



July/August 2025 Newsletter

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Summertime is an opportune time to discuss melanoma prevention as we all spend more time in the sun! Sometimes our preventative measures are not enough and there may be cause to suspect melanoma.



CPC pathologists play a crucial role in melanoma diagnoses by examining tissue samples under a microscope.

Have you ever wondered what the workup looks like at CPC with a suspected melanoma specimen?

The CPC lab will create slides from the submitted specimen and provide them to the pathologist. The initial slides will include an H&E stain to visualize cells and tissues under a microscope. This stain allows for clear differentiation of cellular components.

If the pathologist suspects melanoma, he or she will then request additional slides from the lab, such as special stains or immunostains (IHC). Pathologists may use one or several IHC stains, including Sox-10, PRAME, HMB-45, p16, and Ki-67/Melan-A, to evaluate melanocytic lesions. This is due to the complexity of distinguishing benign nevi from malignant melanoma. We will be covering these 5 different stains in detail through our 5-part stain series.

For this newsletter, we'll be discussing the first stain usually used in the workup, which is the Sox-10 IHC. **Sox-10** is a nuclear transcription factor that marks cells of neural crest origin, including melanocytes. It is a highly sensitive and specific marker for melanocytic lesions, allowing the pathologist to identify melanocytic lineage even in poorly differentiated or heavily pigmented tumors. Sox-10 is particularly useful for highlighting lesional cells and aiding in the assessment of architectural patterns.

Look for our September newsletter for part 2 of our stain series, to include details about CPC's PRAME IHC stain.

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