MEMORANDUM FOR SGT
ATTN: CAPT RINA EDEN

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled *Plasmacytoma Infiltrating Leiomyoma in Multiple Myeloma* presented at/published to College of American Pathology, National Harbor, MD

2. October 8-11, 2017 in accordance with MDWI 41-108, has been approved and assigned local file #17284.

3. Pertinent biographic information (name of author(s) title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.

4. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist’s Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.

5. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC
Director, Clinical Investigations & Research Support
PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

1. The author must complete page two of this form:
   a. In Section 2, add the funding source for your study (e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP); Grants, etc.)
   b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing to: usaf.jbsa.59-mdw.mbx.crd-publications-and-presentations@mail.mil. This should be accomplished no later than 30 days before final clearance is required to publish/present your materials. If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance.

8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/AC (Ethics Review) and Public Affairs (59 MDWPA) for review and then forward you a final letter of approval or disapproval.

9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. Note: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.

10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDWCC. All medical research or technical information/publications/presentations must be reported to the Defense Technical Information Center (DTIC). See 59 MDW 41-106, Presentation and Publication of Medical and Technical Papers, for additional information.

11. The Joint Ethics Regulation (JER) DoD 5500.07-R. Standards of Conduct, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publications/presentation disclosures to domestic and foreign audiences, DoD personal accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/AC legal office for an ethics review. To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

   For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

   If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

   If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

   If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/AC.

   If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

   If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/AC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:

   "The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving human:

   "The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP:

   "The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

59 MDW FORM 3039 20170612
PREVIOUS EDITIONS ARE OBSOLETE
TO: CLINICAL RESEARCH
FROM: (Author's Name, Rank, Grade, Office Symbol)
Rina Eden, Capt, O-3, SGVT

GME/GHSE STUDENT: YES NO
NA

PROTOCOL NUMBER: NA

PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:
Plasmacytoma Infiltrating Leiomyoma in Multiple Myeloma

FUNDING RECEIVED FOR THIS STUDY? YES NO FUNDING SOURCE:

DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES? YES NO

IS THIS MATERIAL CLASSIFIED? YES NO

IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.? YES NO

MATERIAL IS FOR: DOMESTIC RELEASE FOREIGN RELEASE

CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

11a. PUBLICATION/JOURNAL (List intended publication/journal.)

11b. PUBLISHED ABSTRACT (List intended journal.)

11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)
College of American Pathology, National Harbor, MD October 8-11, 2017

11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meeting.)

11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED? YES NO

ASSIGNED FILE # DATE

EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC

DATE

59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)

DUTY PHONE/PAGER NUMBER

AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.: GRADE/RANK SQUADRON/GROUP/OFFICE SYMBOL INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author
Eden, Rina E. K
O-3/Capt
959 MDG CSPS SGVT
b. Coxiello, Jean M.
O-4/Maj
959 MDG CSPS SGVH
c. Smith, Nathaniel
O-4/Maj
959 MDG CSPS SGVH
d.
e.

IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)? YES NO

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401.IP, AND 59 MDW 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

AUTHOR'S PRINTED NAME, RANK, GRADE
Rina Eden, Capt, O-3

APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE
Nathaniel Smith, Major, Assistant Program Director

AUTHOR'S SIGNATURE
EDEN RINA E K 1410685376

APPROVING AUTHORITY'S SIGNATURE
SMITH NATHANIEL 1270106583

DATE
July 18, 2017
July 19, 2017

59 MDW FORM 3039 20170612
PREVIOUS EDITIONS ARE OBSOLETE
Page 2 of 3 Pages
The abstract is approved.

This poster is approved for public release.
Dear Rina Eden:

Re: "Prolapsing Plasmacytoma of the Uterus"

We are pleased to inform you that the Abstract Review Committee has selected your submission for a poster presentation at the CAP17 Meeting, which is to be held at the Gaylord National Resort, National Harbor, Maryland, from October 8-11, 2017. Your abstract/case study will also be published in a Web-only supplement to the September 2017 issue of the *Archives of Pathology & Laboratory Medicine*, and will be available for viewing by early September at [www.archivestofpathology.org](http://www.archivestofpathology.org).

