CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

PROTOCOL

for

MONTHLY SLIDES

MAY 1969

KIDNEY TUMORS

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NAME: A. M.                           MAY 1969 - CASE NO. 1
AGE: 65 SEX: Male RACE: Caucasian                           ACCESSION NO. 15754
CONTRIBUTOR: Seth L. Haber, M.D.                           OUTSIDE NO. 67-3762
Kaiser Foundation Hospital
Santa Clara, Calif. 95051

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: The patient developed gross hematuria in October 1963, at
which time radiographs showed a 3 cm. filling defect in the middle of the
left kidney. Patient refused the recommended therapy, and continued with
occasional bouts of gross hematuria which became more frequent. Radiographs
in 1964 showed possible metastasis to the left humerus, which was painful.
In June 1967 patient had a left radical nephrectomy. He appeared to be
doing well postoperatively, but began a course of progressive deterioration
culminating in death three weeks later.

SURGERY:

Nephrectomy, left radical (June 1967).

GROSS PATHOLOGY:

Specimen included the left kidney, adrenal, ureter, and a segment of
the spermatic vessel. Major portion measured up to 18 x 11 x 9 cm. At
the hilus of the kidney, the renal vein was filled with tumor. The adrenal
was partly replaced by tumor, which was also demonstrable in periadrenal
tissues; it was impossible to say whether this extended into or out of the
adrenal. Tumor was also noted in the adrenal vein. Ureter was difficult to
identify and was partially occluded by variegated necrotic tumor. Similar
tumor was present in the mid portion of the spermatic vessel. The tumor
itself, which occupied the upper two-thirds of the kidney, was bulky, but
unusually pale, hard, and gritty. Its border with renal parenchyma frequently
was irregular and indistinct. Quite unusual was the gray color of the tumor,
which had a homogeneous almost mucoid appearance rather than the typical
bulky yellow that one is more accustomed to seeing here.

FOLLOW UP: (AUTOPSY)

Massive retroperitoneal spread of tumor was noted to involve periaortic
lymph nodes, to surround the spleen and the body and tail of pancreas. The
2,400 gram liver was estimated to be at least one-third tumor. There were
but two small pulmonary metastases. The remaining right kidney had an area
of ancient infarction with a calcified retention cyst.
NAME: G. E. L.  
AGE: 57  SEX: Male  RACE: Caucasian  
CONTRIBUTOR: E. G. Edwards, M.D.  
St. Bernardine's Hospital  
San Bernardino, Calif. 92404

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: Patient was first seen December 9, 1968 with the complaint of passing of blood and change in urinary habits, frequency, and the passing of small streams of urine constantly. Further diagnostic tests were done.

Surgery:

Removal of right kidney, December 17, 1968.

Gross Pathology:

Major portion of specimen with tumor weighed 918 grams. There was a large lobular mass attached to the kidney which by itself weighed 443 grams and measured about 11 x 11 x 8 cm. The kidney itself measured 13 cm. but was enlarged. On section, the kidney was expanded due to invasion by tumor. Within the kidney, the tumor was gray, firm, homogeneous, and without evidence of prominent areas of hemorrhage or necrosis. The borders were rounded as it invaded into renal parenchyma. The tumor attached to the kidney was attached to one side and also completely occupied the pelvis. Sections through the tumor and the hilar region showed the presence of an artery which was compatible with the renal artery although it seemed rather small. Section through the large adherent tumor showed the central portion had undergone liquefication, producing a trabeculated cavity 6 to 7 cm. in diameter, filled with yellow viscous fluid. Section through the kidney in one area showed a 3 cm. area of hemorrhage into the tumor.

