gabali, MD., Wayne State University, USA
- Anwar Mohamed, MD., Wayne State University, USA
- Yasser Osman, MD., University of Dammam, KSA

**Moderators**
- Salwa Sheikh, MD., Johns Hopkin Aramco Health System, KSA
- Afra Al Dayel, MD., King Fahad Specialist Hospital, KSA

#### 2:30-2:45 pm  Contemporary issues in the management of leukemia & lymphoma

#### 2:45-3:00 PM  Principles of modern pathological classification of leukemia & lymphoma

#### 3:00-3:10 PM  Modern genomic technology

#### 3:10-3:25 PM  Langherhan cell histiocytosis: An overview

#### 3:25-3:35 PM  Questions and Answers

#### 3:35–3:50 PM  Break
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenters</th>
<th>Moderators</th>
<th>Cases</th>
<th>Discussion Objectives</th>
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<tr>
<td>2:30 PM –</td>
<td>IV-B: Case Based Presentations-I</td>
<td>Ayad Al-Katib, MD., Wayne State University, USA</td>
<td>Ayed Al-Garni, MD., King Fahad Specialist Hospital, KSA</td>
<td>3:50-5:10 PM Case 1</td>
<td>To review modern pathological work up and classification of large cell lymphoma</td>
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<td>6:05 PM</td>
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<td>Ali Gabali, MD., Wayne State University, USA</td>
<td>Ali AlAmri, MD., University of Dammam , KSA</td>
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<td>To review the cytogenetic and molecular genetics of aggressive lymphoma</td>
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<td>Anwar Mohamed, MD., Wayne State University, USA</td>
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<td>To discuss the importance of recognizing sub-entities of large cell lymphoma on treatment decisions and outcome of therapy</td>
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<td>3:50-4:20 PM Case 2</td>
<td>To review the methods of risk-stratification and risk-adapted therapy of early stage Hodgkin lymphoma (HL)</td>
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<td>To discuss treatment options of relapsed/refractory HL</td>
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<td>To review recent pathological classification of HL</td>
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<td>To discuss the value of PET/CT in the management of HL</td>
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Case 1: A 72 year-old previously healthy woman presented with acute pain and 10-lb weight loss. CT scan of the abdomen revealed mesenteric lymphadenopathy with evidence of bowel compression. Biopsy revealed diffuse large B-cell lymphoma (DLBCL).

Discussion objectives:
- To review modern pathological work up and classification of large cell lymphoma
- To review the cytogenetic and molecular genetics of aggressive lymphoma
- To discuss the importance of recognizing sub-entities of large cell lymphoma on treatment decisions and outcome of therapy

Case 2: A 26 year-old male presented with a 2 month history of cough which is mostly dry and more recent shortness of breath. CT scan of the chest revealed a mediastinal mass. Biopsy revealed classical Hodgkin lymphoma. PET/CT revealed the mediastinal mass plus a right supraclavicular FDG-avid lymphadenopathy. Bone marrow aspiration and biopsy was negative. Patient was treated with combined modality therapy and achieved complete remission but relapsed 2 years later in the chest.

Discussion Objectives:
- To review the methods of risk-stratification and risk-adapted therapy of early stage Hodgkin lymphoma (HL)
- To discuss treatment options of relapsed/refractory HL
- To review recent pathological classification of HL
- To discuss the value of PET/CT in the management of HL
A 77 year-old woman presented with complaints of progressive fatigue and dyspnea. She has past medical history of coronary artery bypass surgery and her medication list includes beta-blocker, ACE inhibitor and furosemide. A CBC showed WBC of 1,600/uL, neutrophil count of 700/uL, Hb of 7.4g/dL and platelet count of 48,000/uL. A bone marrow biopsy revealed trilineage dysplasia with 13% myeloblasts.

Discussion objectives:
- To review morphological features and classification of myelodysplastic syndrome (MDS)
- To review risk categories of MDS based on genetic abnormalities
- To discuss current prognostic scoring systems for MDS
- To discuss risk-adapted treatment options for MDS patients

A 69 year-old female with no significant past medical history presents with gum bleeding while brushing her teeth. The patient saw her dentist who reported diffuse gum bleeding on minimal manipulation without associated dental disease. The dentist ordered CBC which revealed WBC of 43,000/uL, Hb 10.0g/dL and platelets of 14,000/uL. WBC differential count revealed 80% blasts. The patient was referred to the Hematology clinic for management.