As the corresponding author of this submission, you must register for and be present at the CAP17 meeting. Your poster will be allotted a 3 1/2-hour time period to be displayed (shown below). Additionally, the corresponding author or a co-author must be present at the poster during a one hour “Poster Focus” period at the beginning of your poster session to answer questions about the content of your poster. Specific details related to the date and time of your session and presentation time are shown below:

**Abstract Poster Session Location:** CAP17 Exhibit Hall

**Poster Session Number:** 100

**Poster Category:** Gynecologic and Placental Pathology

**Poster Assignment:** Poster # 146

**Scheduled Date/Time of Poster Session:** Monday Oct 9, 2017 8:30 AM - 12:00 PM

**Poster Focus Date/Time (Attendance REQUIRED):** Monday, October 9, 2017 from 8:30am - 9:30am

Posters from authors who are unavailable to present their work at the specified time will not be displayed.
Maximum poster dimensions are 4 feet tall by 8 feet wide; please do not create posters larger than this size. Pushpins will be available to mount your poster. It is your responsibility to arrive at least 15 minutes prior to the start of your poster session to hang your poster. Please be conscientious about removing your poster at the end of your session so the next poster can be displayed. If, at the start of your assigned poster session a poster from the previous session is still displayed, please carefully remove it, roll it up, and place it on the ground underneath the poster board. We are not responsible for posters left behind (see below).

Metal containers will be available in the Exhibit Hall for storage of poster tubes. We strongly recommend that you write your name on your tube. All posters and tubes must be retrieved from the Exhibit Hall by 5:30 p.m. on Tuesday, October 10th; items left after this time will be discarded. Note: access to the Exhibit Hall after 4 p.m. on Tuesday will only be possible through a specially marked entrance located to the side of the main Exhibit Hall doors.

If you forget your poster and session numbers, you may obtain them by searching the CAP17 abstracts that will be published as a Web-only supplement to the September 2017 issue of the Archives of Pathology & Laboratory Medicine by early September at www.archivesofpathology.org.

You can register for CAP17 online (www.cap.org/cap17) or by phone (800-967-4548). CAP Junior Members can take advantage of the low $199 fee, which includes most courses and entrance to the CAP17 Exhibit Hall, networking receptions, workshops, and the Spotlight event.

All accepted abstracts from CAP Junior Members are automatically eligible to be considered as one of the Top 5 Junior Member Abstracts for the CAP17 Meeting. Winners will be notified by mid-August.

If you have any questions, contact CAP at 800-967-4548. We look forward to seeing you in Maryland!

Sincerely,

Philip T. Cagle, MD
Editor-in-Chief
Archives of Pathology & Laboratory Medicine
Prolapsing Plasmacytoma of the Uterus

Rina E. K. Eden, DO; Jean M. Coviello, DO; Nathaniel E. Smith, MD

Department of Pathology and Area Laboratory Science Services, San Antonio Military Medical Center, Fort Sam Houston, TX, USA

Extraosseous plasmacytoma is rare within the female genital tract. Here, we report the case of a 55 year-old female with a history of multiple myeloma who presented with a six month history of postmenopausal vaginal bleeding. Speculum exam revealed a mass extruding through the cervical canal highly suggestive of a prolapsed leiomyoma. After surgical resection, gross examination of the presumptive myomectomy specimen revealed a 4cm white, whorled mass with no areas of necrosis or hemorrhage. Microscopically, the mass was comprised of a well-circumscribed proliferation of smooth muscle diffusely effaced and expanded by a population of CD138+, lambda light chain-restricted plasma cells. We hypothesize that a preexisting submucosal leiomyoma became colonized by neoplastic plasma cells with resultant expansion and protrusion of the leiomyoma through the cervical canal. This case highlights a rare presentation of an extraosseous plasmacytoma within the female genital tract and to our knowledge is the first recorded reported case of a plasmacytoma involving a leiomyoma.