Follow up:

After the patient's surgery in December he was admitted February 24, 1969 complaining of weakness, nausea, and vomiting; since his surgery he had steadily become weaker and for several days prior to admission was unable to retain oral medication. Radiographs revealed multiple metastatic lesions in the chest. There was a large firm nodular mass in the right upper quadrant of the abdomen that was presumed to be metastatic liver disease; there were no other palpable masses. There was also a tender, painful mass about 4 cm. in diameter, reddish-purple, and presumed to be a metastatic nodule. He was discharged March 2, 1969 with the diagnosis of status post-nephrectomy, with metastatic disease to the liver, lungs, and wound. Patient was readmitted March 13, 1969 and expired three days later. No autopsy performed.
NAME: A. S.  
AGE: 58  SEX: Male  RACE: Caucasian

CONTRIBUTOR: M. W. Anderson, M.D.  
Beverly Community Hospital  
Montebello, Calif. 90640

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: Patient complained of frequency, urgency, hematuria, and left lower quadrant pain for about five days prior to admission to the hospital for diagnostic workup. History revealed he had had urethral calculi, 20, 15, and 5 years before. He was diabetic, controlled by medication.

Radiographs revealed negative chest, skull, and long bones. Retrograde pyelograms revealed displacement of lower and middle calyces on the left due to a filling defect which appeared to be tumor involving the lower pole of the left kidney.

SURGERY:

Left nephrectomy and partial adrenalectomy, July 20, 1961.

GROSS PATHOLOGY:

Specimen consisted of a kidney surrounded by fatty tissue. The entire mass measured 16 x 8 x 9 cm.; kidney proper measured 9.5 x 4 x 5 cm. and weighed 190 grams. Cortex was moderately pitted. On bisection there was a well-encapsulated tumor 5 cm. in diameter occupying the lower third of the kidney. Cut surfaces of the tumor bulge and the color were a distinct yellow. The tumor extended into the hilar portion where the renal pelvis was stretched out over it, but the wall did not appear to be invaded by the tumor. Hemorrhage was noted arising in the calyx to the upper pole away from the tumor. No tumor was found in the renal vein and the 5.0 cm. portion of attached ureter was not involved.

FOLLOW UP:

Not received.
History: Patient's chief complaint was urinary tract bleeding, about three to four weeks prior to admission.

Radiographs of chest were negative. Intravenous pyelogram showed normal function on the right with no visualization of the upper calyx on the left. A left retrograde pyelogram showed a filling defect in the upper half of the kidney with middle calyx showing. Repeat intravenous pyelograms showed the same situation with an enlarged kidney. The last retrograde pyelogram, May 11, 1965, showed the middle calyx being obliterated. An ECG showed no remarkable changes.

Surgery:

Left nephrectomy, May 24, 1965.

Gross Pathology:

Specimen consisted of the left kidney and portion of the 12th rib. There was a large amount of perirenal fat which when dissected away was noted to be adherent in the area of tumor which replaced the upper pole of the kidney. In other areas it stripped away easily and seemed to have no evidence of invasion. It was impossible to strip away all of the fat and in this condition the kidney weighed 70 grams. The tumor itself was about 7 cm. and overall dimension about 10 x 7.5 x 4 cm. Tumor on cut surface was glistening white, firm, with occasional areas dotted orange-yellow. There was one area of necrosis where it was slightly hemorrhagic. The lesion itself had a rather cloverleaf configuration. The pelvis as nearly as could be seen was obliterated by tumor and at one side the ureter was abutting the tumor. No vein invasion was identified. On further section, one small portion of pelvis was identified.

Follow Up:

Patient expired April 17, 1966; no autopsy performed.
NAME: M. A. M.  
AGE: 41 SEX: Female  RACE: Caucasian  
CONTRIBUTOR: H. I. Harder, M.D.  
Glendale Sanitarium and Hospital  
Glendale, Calif. 91206

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: Patient was seen originally for right lower quadrant discomfort of unknown duration. In the course of a workup, a gastrointestinal series was done which showed a mass in the left upper quadrant. Excretory urograms showed displacement of the left kidney with some deformity of the upper calyx. A renal scan showed no function in the tissue in the supra-renal area.

SURGERY:

Renal exploration; left kidney and mass were removed, April 3, 1964.

