STUDY CASES

FEBRUARY 1997

GENITOURINARY TUMORS

California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
11021 Campus Avenue, AH 335
Loma Linda, California 92350
(909) 824-4788
FAX: (909) 478-4188
Target audience: Practicing pathologists and pathology residents.

Goal: To acquaint the participant with the histologic features of a variety of benign and malignant neoplasms and tumor-like conditions.

Objective: The participant will be able to recognize morphologic features of a variety of benign and malignant neoplasms and tumor-like conditions and relate those processes to pertinent references in the medical literature.

Educational methods and media: Review of representative glass slides with associated histories. Feedback on consensus diagnoses from participating pathologists. Listing of selected references from the medical literature.

Principal faculty: Weldon K. Bullock, MD Donald R. Chase, MD

CME Credit: The CTTR designates this activity for up to 2 hours of continuing medical education. Participants must return their diagnoses to the CTTR as documentation of participation in this activity.

Accreditation: The California Tumor Tissue Registry is accredited by the California Medical Association as a provider of continuing medical education.
TISSUE FROM: Left testicle

CLINICAL ABSTRACT:

This 38-year-old Caucasian male presented with a 0.3 cm diameter painful left testicular “lump”. The patient was diagnosed with epididymitis and spermatocele, and was started on antibiotics. The mass resolved with antibiotics. Two years later, he again presented with a mass in the superior pole of the left testis, now noted to be 2.5 cm in diameter. The testis was resected.

GROSS PATHOLOGY:

The 75.2 gram specimen consisted of a 5.0 x 5.0 x 4.0 cm previously transected testicle with an attached 9.0 x 2.0 x 0.6 cm cord. Cut sectioning showed a 3.5 x 3.0 x 3.0 cm tumor occupying the superior lobe and infiltrating into the inferior portion of the testicle.

CONTRIBUTOR: Dr’s Degregorio and Moreno
Sylmar, CA

TISSUE FROM: Right testicle

CLINICAL ABSTRACT:

The 30-year-old male presented with a one month history of an enlarged, firm, non-tender right testicle. Ultrasound revealed a right testicular mass, suspicious for carcinoma. A radical orchiectomy was performed.

GROSS PATHOLOGY:

This 138 gram specimen included a 7.0 x 6.0 x 4.0 cm testis with epididymis and an 11 cm length of spermatic cord. The previously opened testicle showed a large pink, soft, friable mass that was largely necrotic and appeared to displace the normal testicular parenchyma to the periphery.
**CONTRIBUTOR:** Roger McFadden, M.D  
Mission Hills, CA

**CASE NO. 3 - FEBRUARY 1997**

**TISSUE FROM:** Left testicle

**ACCESSION #27539**

**CLINICAL ABSTRACT:**

This 11-year-old male presented with a five day history of pain and swelling of the left testicle. He had no fever or evidence of infection. Physical examination showed a 6.0 cm diameter left testicle which was indurated and minimally tender. Ultrasound showed a mixed echogenic mass about 5.8 cm in size. Left radical orchiectomy was performed.

**GROSS PATHOLOGY:**

The 98 gram testis was 8.0 x 5.5 x 4.5 cm in greatest dimension and included 9.0 cm of attached cord. Cut sectioning revealed the bulk of the testis to be replaced by a 5.3 cm diameter sharply circumscribed pale yellowish-tan mass with a fish-flesh, waxy consistency.

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**CONTRIBUTOR:** W. M. Talbert, M.D.  
Long Beach, CA

**CASE NO. 4 - FEBRUARY 1997**

**TISSUE FROM:** Paratesticular mass

**ACCESSION #27947**

**CLINICAL ABSTRACT:**

This 70-year-old male was seen for a multinodular scrotal and inguinal mass. Two of the nodules measured 2.0 and 2.8 cm and were removed.

**GROSS PATHOLOGY:**

A 2.2 x 2.3 x 1.3 cm roughly spherical portion of soft pink-white tissue was covered by a pink thin fibromembranous capsule. Cut sectioning revealed a somewhat trabeculated rubbery firm homogenous mass.

**SPECIAL STAINS:**

<table>
<thead>
<tr>
<th>Stain</th>
<th>Result</th>
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<tbody>
<tr>
<td>Actin</td>
<td>negative</td>
</tr>
<tr>
<td>Desmin</td>
<td>negative</td>
</tr>
</tbody>
</table>
CONTRIBUTOR: Howard Otto, M.D.
Cheboygan, MI

TISSUE FROM: Bladder

CASE NO. 5 - FEBRUARY 1997

ACCESSION #27905

CLINICAL ABSTRACT:

This 69-year-old Caucasian male was found on cystoscopy and IVP to have a solid appearing tumor in the dome of the bladder, described as "baseball size" and apparently invasive. A CT scan revealed a 4.0 x 3.0 x 4.0 cm tumor apparently infiltrating the serosa. Following the examination, gross bleeding began. He was admitted through the ER and a partial cystectomy was performed.