Discussion Objectives:
- To review morphological and immunophenotypic classification of acute myeloid leukemia (AML)
- To discuss cytogenetic and molecular genetic risk groups of AML
- To discuss risk-adapted therapeutic approach to AML in the elderly
- To discuss how to assess fitness for chemotherapy in AML
2:30 PM – 6:05 PM

5:40-6:00 PM  **Case 5**

A 59 year-old male presents with progressive weakness and fatigue of 4 month duration. Recently, he developed abdominal pain and lost 15-lbs of weight. Examination revealed few enlarged lymph nodes in the neck of 2-3 cm size and enlarged spleen extending 6 cm below the left costal margin. CBC showed WBC of 38,500/uL, Hb 9.5g/dL and platelets of 112,000/uL. Blood smear examination revealed increased number (80%) of small, mature looking lymphocytes. Stool examination for occult blood (guaiac test) was positive. The patient is referred for diagnosis and management.

**Discussion objectives:**

- Pathological classification of malignant small B-lymphocyte disorders
- Cytogenetic and molecular genetic markers of small B-cell lymphomas
- Recently approved targeted therapeutic agents for small B-cell lymphomas

6:00-6:05 PM  **Closing remarks**
### SESSION V: Management of Genitourinary Tumors:

**Session Description:**

This session will highlight the recent modifications to the Gleason Grading System. Factors relevant to the consideration of active surveillance for subsets of patients with prostate cancer will be discussed. The case discussions will cover treatment modalities for early and advanced stage prostate cancer.

This session will also address the diagnosis and management of early and muscle invasive urothelial carcinoma of the urinary bladder. Conservative management and the role of urine cytology in monitoring will be discussed.

With the increased frequency of incidental, image detected, renal masses, the discussion will review the evaluation, including FNA assessment, follow up and long term management of these masses and the consideration for the surgical options of partial and total nephrectomy.

**8:00-11:15 AM  V-A: Tumors of the Kidney and Urinary Bladder**

**Presenters:**
- J. Edson Pontes, MD., Wayne State University, USA
- Wael A. Sakr, MD., Wayne State University, USA
- Mousa Al Abbadi, MD., King Fahad Specialist Hospital, KSA
- Walid Khalbuss, MD., University of Pittsburgh, Pittsburgh, PA, USA

**Moderators**
- Samir Amr, MD., King Fahad Specialist Hospital, KSA
- Turki Al-Hussain, MD., King Faisal Specialist Hospital & Research Centre, KSA
8:00-8:30 AM  **Case 1**

66 years old Caucasian male who experienced a recent episode of gross hematuria. CT scan didn’t indicate a mural or infiltrative mass. Cystoscopy revealed areas of congested bladder mucosa in the posterior wall with adjacent papillary tumors of approximately 1.5 cm in maximum dimension. Pathological evaluation of the TURBT specimen showed high grade papillary urothelial carcinoma, adjacent flat in situ carcinoma and invasion into the lamina propria showing “micropapillary” histology. No evidence of invasion into muscularis propria.

After consultation with the patient regarding therapeutic options, he elected to proceed with radical cystectomy based on a more aggressive histological type of early invasive carcinoma.

**Discussion objectives:**
- Review the classification, staging of non-muscle invasive bladder cancer
- Emphasis on variables affecting management approaches to stage pT1 tumors.

8:30-9:10 AM  **Case 2**

62 years old Caucasian male who was evaluated for an episode of gross hematuria. CT scan was performed revealing a 2.5 x 3 cm mass at the R. posterolateral wall of the bladder.

A cystoscopy with TUR of bladder tumor revealed a high grade urothelial carcinoma TCC with muscularis propria involvement.

After consultation with the patient regarding therapeutic options, he elected neo adjuvant chemotherapy, and received 3 courses of Gem/Platinum.

Follow up cystoscopy with TUR of previous tumor site, revealed no residual tumor.

Two years later, with multiple biopsies, and continues free of disease.

**Discussion objectives:**
- Current management of muscle invasive bladder cancer
- Molecular markers as prognosticator and predictors of response to therapy in bladder tumors

9:10-9:25  Am  **Brief Presentation:** (Pelvic Lymphadenectomy in the Treatment of Invasive Bladder Cancer)

9:25-9:35  AM  **Q&A, Group Discussion**

9:35-9:50  AM  **Break**
**9:50-10:20 AM  Case 3**

63, year old Hispanic women who in the course of evaluation of an abdominal aortic aneurysm a CT scan and ultrasound revealed the presence of 2.8 cm mass in the upper pole of the left kidney. The patient agreed to undergo a an ultrasound guided needle biopsy of the renal mass that obtained aspirated cytology material as well as small tissue core fragments. Following the diagnosis of papillary renal cell carcinoma, the patient underwent a partial nephrectomy with intraoperative assessment of the surgical margins.

