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FCC19-226%20Appeal%20%...

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Name of Filer	Alexander Krohn		
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My name is Alexander Krohn. I am a licensed Physical Therapist and a stage 3 cancer survivor. As you can see from the images on the next slides, the pathologist at Stanford University thinks it is possible that the type of tumor I had was a Malignant Nerve Sheath tumor, otherwise known as a Malignant Schwannoma. This is the same hystotype of cancer proven to be caused by non-thermal levels of RF Microwave Radiation by the National Toxicology Program Study (https://ntp.niehs.nih.gov/whatwestudy/topics/cellphones/index.html) and the Ramazzini Institute study (https://pubmed.ncbi.nlm.nih.gov/29530389/). Given this clear evidence I think it is reasonable to conclude that my cancer may have been caused by the many hours of exposure to RF radiation near the origin of my tumor over a 20-year period from my cell phone. I also think it is reasonable to think any recurrence of this type of cancer would be reduced by limiting my exposure to non-thermal levels of RF Microwave below the FCC proposed public safety limits. I oppose any safety standard that is based solely on thermal effects and deem these thermal safety standards as insufficient and unreasonable to adequately protect myself from further harm. I will hold the FCC accountable for any recurrence I have of a definite or possible Malignant Peripheral Nerve Sheath Tumor (Malignant Schwannoma) if the FCC continues to support safety standards that are inadequate based on the best available science.

Sincerely,
Alexander Krohn

Name: Alexander Krohn | DOB: 4/19/1982 | [redacted]

SURGICAL PROCEDURE - Details

Study Result

Narrative

********** THIS IS AN ADDENDUM REPORT **********
Accession No: SHS-18-12110
SPECIMEN SUBMITTED:
A. SOFT TISSUE DEEP RIGHT NECK
B. RIGHT SOFT TISSUE MARGIN DEEP ASPECT SUPERIOR (FSB)
C. SOFT TISSUE ADHERENT TO RIGHT SPINAL ACCESSORY NERVE (FSC)
D. RIGHT SOFT TISSUE MARGIN LATERAL ASPECT (FSD)
E. RIGHT SOFT TISSUE MARGIN MEDIAL ASPECT (FSE)
F. RIGHT SOFT TISSUE MARGIN SUPERIOR ASPECT (FSF)
G. RIGHT SOFT TISSUE MARGIN INFERIOR ASPECT (FSG)
H. RIGHT SOFT TISSUE ALONG JUGULAR VEIN (FSH)
I. LEVEL II NECK DISSECTION

DIAGNOSIS:
A. SOFT TISSUE, DEEP RIGHT NECK, EXCISION
-- HIGH-GRADE SARCOMA WITH MYXOID FEATURES, 5.5CM, NARROWLY EXCISED (SEE COMMENT)
-- ONE LYMPH NODE NEGATIVE FOR MALIGNANCY (0/1)

B. NECK, RIGHT SOFT TISSUE MARGIN, DEEP ASPECT SUPERIOR, BIOPSY
-- NO TUMOR SEEN

C. NECK, SOFT TISSUE ADHERENT TO RIGHT SPINAL ACCESSORY NERVE, BIOPSY
-- NO TUMOR SEEN

D. NECK, RIGHT SOFT TISSUE MARGIN, LATERAL ASPECT, BIOPSY
-- NO TUMOR SEEN

E. NECK, RIGHT SOFT TISSUE MARGIN, MEDIAL ASPECT, BIOPSY
-- NO TUMOR SEEN

F. NECK, RIGHT SOFT TISSUE MARGIN, SUPERIOR ASPECT, BIOPSY
-- NO TUMOR SEEN

G. NECK, RIGHT SOFT TISSUE MARGIN, INFERIOR ASPECT, BIOPSY
-- NO TUMOR SEEN

H. NECK, RIGHT SOFT TISSUE ALONG JUGULAR VEIN, BIOPSY
-- NO TUMOR SEEN

I. LYMPH NODE, LEVEL II, DISSECTION
-- NINETEEN LYMPH NODES NEGATIVE FOR MALIGNANCY (0/19)

PARK/ZEMEK/YAN/CHARVILLE/BORNE/VOGEL/VAN DE RIJN

COMMENT: We reviewed the frozen section slides and agree with diagnoses rendered.

Histologic sections the neck mass show a well-circumscribed, encapsulated spindle cell neoplasm in mixed collagenous and myxoid stroma. The tumor is separated from the inked surgical specimen edge by a thin capsule (main specimen: A). In addition, all separately submitted margin specimens (B-H) are free of tumor.
The tumor cells show marked pleomorphism with large, bizarre and some multinucleated nuclei with hyperchromatic chromatin. There is increased mitosis (21 mitosis/10 HPF) with frequent atypical mitotic figures. By immunostains, the tumor cells are positive for CD34 and negative for CK mix, S100, STAT6, desmin, ERG, SOX10 and SMA. Rare neurofilaments are seen on NF stain and scattered cells show weak EMA reactivity. The immunostains do not provide a definitive diagnosis but a malignant nerve sheath tumor cannot be excluded. The tumor does not contain the typical curvilinear vessels seen in myxofibrosarcoma.
A FISH study for MDM2 amplification has been ordered and will be issued as an addendum report.