State University of New York
Health Science Center
Syracuse

College of Medicine

Department of Pathology
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June 24, 1988

Kenneth E. Gale, M.D.
1200 East Genesee Street
Syracuse, Ny 13210

RE: George A. Serviss, Sr.
JA88-94

Dear Dr. Gale:

This is my brief report on my review of Mr. Serviss' biopsy material. I reviewed a biopsy originally numbered GS86-4747 with the slides as coming from GSGH in Mertle Beach, South Carolina and the pathology report corresponding to this number coming from the Department of Pathology Brunswich County Hospital in Supply, North Carolina dated 10/30/86. The biopsy was labeled as coming from a left supraclavicular lymph node. This lymph node showed microscopically that it was nearly totally replaced by metastatic cancer. The histologic and cytologic features of the cancer show what appears to be an epithelial pattern of poorly differentiated cells. There are no definite gland formations. The cells have prominent nuclei with prominent nucleoli and show moderate pleomorphism. Special stains for mucin production are negative (Kreyberg stain). Immunohistochemical stains are repeated and show positive staining for cytokeratin in many of the cells, negative staining for carcinoembryonic antigen (CEA) and focal positive staining of cells with S-100 antibody. The staining for S-100 has positivity also in some residual histiocytes associated with a small amount of residual lymphoid tissue, and I cannot be certain whether the positive staining of other cells within what appears to be tumor is actually tumor cells or residual histiocytes from the lymph node. I do not think the degree of S-100 positivity is sufficient to diagnose melanoma, but I cannot completely exclude this.

With the history of talc and asbestos exposure and the reported radiologic appearance consistent with a mesothelioma, this tumor could represent a mesothelioma but I have insufficient material to confirm this diagnosis. Likewise, as mentioned in the original pathology report, I cannot completely exclude a poorly differentiated squamous cell carcinoma.

EXHIBIT 4

If more correlation or further information becomes available, please let me know and I will be glad to consider the possibility of making a more definitive diagnosis.

Sincerely,

Jerrold L. Abraham, M.D.
Associate Professor and
Director of Environmental and
Occupational Pathology

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P.S. I am retaining the original slides and block in case further studies are requested. It would be possible to take some of the tumor tissue from the paraffin block and perform transmission electron microscopy with the possibility of better identifying the tumor cell type. If you wish this performed, please send this request for this additional study.