GROSS PATHOLOGY:

Specimen consisted of an 1140 gram left kidney, 22 x 9 x 7 cm. The upper pole was soft, massively enlarged, and showed several small areas of hemorrhage up to 2 x 1 cm. The upper pole of the kidney was replaced and the adjacent kidney parenchyma was compressed by a 12 x 9 x 7 cm. soft, lobulated, tan neoplasm covered by a shiny, light tan-gray membranous tissue. The remaining kidney parenchyma had a capsule which stripped easily leaving a smooth, pink-tan surface. Cortices averaged 4.5 mm. in thickness. Attached to the kidney was a 3 cm. segment of ureter and several apparent blood vessels up to 1 cm. in length.

FOLLOW UP:

In February 1967 patient was last completely examined. She had no symptoms or complaints of any kind at that time. There was slight abdominal tenderness; however, the nephrectomy area was soft and nontender. In November 1968 she was seen for a minor injury and examination did not include the nephrectomy area; at that time she had no symptoms referable to the kidney tumor.
NAME: V. B.                         MAY 1969 - CASE NO. 6
AGE: 65 SEX: Female RACE: Caucasian
CONTRIBUTOR: J. L. Bennington, M.D.
            Kaiser Foundation Hospital
            Oakland, Calif. 95051
            ACCESSION NO. 13148
            OUTSIDE NO. S63-4997

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: A large, firm, nontender right upper abdominal mass was discovered on a routine physical examination in June 1963. The mass had been present for five to six months. Thirty-two years before, patient had had her right kidney removed via a right upper abdominal incision, but had never been told the diagnosis. Laboratory studies and roentgenograms on admission were not unusual.

SURGERY:

Exploratory laparotomy performed at site of old incision. In the process, the old scar was excised and beneath the old scar, located properitoneally was a fairly well-encapsulated ovoid tumor adherent to the rectus sheath. Examination of the peritoneal cavity revealed no residual tumor.

GROSS PATHOLOGY:

Specimen labeled retroperitoneal tumor was a soft, 40 gram, 3.5 x 4 x 5 cm. ovoid mass. Tumor appeared poorly encapsulated and the thin, grey, fibrous capsule had been torn at several points. Adherent to one end was a tag of fibrous connective tissue with intermixed muscle, fat, and dilated blood vessels. The interior of the tumor was soft, pale yellow, focally hemorrhagic and necrotic.

FOLLOW UP:

Patient developed infiltrating adenocarcinoma, left breast, treated by simple mastectomy February 23, 1968, followed by cobalt treatment.
NAME: A. M.                      MAY 1969 - CASE NO. 7
AGE: 64  SEX: Female  RACE: Caucasian
CONTRIBUTOR: R. L. Lesonsky, M.D.
West-Park Hospital
Canoga Park, Calif. 91304

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: Patient had been complaining of gradual loss of weight, about 22 pounds, appetite, and energy for 1 to 1-1/2 years; no other complaints. She had a thyroidectomy in 1947, removal of ovarian cyst with appendix in 1942; menopause in 1952; and had been under treatment for hypertension. Physical examination on admission, January 1968, revealed a large, firm, nontender mass occupying most of the right side of the abdomen and bulging into the right flank. The mass was moveable and separate from the liver.

Laboratory examination: Hemoglobin, 10.5; WBC, 6900; catecholamine, normal. PSP: 15 minutes, 14.5%; 60 minutes, 46.5%; 2 hours, 66%; BUN, 16; creatinine, .84; alkaline phosphatase, 3.5; glucose tolerance, diabetic.

Roentgenograms: IVP revealed enlargement of the right kidney and mass.

SURGERY:

Right nephrectomy, January 19, 1968.

GROSS PATHOLOGY:

Specimen consisted of a mass of tissue containing a kidney and covering Gerota's fascia, fibroadipose tissue, and portion of adrenal gland. When the covering tissue and Gerota's fascia were stripped, a 12 x 5.5 x 3.5 cm. kidney was revealed distorted by a large oval 10 x 8 x 5 cm. mass. The mass was a brilliant tan and extended from the anterior inferior one-half of the kidney proper in an inferior and anterior direction. The mass was well defined with a gray-white connective tissue covering. Inferiorly, the tumor extended into Gerota's fascia for some distance, but the margin appeared to be grossly clear. The uninvolved kidney had a granular gray-tan cortex and exhibited a dilated pelvic-calyceal system with a well-defined cortical medullary architecture. The cortical medullary parenchyma measured up to 1.8 cm. in some areas. The attached ureter was unremarkable. The renal artery grossly was not unusual. The attached vein was opened and in the lesser radicals of the renal vein there was intravascular tissue which was brilliant tan and had a soft consistency.