GROSS PATHOLOGY:

The 190 gram, 9.5 x 8.0 x 6 cm specimen consisted of a large piece of congested fatty tissue. Multiple cross sections revealed a 7.0 x 5.5 x 3.5 cm soft, nodular, mottled gray and yellow, focally hemorrhagic mass which was discrete and well-demarcated.

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CONTRIBUTOR: Mark Janssen, M.D.
Anaheim, CA

TISSUE FROM: Penis

CASE NO. 6 - FEBRUARY 1997

ACCESSION #28119

CLINICAL ABSTRACT:

The patient was a 49-year-old paraplegic Caucasian male who wore a condom catheter. It was changed periodically by his wife. For about one year she had noticed a polypoid mass slowly growing, attached to the frenulum. The penile lesion was removed.

GROSS PATHOLOGY:

The 3.0 x 2.6 x 1.5 cm specimen consisted of a polypoid, tan, granular soft tissue mass with a mucoid gelatinous cut surface.

SPECIAL STAINS:

Desmin negative
CD-34 negative
CONTRIBUTOR: W.E. Carroll, M.D.  
Santa Barbara, CA  
CASE NO. 7 - FEBRUARY 1997

TISSUE FROM: Prostate  
ACCESSION #26844

CLINICAL ABSTRACT:

This 65-year-old Caucasian male had had prostatism for last several years with nocturia and a poor flow rate. He denied any incontinence. Cystoscopy revealed moderate median lobe and lateral lobe hypertrophy. The bladder was severely trabeculated with diverticular disease and residual was 130 cc. A cystoscopy and transurethral resection of the prostate was performed.

GROSS PATHOLOGY:

The specimen consisted of an 18 gram aggregate of multiple rubbery tan-pink soft tissue fragments.

SPECIAL STAINS:

High MW keratin (34BE12) positive

CONTRIBUTOR: R.L. Lesonsky, M.D.  
Northridge, CA  
CASE NO. 8 - FEBRUARY 1997

TISSUE FROM: Bladder  
ACCESSION #27215

CLINICAL ABSTRACT:

This 74-year-old Caucasian female presented with a large exophytic tumor involving the dome of the bladder. She later had a radical cystectomy with creation of a new bladder.

GROSS PATHOLOGY:

The 9.7 x 7.6 x 3.7 cm urinary bladder included a 5.6 x 4 x 2.6 cm fungating tumor overlying the posterior wall. The tumor was necrotic, yellow-tan and gray. It appeared to extend through the bladder wall.
CONTRIBUTOR: Howard Otto, M.D.  
Cheboygan, MI  
CASE NO. 9 - FEBRUARY 1997  
TISSUE FROM: Penis  
ACCESSION #26522  

CLINICAL ABSTRACT:  
This 59-year-old Caucasian presented with a two week history of difficulty in urination due to marked swelling at the end of his penis which had progressed to involve the entire penis and scrotum. Antibiotics failed to resolve the condition and incision and drainage of an abscess of foreskin and scrotum was performed. Following debridements with biopsies, a total penectomy with urethrostomy was then performed.

GROSS PATHOLOGY:  
The 11 x 3.5 cm specimen included foreskin, glans and penile shaft. Tumor replaced the entire glans and most of the prepuce, obliterating the distal urethra. Tumor extended to within 2.5 cm on the proximal margin of resection.

CONTRIBUTOR: Jack Leissring, M.D.  
Santa Rosa, CA  
CASE NO. 10 - FEBRUARY 1997  
TISSUE FROM: Bladder  
ACCESSION #27555  

CLINICAL ABSTRACT:  
This 77-year-old male presented with hematuria of three day's duration. Cystoscopy revealed a 2.0 x 3.0 cm necrotic, partially calcified sessile tumor overlying the right hemitrigone. In addition, there were several papillary bladder tumors just inside the bladder bilaterally. Transurethral resection of the bladder tumors was performed.

GROSS PATHOLOGY:  
Multiple soft tissue fragments totaled 6 grams in aggregate.