The views expressed herein are those of the author(s) and do not reflect the official policy or position of Brooke Army Medical Center, the U.S. Army Medical Department, the U.S. Army Office of the Surgeon General, the Department of the Army, the Department of the Air Force and Department of Defense or the U.S. Government.
Plasmacytoma Infiltrating Leiomyoma in Multiple Myeloma
Authors: Rina E. K. Eden, DO; Jean M. Coviello, DO; Nathaniel E. Smith, MD
Department of Pathology and Area Laboratory Services, San Antonio Military Medical Center, Fort Sam Houston, TX, USA

Abstract

Extracavitary plasmacytoma is rare within the female genital tract. Here, we report the case of a 55 year-old female with a history of multiple myeloma who presented with a six month history of postmenopausal vaginal bleeding. Speculum exam revealed a mass protruding through the cervical canal highly suggestive of a prolapsed leiomyoma. After surgical resection, gross examination of the presumptive myomectomy specimen revealed a 4cm white, whorled mass with no areas of necrosis or hemorrhage. Microscopically, the mass was comprised of a well-circumscribed proliferation of smooth muscle diffusely effaced and expanded by a population of CD138+, lambda light chain-restricted plasma cells. We hypothesize that a preexisting submucosal leiomyoma became colonized by neoplastic plasma cells with resultant expansion and protrusion of the leiomyoma through the cervical canal. This case highlights a rare presentation of an extracavitary plasmacytoma within the female genital tract and to our knowledge is the first reported case of a plasmacytoma involving a leiomyoma.

Case Report

56 year-old postmenopausal female with recent history of relapsing multiple myeloma presented to the emergency department with worsening vaginal bleeding. On speculum exam, a smooth 4 cm mass with a 0.5cm stalk attached to the uterine cervix was observed. The physical exam was consistent with a prolaping leiomyoma. The mass was removed under anesthesia and submitted to pathology for exam.

Gross Examination: White-tan, firm well-circumscribed mass measuring 4 x 2.5 x 2.5 cm with homogenous white-tan whorled cut surface with few punctate hemorrhages and negative for necrosis.

Histologic Examination: Tissue demonstrated atypical, diffuse population of plasma cells that were positive for CD138 and lambda light chain immunohistochemical stains. The background tissue showed a desmin positive fascicular smooth muscle population without atypia, consistent with a leiomyoma and clinical history of fibroid uterus.

Follow-up: Patient refused hysterectomy and was not reevaluated by gynecology-oncology. The patient’s multiple myeloma became refractory to chemotherapy and the patient was placed on hospice 7 months after uterine plasmacytoma was removed.

Pathology

Figure A. Hematoxylin and eosin stain histopathologic evaluation demonstrating plasmacytic infiltrate expanding a smooth muscle mass.

Figure B. CD 138 immunohistochemical stain demonstrating plasma cell distribution.

Figure C. Lambda light chain immunohistochemistry stain demonstrating the lambda restricted plasma cell population.

Figure D. Desmin immunohistochemical stain demonstrating the residual leiomyoma.

Discussion

Gynecologic presentation of solitary extramedullary plasmacytoma (SEMP) is rarely discussed in the literature as an infrequent entity, and the multiple myeloma (MM) counterpart presenting in this manner, is not approached. SEMP and MM have drastically different management and prognosis. There have been only twenty-four cases of gynecologic plasmacytoma reported, which do not involve the myometrium or leiomyomas. Only three of the cases were determined to involve systemic MM, however only seven cases were determined to meet criteria to rule out a systemic process. Uterine cervix plasmacytomas treated with complete surgical resection with hysterectomy were found to have no gynecologic recurrence or progression at follow-up ranging from 3 months to 3.5 years later; however it is estimated that 30-50% of cases of SEMP in general, will progress to systemic disease. This may imply that a complete surgical resection of myometrial plasmacytoma would be beneficial in SEMP and may have benefit in MM involvement of the myometrium in addition to systemic treatment for symptomatic relief and prevention of gynecologic recurrence.

References


Acknowledgments:
Members of the gynecologic and clinical teams included Dr. Nicole F. Chappell, MD, staff hematologist and onkologist, Dr. J. Cooper, MD, resident hematologist and onkologist, and Michael A. Wiggins, MD, staff hematologist and onkologist.