FOLLOW UP:

Up to this date, there has been no evidence of metastasis or recurrence; the patient is doing well.
NAME: C. L. M.  

AGE: 56  SEX: Female  RACE: Caucasian

CONTRIBUTOR: W. E. Cowell, M.D.
Tri-City Hospital
Oceanside, Calif. 92054

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: Patient was admitted June 2, 1966 with a mass in the right kidney and an abnormal appearing pyelogram.

SURGERY:

Right nephrectomy, transabdominal; renal periaortic lymph node excision.

GROSS PATHOLOGY:

The overall dimension of the kidney was 13.5 x 10 x 10 cm. and was distorted by a large tumor. Protruding from the posterior surface was a large tumor 9 cm. in diameter, which on section was dark yellow and diffusely necrotic; portions of tumor were pale grey, indurated, and viable. These areas were selected for histologic sampling. Renal pelvis was lined with a gray membrane and exhibited very little distortion by the tumor. The calyceal system had a typical appearance. The remaining renal parenchyma presents a cortex measuring up to 7 mm. thick with pale pink striated pyramids. Several matted lymph nodes measuring up to 3 cm. and grossly appearing to have been replaced with tumor accompanied the specimen.

FOLLOW UP:

Patient's postoperative course was uneventful and she was discharged on the sixth postoperative day. She was last seen by the Urologist on July 11, 1966. She died at home September 1966. No autopsy was performed.
NAME: O. B.  
AGE: 71  
SEX: Female  
RACE: Caucasian  
CONTRIBUTOR: P. R. Thompson, M.D.  
St. Luke Hospital  
Pasadena, Calif. 91107  

TISSUE FROM: Kidney  

CLINICAL ABSTRACT:  

History: Patient had not felt well for several weeks with nonspecific symptoms of weakness and fatigability. A few weeks prior to admission in September 1963, she noted a mass in the left upper abdomen, not associated with any other symptoms, nor painful or tender. Patient had lost about 51 pounds.  

SURGERY:  

Left nephrectomy, September 24, 1963.  

GROSS PATHOLOGY:  

Specimen consisted of left kidney with tumor, weighing 513 grams. At what appeared to be the lower pole of the kidney, there was a large encapsulated 7 cm. oval tumor fixed to the true capsule of the kidney but did not penetrate into the kidney capsule. The kidney measured 10 x 5 x 4 cm. and weighed 138 grams; the vein and artery of the kidney were free of tumor and the ureter was easily opened. The tumor for the most part had a grayish-white appearance, in the center of which was a dark brown gelatinous area showing small nests of grayish material extending into the substance. At the upper pole of the tumor was a light yellow oval area of solid tumor. No adrenal tissue was found. The true capsule of the kidney stripped with some difficulty due to diffuse pitting of the surface. Many small cysts were present. No tumors of the pelvis nor in the kidney were found.  

FOLLOW UP:  

As of April 1969 patient was seen by her attending physician and doing fine.
NAME: D. T.                                      MAY 1969 - CASE NO. 10
AGE: 28 SEX: Female RACE: Caucasian
CONTRIBUTOR: B. McDonald, M.D.
             Mission Hospital-Community Hospital
             Huntington Park, Calif. 90255
TISSUE FROM; Kidney

CLINICAL ABSTRACT:

History: Patient was reportedly without symptoms until about three weeks prior to admission in January 1966 when she developed what appeared to be an upper respiratory tract infection with temperature, cough, and eventual hemoptysis. During this time she lost 15 pounds and had shortness of breath. Admission diagnosis was pneumonia. Other past history was unremarkable.