SPECIAL STAINS:  
Chromogranin negative
SUGGESTED READING (General Topics from Recent Literature):


California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
11021 Campus Avenue, AH 335
Loma Linda, California 92350
(909) 824-4788
FAX: (909) 478-4188
INLAND (RIVERSIDE/SAN BERNARDINO) - Seminoma (2); Seminoma, spermatocytic (2); Classic seminoma (1)

ORANGE (St. Joseph Hospital) - Seminoma (3)

BAKERSFIELD (Central Valley Study Group) - Seminoma

CAMARILLO (Alviso Group) - Seminoma

VENTURA (Unilab) - Seminoma

PLEASANTON/FREMONT - Seminoma

LONG BEACH - Seminoma (9)

OXNARD (St. John Regional Medical Ctr) - Seminoma

SAN DIEGO (Naval Medical Center) - Seminoma (14)

SANTA BARBARA (Cottage Hospital) - Seminoma

SANTA ROSA - Seminoma

BAY AREA - Seminoma (3)

SACRAMENTO (UC Davis Med Ctr) - Seminoma (5)

SANTA CLARA (Loma Prieta Group) - Seminoma (5)

NEBRASKA (Creighton University) - Seminoma

TEXAS (Houston) - Classic seminoma

MISSISSIPPI (Mississippi Med Ctr) - Seminoma, classic type

MARYLAND (Bethesda Naval Med Ctr) - Seminoma (11)

CONNECTICUT (Univ Conn Health Ctr) - Seminoma

NEW HAMPSHIRE (Manchester) - Seminoma (2)

NEW JERSEY (Overlook Hospital Summit) - Seminoma (3); Seminoma with in-situ tubular seminoma (1)

WYOMING - Seminoma

NEW YORK (Metropolitan Hospital) - Seminoma, classic type

NEW YORK (Impath) - Seminoma (4)

JAPAN (Shimada-Kyoto) - Seminoma

AUSTRALIA (Sydney) - Classic seminoma

DIAGNOSIS:
SEMINOMA, LEFT TESTIS
T78000/M90613

REFERENCES:
CASE NO. 2, ACCESSION NO. 27897
FEBRUARY 1997

INLAND (RIVERSIDE/SAN BERNARDINO) - Seminoma (4); Seminoma, classic type (1)
ORANGE (St. Joseph Hospital) - Seminoma (3)
BAKERSFIELD (Central Valley Study Group) - Seminoma
CAMARILLO (Alviso Group) - Aggressive seminoma
VENTURA (Unilab) - Seminoma
PLEASANTON/FREMONT - Seminoma
LONG BEACH - Seminoma (9)
OXNARD (St. John Regional Med Ctr) - Seminoma
SAN DIEGO (Naval Medical Center) - Seminoma (14)
SANTA BARBARA (Cottage Hospital) - Seminoma
SANTA ROSA - Seminoma (3)
BAY AREA - Seminoma (3); (? Anaplastic variant (1)
SACRAMENTO (UC Davis Med Ctr) - Seminoma (5)
SANTA CLARA (Loma Prieta Group) - Seminoma (5)
NEBRASKA (Creighton University) - Seminoma, (R/O anaplastic seminoma)
TEXAS (Houston) - Spermatocytic seminoma
MISSISSIPPI (Mississippi Med Ctr) - Seminoma, classic type
MARYLAND (Bethesda Naval Med Ctr) - Seminoma (11)
CONNECTICUT (Univ Conn Health Ctr) - Anaplastic seminoma (2); Seminoma (6)
NEW HAMPSHIRE (Manchester) - Seminoma
NEW JERSEY (Overlook Hospital Summit) - Seminoma (4)
WYOMING - Seminoma
NEW YORK (Metropolitan Hospital) - Seminoma
NEW YORK (Impath) - Seminoma (4)
JAPAN (Shimada-Kyoto) - Seminoma
AUSTRALIA (Sydney) - Classic seminoma with intratubular neoplasia

DIAGNOSIS:
SEMINOMA, RIGHT TESTIS
T78000/M90613

REFERENCES:

