ratio of 2.40 (95% CI 1.44, 3.99, p=0.001), 2.03 (95% CI 1.26, 3.26, p=0.003) and 1.83 (95% CI 1.01, 3.30, p=0.044), respectively. Median OS for nuclear-survivin positive (score 1-2) and negative (score 0) patients were 23 months (95% CI 15, 31) and 36 months (95% CI 1, 76), respectively (p=0.01); 5-yr survival for score 1-2 and score 0 patients were 20% and 44.5%, respectively. Conversely, no significant impact on survival is found for patients stratified according to cytoplasmic survivin expression.

Conclusions: Data presented herein open the issue that prognosis of early stage of NSCLC can be linked to the cellular pattern of distribution of survivin.

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Cardiac leiomyoma: primary or benign metastasizing?

Cale-Subia, Laarnie N.; Sagun, Leonisa S.; De Luna, Arlene M.

Philippine Heart Center, Quezon City, Philippines

Background: Cardiac neoplasms are a rare occurrence in clinical practice. Here, we present a case of a benign cardiac tumor with a history of previous uterine leiomyoma.

Objective: To describe a case of a rare benign cardiac tumor considered as benign metastasizing leiomyoma against primary cardiac tumor and underscore the usefulness of immunohistochemistry at arriving at the definitive diagnosis.

Case Methodology: A 45-year old female was managed as a case of renal disease and found out to have a right atrial mass with signs of tamponade. Imaging diagnostics revealed a mass within the right atrium and inferior vena cava with a consideration of myxoma. Excision showed right atrial mass with inferior vena cava extension, the stalk is attached to the posterior of IVC. A benign spindle cell tumor favoring atypical leiomyoma was considered after a positive smooth muscle actin and negative S-100. Further immunohistochemistry of the patient's uterine leiomyoma, showed positive estrogen receptor (ER), progesterone receptor (PR) and negative p53 while the cardiac mass showed negative reaction to ER, PR, and p53. The patient was weaned from cardiopulmonary bypass without difficulty.

Results And Discussion: The patient is in her reproductive years, the usual presentation of primary cardiac neoplasms and benign metastasizing leiomyoma. Benign metastasizing leiomyoma are usually found in the lungs with unclear pathogenesis after hysterectomy for uterine leiomyoma. Benign primary cardiac tumours are rare entities. The majority are myxomas (70%) with the rest as non-myxomatous. The patient presented with congestion because of large intracavitary mass occluding the right atrium that then causes hemodynamic insufficiency. Excision resolved the signs and symptoms. Tissue examination showed benign spindle cell tumor with hypercellular areas showing focal moderate atypia and lacking areas of tumor cell necrosis, hemorrhage with nil mitotic activity. A positive SMA and negative S-100 favors the diagnosis of atypical leiomyoma since primary cardiac leiomyoma is not reported in literature. Benign metastasizing leiomyoma is also entertained with history of uterine leiomyoma. This presents 10% cardiac involvement and may be misdiagnosed as a primary cardiac tumor. With negative ER, PR and p53, the cardiac tumor is confirmed as primary cardiac leiomyoma.

Conclusion: Benign cardiac neoplasms are extremely rare, with few being reported in literature. This is a case of 45-year old female with congestive heart failure and tamponade who incidentally found out to have a solid intracavitary mass on the right atrium. Tissue examination showed atypical leiomyoma after positive SMA. With history of uterine leiomyoma, benign metastasizing leiomyoma was entertained. Further immunostaining showed uterine leiomyoma with positive ER-PR and negative p53 against the cardiac tumor with negative ER-PR and p53 thus confirming the diagnosis of primary cardiac leiomyoma.

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Immunocytochemical evaluation of large cell neuroendocrine carcinoma of the lung for the more accurate preoperative diagnosis

Endo, Chiaki; Honda, Masako; Hoshi, Fumihiko; Sakurada, Akira; Miyamoto, Akira; Noda, Masafumi; Ishida, Itaru; Kondo, Takashi

Department of Thoracic Surgery, IDAC, Tohoku Univ., Sendai, Japan

Background: It has been very difficult to preoperatively distinguish large cell neuroendocrine carcinoma of the lung (LCNEC) not only from small cell lung cancer (SCLC) but also from non-small cell lung cancer (NSCLC) except LCNEC because only a small tissue specimen for histological examination can be obtained preoperatively. Enough quantity of cytological specimens can be obtained by bronchoscop or percutaneous fine needle aspiration, so that cytological evaluation may be much useful and helpful to the preoperative diagnosis.

Methods: Tumor touch imprint cytological specimens of surgically resected NSCLC from Jan 2002 to Jan 2007 were studied. All the cases were histologically diagnosed as NSCLC. Immunocytochemistry was done by using the following primary antibodies; chrmogranin A, synaptophysin, neural cell adhesion molecule, neuron specific enolase, cytokeratin34βE12, cytokeratin18, E-cadherin and thyroid transcription factor-1.

Results: Histological diagnoses of twenty-six cases examined were as follows; LCNEC in two cases, adenocarcinoma in fifteen cases, squamous cell carcinoma in eight, and adenosquamous carcinoma in one. All LCNEC showed positive staining of chromograin A and negative staining of cytokeratin34βE12. All NSCLC except LCNEC showed negative staining of chromogranin A, and 88% of them showed positive staining of cytokeratin34βE12.

Conclusion: The current study revealed immunocytochemistry help us distinguish LCNEC accurately from other NSCLC, and indicated positive staining of chromogranin A and negative of 34βE12 is important to diagnose LCNEC cytologically. Final results of a total of a hundred cases will be presented.

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Vascular malformation in the posterior mediastinum: Report of a rare case

Gadingan, Donaldson M.

Pathology Residents Organization, Quezon City, Philippines

Background: Arteriovenous malformations (AVM) are the most important type of vascular malformation and these can cause significant morbidity and even mortality especially if deep soft tissue structures are involved. Their unorthodox locations and different clinical presentations create concern to the part of clinicians, radiologists, pathologists, and surgeons. As of today, only two cases of AVM in the posterior mediastinum have been reported and published.

Objective: To report a rare case of arteriovenous malformation (AVM) in the posterior mediastinum and present data and review of literature on rare posterior mediastinal tumors.