Three years after the procedure, she is alive and well with no evidence.

**Discussion objectives:**
- Management of incidentally discovered smaller renal masses
- Role of fine needle aspiration/core biopsies in classifying the
- Surgical eligibility for partial nephrectomy

**10:20-11:00 AM  Case 4**

51 year old Caucasian female, who recently was admitted at another hospital after sustaining a fall with a comminuted fracture of the R. Radius, requiring an open reduction. During her evaluation, which included a CT of the abdomen, a 6 cm enhancing mass arising in the central region of the R. Kidney was found. Metastatic work up was negative and despite the larger size of the tumor and central location, she underwent a successful partial nephrectomy.

**Discussion objectives:**
- Pre surgical considerations and staging of larger renal masses
- Clinically important pathological features: histologic types, grading and staging parameters
- Role of Medical oncology in advanced stage renal cell tumors.

**11:00-11:15 AM  Q&A, Group Discussion**
11:15-12:00 PM  **V-B: Contemporary Approach to the Management of Testicular Tumors**

**Presenters:**
- Jose Pontes, MD., Wayne State University, USA
- Wael A. Sakr, MD., Wayne State University, USA

**Moderators**
- Fouad Al-Dayel, MD., King Faisal Specialist Hospital & Research Centre, KSA
- Bahar Kamal, MD., University of Dammam, KSA

**Case 5**
A 23 year old Caucasian male presented to his primary care physician with pain and a lump on his R. testicle. A testicular ultrasound showed an heterogeneous structure on the testicle. Serum markers revealed an elevated AFP.

**Discussion objectives:**
- Diagnostic work up for patients with testicular masses
- Importance of comprehensive pathological evaluation
- Surgical management of primary and metastatic disease
- Considerations for chemo and radio therapy.

12:00-1:00 PM  **Lunch Break**

1:00-3:00 PM  **V-C: The Evolving Management of Early and Advanced Stage Prostate Cancer**

**Presenters:**
- Jose Pontes, MD., Wayne State University, USA
- Wael A. Sakr, MD., Wayne State University, USA
- Ali Al-Zahrani, MD., University of Dammam, KSA

**Moderators:**
- Issam M Francis, MD., Kuwait University, Kuwait
- Mohamed Al Hegazi, MD., University of Dammam, KSA

**Case 6**
A 62 year old male who during an annual physical had a PSA of 3.8 ng/ml deemed to be abnormal for his gland volume and his previous PSA of 2.2 three years ago. The patient underwent an TRUS biopsies with 10 core (5 on each side), revealing two cores from the left base and left middle section of the gland to harbor prostatic adenocarcinoma Gleason score VI, with 3 and 2 millimeters respectively, each representing less than 5% involvement of the core.
Discussion objectives:
Role of PSA and PSA velocity in the diagnosis and prognostication of prostate cancer
Active surveillance or watchful waiting for patients with early stage disease.
Strategies for repeat biopsy, what about “saturation” biopsy?
Surgical and Radiation management for early stage prostate cancer

1:50-2:40 pm  Case 7
52 year old Caucasian male who developed left ureteral colic, from a small calculi which passed spontaneously. His urologic evaluation revealed an abnormal DRE and a serum PSA of 28ng/ml.
A TRUS/Biopsy was done showing a Gleason VI and VII, large volume disease.
Evaluation by bone scan and CT scan was negative for metastasis.
With locally advanced disease, he was placed on modified hormonal therapy regimen, with Finasteride and bicalutimide.
Three months later he underwent a pelvic L.N. dissection and Radical prostatectomy.
Patient recovery was uneventful, and he is continent 6 weeks post-surgery.
First post-operative PSA was undetectable.

Discussion objectives:
Outline an approach to manage advanced stage prostate cancer
Clinically relevant pathological changes related to hormone and radiation therapy
What about hormone refractory prostate cancer?
Role for salvage prostatectomy.

2:40-2:55 PM  Q&A, Group Discussion
2:55-3:00 PM  Closing Remarks for the GU Tumor Session

3:00 PM  Closing Remarks, Feedback & Suggestion