(See also last reference of suggested reading for November)
INLAND (RIVERSIDE/SAN BERNARDINO) - Undifferentiated carcinoma (1); Embryonal carcinoma (2); See the Registry Forum for comment (1); Lymphoma (1)
ORANGE (St. Joseph Hospital) - Small round blue cell tumor (3)
BAKERSFIELD (Central Valley Study Group) - Spermatocytic seminoma
CAMARILLO (Alviso Group) - Spermatocytic seminoma
VENTURA (Unilab) - Solid embryonal carcinoma
PLEASANTON/FRMONT - Sarcoma, NOS (possible rhabdo)
LONG BEACH - Rhabdomyosarcoma (9)
OXNARD (St. John Regional Med Ctr) - Undifferentiated malignant neoplasm, solid embryonal carcinoma vs rhabdomyosarcoma (embryonal)
SAN DIEGO (Naval Medical Center) - Embryonal rhabdomyosarcoma (14)
SANTA BARBARA (Cottage Hospital) - Embryonal rhabdomyosarcoma
SANTA ROSA - Small round cell malignant neoplasm, favor lymphoma (1); Round cell tumor vs stromal tumor (1); Poorly differentiated malignant neoplasm, probably stromal (1)
BAY AREA - Slide suboptimal; gonadal stromal tumor (? Sertoli-Leydig) (3)
SACRAMENTO (UC Davis Med Ctr) - Yolk sac tumor (4); Rhabdomyosarcoma (1)
SANTA CLARA (Loma Prieta Group) - Embryonal rhabdomyosarcoma (5)
NEBRASKA (Creighton University) - Rhabdomyosarcoma
TEXAS (Houston) - Embryonal carcinoma
MISSISSIPPI (Mississippi Med Ctr) - Anaplastic lymphoma
MARYLAND (Bethesda Naval Med Ctr) - Rhabdomyosarcoma (11)
CONNECTICUT (Univ Conn Health Ctr) - Poorly differentiated stromal cell neoplasm (? granulosa cell tumor)
NEW HAMPSHIRE (Manchester) - Spindle cell malignant tumor (fibrosarcoma vs neurogenic sarcoma) (1); Spindle cell malignancy, high grade (1)
NEW JERSEY (Overlook Hospital Summit) - Favor rhabdomyosarcoma (4)
WYOMING - Poorly differentiated malignant tumor
NEW YORK (Metropolitan) - Embryonal carcinoma
NEW YORK (Impath) - Pleomorphic tumor, most likely sarcoma (? rhabdomyo) cannot entirely exclude lymphoma (4)
JAPAN (Shamada-Kyoto) - Pleomorphic rhabdomyosarcoma
AUSTRALIA (Sydney) - Embryonal rhabdomyosarcoma

DIAGNOSIS:
Rhabdomyosarcoma, left testicle (intratesticular)
T78000/M89003

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Nodular fasciitis (1); Sarcoma, NOS, low grade (1); Malignant fibrous histiocytoma (2); Neurofibrosarcoma (1)

ORANGE (St. Joseph Hospital) - Pleomorphic spindle cell sarcoma, NOS, low grade (2)

BAKERSFIELD (Central Valley Study Group) - Rhabdomyosarcoma

CAMARILLO (Alviso Group) - Malignant nerve sheath tumor

VENTURA (Unilab) - Fibrosarcoma, r/o fibrous mesothelioma

PLEASANTON/FREMONT - Paratesticular sarcoma (fibrosarcoma)

LONG BEACH - Sarcoma NOS (5); Malignant fibrous histiocytoma (3); Fibrosarcoma (1)

OXNARD (St. John Regional Medical Ctr) - NDFP, r/o low grade fibrosarcoma

SAN DIEGO (Naval Medical Center) - Malignant fibrous histiocytoma (10); Sarcoma (2); Epithelial hemangioendothelioma (1); Fibrosarcoma (1)

SAN DIEGO (St. Joseph Hospital) - Malignant fibrous histiocytoma (10); Sarcoma (2); Epithelial hemangioendothelioma (1); Fibrosarcoma (1)

SANTA BARBARA (Cottage Hospital) - Malignant fibrous histiocytoma

SANTA ROSA - Sarcoma, MFH vs fibrosarcoma (1); Malignant undifferentiated neoplasm, r/o sarcoma (1); Poorly differentiated mesenchymal neoplasm, r/o leiomyosarcoma (1)

BAY AREA - Fibrous mesothelioma of scrotal sac (2); Benign spindle cell nodule (1)

SACRAMENTO (UC Davis Med Ctr) - Pleomorphic sarcoma (5)

SANTA CLARA (Loma Prieta Group) - Sarcoma, NOS (5)

NEBRASKA (Creighton University) - Fibrosarcoma

TEXAS (Houston) - Leiomyosarcoma

MISSISSIPPI (Mississippi Med Ctr) - Fibrosarcoma

MARYLAND (Bethesda Naval Med Ctr) - MFH (8); Malignant peripheral nerve sheath tumor (2); Fibrosarcoma (1)

