THE QUEEN'S MEDICAL CENTER
PERSONALIZED MEDICINE PROGRAM
CONSULTATION REPORT

Patient Name:	**GOLDSTEIN, KENNETH M**	Pathology No.	**SQ15-16286**
DOB/Gender:	9/15/1946 (Age: 69) M	Location:	QUEENS CANCER C
Patient ID:	328041	Taken:	10/16/2015
		Received:	10/16/2015
Patient Phone	239-7950	Reported:	11/25/2015

Physician(s): Peter Bryant-Greenwood MD
GARRY B PEERS MD (POB II)--
GLENN M STAHL MD (KANEOHE)
DAVID M HUNTLEY MD (KAILUA)

DIAGNOSIS

PATHOLOGY REVIEW:

Mr. Goldstein's pathology was reviewed: SQ09-5874 and SH12-19268.

SQ09-5874:
- PAPILLARY RENAL CELL CARCINOMA TYPE I WITH CLEAR MARGINS; GRADE 2, STAGE I
- TWO LESIONS PRESENT- ONE 6.0 CM AND A SMALLER FOCUS MEASURING LESS THAN 1 CM.

SH12-19268:
-MELANOMA, SUPERFICIAL SPREADING TYPE, CLARKES LEVEL IV (STAGE IB).
-REEXCISION MARGINS; NEGATIVE.
-SENTINEL LYMPH NODE: NEGATIVE.

ASSESSMENT:

The patient's Papillary Renal Cell Carcinoma represents about 10% of renal malignancies. It is also associated with hereditary c-MET gene mutations (HPRCC). Because of the number of tumors observed in the patient's surgical specimen (two), this patient is at risk for a germline mutation in the c-MET gene. Additionally, mutations in the c-MET gene are also observed in primary cutaneous melanoma.

RECOMMENDATIONS:

1. Continued follow-up with Gary Peers MD (Urology) for ongoing surveillance of the right kidney with US (Ultrasound) or MRI, as germline mutations place all kidney tissue at risk for neoplastic transformation.

2. Continued follow-up with David Huntley (Dermatology) for comprehensive skin examination and monitoring.

3. Upper endoscopy for stomach and esophageal cancer screening given that such tumors are also strongly linked to c-MET mutations.

4. For recurrent disease (renal cell carcinoma or Melanoma), genomic profiling may be helpful to assess for c-MET clinical trial eligibility.

pbg/11/25/2015

Interpreted By: Peter Bryant-Greenwood MD
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