CONNECTICUT (Univ Conn Health Ctr) - Sclerosing liposarcoma

NEW HAMPSHIRE (Manchester) - Spindle cell malignant tumor, (fibrosarcoma vs neurogenic sarcoma) (1); Neurofibromatous ganglioneurofibromata (1)

NEW JERSEY (Overlook Hospital Summit) - Favor low grade MFH (4)

WYOMING - Sarcoma, NOS

NEW YORK (Metropolitan Hospital) - Malignant fibrous histiocytoma

NEW YORK (Impath) - Fibrosarcoma (4)

JAPAN (Shimada-Kyoto) - Malignant fibrous histiocytoma

AUSTRALIA (Sydney) - Sclerosing liposarcoma/malignant fibrous histiocytoma

DIAGNOSIS:
MALIGANT FIBROUS HISTIOCYTOMA, PARATESTICULAR

T78000/M88303

Comment: An older name for tumors with this phenotype is "pleomorphic fibrosarcoma." Sclerosing liposarcomas may also have this appearance, however, lipoblasts were not appreciated in our material. (dc)

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Urachal adenocarcinoma (2); Poorly differentiated carcinoma -- maybe transitional in origin. Description does not indicate if there was a mucosal component (1); Adenocarcinoma, poorly differentiated (1); Transitional cell carcinoma, grade IV (1)

ORANGE (St. Joseph Hospital) - Poorly differentiated transitional cell carcinoma (2); Poorly differentiated adenocarcinoma (1)

BAKERSFIELD (Central Valley Study Group) - P/D adenocarcinoma

CAMARILLO (Alviso Group) - Adenocarcinoma (urachal ?)

VENTURA (Unilab) - Urachal adenocarcinoma

PLEASANTON/FREMONT - Transitional cell carcinoma, high grade

LONG BEACH - Adenocarcinoma (5); High-grade transitional-cell carcinoma (4)

OXNARD (St. John Regional Med Ctr) - Urachal adenocarcinoma

SAN DIEGO (Naval Medical Center) - Poorly differentiated adenocarcinoma (14)

SANTA ROSA - Poorly differentiated transitional cell carcinoma with muscular invasion (1); Malignant epithelial tumor, r/o high grade transitional cell carcinoma (1); Transitional cell carcinoma, high grade (1)

BAY AREA - Adenocarcinoma, bladder (? urachal origin) (3)

SACRAMENTO (UC Davis Med Ctr) - Poorly differentiated transitional cell carcinoma (5)

SANTA CLARA (Loma Prieta Group) - Urachal carcinoma (5)

NEBRASKA (Creighton University) - High grade adenocarcinoma, r/o urachal origin, r/o metastasis

TEXAS (Houston) - Small cell undifferentiated carcinoma

MISSISSIPPI (Mississippi Med Ctr) - Papillary transitional cell carcinoma

MARYLAND (Bethesda Naval Med Ctr) - Urachal adenocarcinoma (11)

CONNECTICUT (Univ Conn Health Ctr) - Adenocarcinoma

NEW HAMPSHIRE (Manchester) - Mixed transitional vs adenocarcinoma (1); Adenocarcinoma, bladder (1)

NEW JERSEY (Overlook Hospital Summit) - Poorly-differentiated adenocarcinoma with squamous metaplasia (3)

WYOMING - Poorly differentiated carcinoma, probably transitional cell, r/o metastasis

NEW YORK (Metropolitan Hospital) - Transitional cell carcinoma, high grade

NEW YORK (Impath) - High grade transitional cell carcinoma (4)

JAPAN (Shimada-Kyoto) - Urachal carcinoma

AUSTRALIA (Sydney) - High grade transitional cell carcinoma

DIAGNOSIS:

HIGH GRADE TRANSITIONAL CELL CARCINOMA, BLADDER

T74000/M81203

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Angiomyxoma (2); Reactive edematous fibromatosis (1); Fibromyxoma (1); Fibro-epithelial polyp, prepuse (1)
ORANGE (St. Joseph Hospital) - Fibro-epithelial polyp (2)
BAKERSFIELD (Central Valley Study Group) - Fibrous pseudotumor
CAMARILLO (Alviso Group) - Myxofibroma
VENTURA (Unilab) - Fibromyxoid polypl
PLEASANTON/FREMONT - Inflammatory pseudotumor vs aggressive angiomyxoma
LONG BEACH - Fibromyxoma (9)
OXNARD (St. John Regional Medical Ctr) - Fibromyxoma
SAN DIEGO (Naval Medical Center) - Aggressive angiomyxoma (6); Myofibroblastic pseudotumor (4)
SANTA BARBARA (Cottage Hospital) - Aggressive angiomyxoma (vs angiomyofibroblastoma)
SANTA ROSA - Consistent with angiomyxoma, aggressive (1); Aggressive angiomyxoma (2)
BAY AREA - Aggressive angiomyxoma (1); Benign post traumatic spindle cell tumor (angiomyxofibroma) (1)
SACRAMENTO (UC Davis Med Ctr) - Inflammatory pseudosarcoma (5)
SANTA CLARA (Loma Prieta Group) - Myxoma (5)
NEBRASKA (Creighton University) - Angiomyxoma
TEXAS (Houston) - Fibroepithelial polyp
MISSISSIPPI (Mississippi Med Ctr) - Angiomyxoma
MARYLAND (Bethesda Naval Med Ctr) - Inflammatory pseudotumor/fibrous proliferation (8); Angiomyxoma (3)
CONNECTICUT (Univ Conn Health Ctr) - Benign reactive nodule
NEW HAMPSHIRE (Manchester) - Benign fibroepithelial polyp (1); Fibroma vs fibroepithelial polyp (1)
NEW JERSEY (Overlook Hospital Summit) - Myxoma (2); Angiofibroma with myxoid features (2)
WYOMING - Aggressive angiomyxoma
NEW YORK (Metropolitan Hospital) - Aggressive angiomyxoma
NEW YORK (Impath) - Fibroepithelial polyp (4)
JAPAN (Shimada-Kyoto) - Aggressive angiomyxoma
AUSTRALIA (Sydney) - Aggressive angiomyxoma

DIAGNOSIS:
ANGIOFIBROMATOUS PROLIFERATION CONSISTENT WITH "PEARLY PENILE PAPULE" -- SEE REFERENCES AND COMMENT
T76000/M03130

Comment: This proliferation has a phenotype somewhere between that of a nasopharyngeal angiofibroma and aggressive angiomyxoma. When associated with the penis, they have been termed "hirsutoid papillomas" or "pearly penile papules." (dc)

REFERENCES:
Murphy Wm. Urological Pathology, W.B. Saunders Co., 1989; 400-401 (See photo on pg 400).
INLAND (RIVERSIDE/SAN BERNARDINO) - Basal cell hyperplasia of prostate (3); Basal cell adenosis (2); Basal cell carcinoma (1)

ORANGE (St. Joseph Hospital) - Adenosis (basaloid type) (3)

BAKERSFIELD (Central Valley Study Group) - Adenoid basal cell tumor

CAMARILLO (Alviso Group) - In-situ adenocarcinoma

VENTURA (Unilab) - Basal cell hyperplasia/fetalization within benign prostatic hyperplasia

PLEASANTON/FREMONT - Basal cell hyperplasia (basal cell adenoma)

LONG BEACH - Basal cell hyperplasia (9)

OXNARD (St. John Regional Medical Ctr) - Basal cell adenosis in BPH

SAN DIEGO (Naval Medical Center) - Basal cell hyperplasia/basal cell adenoma (6); Adenoid basal cell tumor of uncertain malignant potential (8)

SANTA BARBARA (Cottage Hospital) - Adenoid basal carcinoma

SANTA ROSA - Focal basaloid adenomatous hyperplasia (1); Basaloid adenoma (2)

BAY AREA - Prostatic intraepithelial neoplasia (1); Atypical hyperplasia (1)

SACRAMENTO (UC Davis Med Ctr) - Basal cell hyperplasia (5)

SANTA CLARA (Loma Prieta Group) - Basal cell hyperplasia (5)

NEBRASKA (Creighton University) - Basal cell hyperplasia

TEXAS (Houston) - Basal cell hyperplasia

MISSISSIPPI (Mississippi Med Ctr) - Basal cell hyperplasia

MARYLAND (Bethesda Naval Med Ctr) - Basal cell adenoma/hyperplasia (11)

CONNECTICUT (Univ Conn Health Ctr) - Basal cell hyperplasia

NEW HAMPSHIRE (Manchester) - Basal cell hyperplasia, adenoid type (1); Adenomatous hyperplasia and PIN (1)

NEW JERSEY (Overlook Hospital Summit) - Basal cell hyperplasia (4)

WYOMING - Basal cell hyperplasia

NEW YORK (Metropolitan Hospital) - Clear cell hyperplasia

NEW YORK (Impath) - Basal cell hyperplasia (4)

JAPAN (Shimada-Kyoto) - Basal cell hyperplasia

AUSTRALIA (Sydney) - Basal cell hyperplasia margin with adenoid basal cell tumor

DIAGNOSIS:

BASAL CELL HYPERPLASIA, PROSTATE

T77100/M72120

REFERENCES:

McNeal JE, Bostwick DG. Introduetional Dysplasia a Premalignant Lesion of the Prostate Hum Pathol 1986; 17(1): 64-71.


The Clinical Usefulness of Percent Free Prostate-Specific Antigen. Urology 48 (6A) Supplement to December 1996.
INLAND (RIVERSIDE/SAN BERNARDINO) - Well-differentiated squamous cell carcinoma of bladder (1); Verrucous carcinoma (1); Squamous carcinoma (2); Well-differentiated keratinizing squamous cell carcinoma (1)

ORANGE (St. Joseph Hospital) - Keratinizing squamous cell carcinoma (2)

BAKERSFIELD (Central Valley Study Group) - Keratinizing squamous cell carcinoma

CAMARILLO (Alviso Group) - Keratinizing squamous cell carcinoma

VENTURA (Unilab) - Keratinizing squamous cell carcinoma

PLEASANTON/FREMONT - High grade transitional cell carcinoma with squamous metaplasia

LONG BEACH - Keratinizing squamous cell carcinoma

OXNARD (St. John Regional Medical Ctr) - Basal cell adenosis in BPH

SAN DIEGO (Naval Medical Center) - Squamous cell carcinoma (14)

SANTA BARBARA (Naval Medical Center) - Squamous cell carcinoma

SANTA ROSA - Squamous cell carcinoma (3)

BAY AREA - Squamous cell carcinoma (2)

SACRAMENTO (UC Davis Med Ctr) - Squamous cell carcinoma (5)

SANTA CLARA (Loma Prieta Group) - Squamous carcinoma (5)

NEBRASKA (Creighton University) - Well-differentiated squamous cell carcinoma

TEXAS (Houston) - Squamous carcinoma

MISSISSIPPI (Mississippi Med Ctr) - Verrucous carcinoma

MARYLAND (Bethesda Naval Med Ctr) - Squamous cell carcinoma (11)

CONNECTICUT (Univ Conn Health Ctr) - Squamous cell carcinoma

NEW HAMPSHIRE (Manchester) - Invasive squamous cell carcinoma (1); Squamous cell carcinoma, well to moderately differentiated

NEW JERSEY (Overlook Hospital Summit) - Squamous cell carcinoma (4)

WYOMING - Well-differentiated squamous cell carcinoma of bladder

NEW YORK (Metropolitan Hospital) - Epidermoid carcinoma, bladder

NEW YORK (Impath) - Squamous cell carcinoma (4)

JAPAN (Shimada-Kyoto) - Urachal carcinoma

AUSTRALIA (Sydney) - Keratinizing squamous cell carcinoma

DIAGNOSIS:

SQUAMOUS CELL CARCINOMA, BLADDER

T74000/M80703

REFERENCES:


INLAND (RIVERSIDE/SAN BERNARDINO) - Well-differentiated squamous cell carcinoma of penis (2); Squamous cell carcinoma (3)
ORANGE (St. Joseph Hospital) - Well-differentiated keratinizing squamous cell carcinoma (2)
BAKERSFIELD (Central Valley Study Group) - Keratinizing squamous cell carcinoma
CAMARILLO (Alviso Group) - Squamous cell carcinoma
VENTURA (Unilab) - Keratinizing squamous cell carcinoma
PLEASANTON/FREMONT - Squamous carcinoma
LONG BEACH - Keratinizing squamous cell carcinoma (9)
OXNARD (St. John Regional Medical Ctr) - Squamous cell carcinoma (13); Giant condyloma of Buschke-Lowenstein (verrucous carcinoma) (1)
SANTA BARBARA (Cottage Hospital) - Invasive squamous cell carcinoma
SANTA ROSA - Squamous cell carcinoma (3)
BAY AREA - Squamous cell carcinoma and HPV changes (2)
SACRAMENTO (UC Davis Med Ctr) - Squamous cell carcinoma (5)
SANTA CLARA (Loma Prieta Group) - Squamous carcinoma (5)
NEBRASKA (Creighton University) - Well-differentiated squamous cell carcinoma
TEXAS (Houston) - Squamous carcinoma
MISSISSIPPI (Mississippi Med Ctr) - Verrucous carcinoma
MARYLAND (Bethesda Naval Med Ctr) - Verrucous carcinoma (5); Well-differentiated squamous cell carcinoma (6)
CONNECTICUT (Univ Conn Health Ctr) - Squamous cell carcinoma
NEW HAMPSHIRE (Manchester) - Invasive squamous cell carcinoma (1); Squamous cell carcinoma, well-differentiated (1)
NEW JERSEY (Overlook Hospital Summit) - Squamous cell carcinoma (4)
WYOMING - Verrucous carcinoma of penis (well-differentiated squamous cell carcinoma)
NEW YORK (Metropolitan Hospital) - Squamous cell carcinoma, well-differentiated
NEW YORK (Impath) - Squamous cell carcinoma (4)
JAPAN (Shimada-Kyoto) - Squamous cell carcinoma, well-differentiated
AUSTRALIA (Sydney) - Carcinoma cuniculatum (SCC)

DIAGNOSIS:
WELL-DIFFERENTIATED SQUAMOUS CELL CARCINOMA, PENIS
T76000/M80703

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Small cell carcinoma of bladder (4); Carcinoid tumor of bladder (1)

ORANGE (St. Joseph Hospital) - Neuroendocrine carcinoma (3)

BAKERSFIELD (Central Valley Study Group) - Lymphoma

CAMARILLO (Alviso Group) - Melanoma

VENTURA (Unilab) - Undifferentiated small cell carcinoma with overlying glandular carcinoma in-situ

PLEASANTON/FREMONT - Small cell carcinoma

LONG BEACH - Small cell undifferentiated carcinoma (9)

OXNARD (St. John Regional Medical Ctr) - Small cell adenocarcinoma, bladder vs. prostatic origin

SAN DIEGO (Naval Medical Center) - Small cell carcinoma of bladder with overlying carcinoma in-situ (14)

SANTA BARBARA (Cottage Hospital) - Small cell carcinoma

SANTA ROSA - Small cell neoplasm with neuroendocrine features (1); Transitional cell carcinoma with neuroendocrine features (1); Poorly differentiated carcinoma with neuroendocrine features (1)

BAY AREA - Small cell undifferentiated carcinoma (2)

SACRAMENTO (UC Davis Med Ctr) - Small cell carcinoma (5)

SANTA CLARA (Loma Prieta Group) - Transitional carcinoma (clear cell variant) (5)

NEBRASKA (Creighton University) - Small cell carcinoma

TEXAS (Houston) - Small cell carcinoma (poorly differentiated carcinoma)

MISSISSIPPI (Mississippi Med Ctr) - Small cell carcinoma

MARYLAND (Bethesda Naval Medical Center) - Small cell carcinoma (11)

CONNECTICUT (Univ Conn Health Ctr) - Small cell carcinoma

NEW HAMPSHIRE (Manchester) - Small cell carcinoma (1); Small cell variant of transitional cell carcinoma (1)

NEW JERSEY (Overlook Hospital Summit) - Small cell carcinoma (3); Transitional cell carcinoma, undifferentiated (with small cell features) and dysplasia involving cystitis cystica (1)

WYOMING - Poorly differentiated neuroendocrine carcinoma

NEW YORK (Metropolitan Hospital) - Small cell carcinoma, bladder

NEW YORK (Impath) - Small cell undifferentiated carcinoma of bladder (4)

JAPAN (Shimada-Kyoto) - Combined adenocarcinoma and small cell carcinoma

AUSTRALIA (Sydney) - Small cell carcinoma with transitional cell carcinoma in-situ

DIAGNOSIS:

SMALL CELL CARCINOMA, BLADDER

T72000/M80413

REFERENCES:


## CALIFORNIA TUMOR TISSUE REGISTRY

### MAY 1997

MONTHLY STUDY SET

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<th>NAME:</th>
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### EVALUATION:

Please circle the best response.

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<th>1. Technical slide quality:</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Below Average</th>
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<tbody>
<tr>
<td>Did the slides adequately depict the case?</td>
<td>All did</td>
<td>Most did</td>
<td>Sometimes</td>
<td>Few did</td>
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<tr>
<td>Were the case histories adequate?</td>
<td>Usually</td>
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General comments:

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### DIAGNOSES:

**Case #1 (Accession #28031):**

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**Case #2 (Accession #28036):**

DYSPLASIA FIBROMA

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**Case #3 (Accession #28210):**

ATYPICAL CARCINOID

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**Case #4 (Accession #28018):**

GRANULAR CELL TUMOR

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**Case #5 (Accession #28032):**

ADNOCARCINOMA, CLEAR CELL TYPE

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**Case #6 (Accession #28026):**

SEPTAL - 1970.6 TUMOR

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**Case #7 (Accession #27962):**

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**Case #8 (Accession #28193):**

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**Case #9 (Accession #28105):**

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**Case #10 (Accession #28085):**

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