Laboratory: Hemoglobin, 13.4; WBC, 11,300, normal differential; BUN 15 ml.%; urine showed albuminuria and hematuria.

Intravenous pyelogram initially showed a nonfunctioning left kidney. A renal aortogram showed extensive tumor staining involving lower two-thirds of the left kidney with rather large varices dripping downward to the mesentery vessels; in addition, renal artery was a biced strety with a rather short main trunk dividing into two main divisions.

Surgery:

Left nephrectomy, January 12, 1966.

GROSS PATHOLOGY:

The specimen consisting of kidney with attached perirenal fat containing the left adrenal and ureteral segment measured 15.5 x 8 x 7 cm.; the kidney itself measured 11 x 6 x 5.5 cm. The capsule was thickened to 0.1 to 0.2 cm. in some areas and was adherent to renal parenchyma over approximately 20 per cent of the surface by soft, friable, pale yellow tumor nodules measuring from 1 to 1.5 cm. in diameter. On cut section large papillary-like tumor masses were present in the pelvis, filling about 75 percent of the pelvis and calyces, extending down the ureter, and occluding the pelvis outlet completely. All calyces were markedly dilated and measured up to 2 x 1.5 cm. in diameter. Where not covered by tumor, the pelvic mucosa was dull gray-white. Renal architecture had been virtually obliterated by numerous 0.1 to 0.3 cm. friable masses. Some of these were tumor but some could represent abscesses. At the lower pole, tumor extended through the capsule for about 1 cm. into fat. A 0.4 cm. diameter satellite nodule was present in perirenal fat. Tumor extended into hilum and surrounded completely the renal arteries, veins, and pelvis. Gritty, gray-white firm tissue resembling tumor was present at the hilar surgical margin. The main renal vein was opened longitudinally and a firm 0.4 cm. pale gray-white mass encountered which was adherent to the intima but not in continuity with the kidney. Upper ureter showed marked constriction 2.5 cm. below the kidney where the lumen was less than 0.1 cm. and the wall was firm, gritty, gray-white, and 0.3 cm. thick. Multiple similar structures were
seen 2.5 distally, extending to at least 0.1 cm. from the ureteral surgical margin. The adrenal gland measured 5 x 3 x 0.8 cm., had a pale yellow cortex and gray-white medulla. At the posterior lateral portion was an 0.8 cm. diameter friable gray-white tumor which replaced a portion of the adrenal gland.

FOLLOW UP:

Patient was readmitted to the hospital May 9, 1966 and after about eight hours expired; no autopsy was performed.
NAME: --

AGE: 58 SEX: Male RACE: Caucasian

CONTRIBUTOR: W. C. Herrick, M.D.
Grossmont Hospital
La Mesa, Calif. 92043

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: Patient was admitted in February 1969 with a previous history of prostatitis and back pain between 8th and 9th thoracic vertebrae; radiographs showed compression of D-8 and D-9. Silverman needle biopsy of the prostate proved to be benign. Intravenous pyelogram revealed a tumor deformity of the upper pole of the right kidney, measuring approximately 14 cm. in largest diameter.

SURGERY:

Radical right nephrectomy; entire retroperitoneal compartment emptied, including retroperitoneal fat, adrenal gland, and lymph nodes.

GROSS PATHOLOGY

Specimen consisted of a 12 to 15 cm. circumscribed lobulated firm mass of the kidney. Cut surfaces were white and in some areas very glistening, having the appearance of cartilage. There were no positive lymph nodes and the vascular pedicle was grossly free of tumor.

FOLLOW UP:

Patient also had an osteolytic lesion involving the intervertebral disc and both bodies in the thoracic region that was thought to be inflammatory or an infection and probably followed the prostatic biopsy several months ago. Radiographs of the dorsal spine were reviewed and it was agreed that the changes seen were inflammatory, not neoplastic, and had no relationship to the tumor. Patient was placed on sustained antibiotic therapy and has responded well.
STUDY GROUP CASES
for
MAY 1969

KIDNEY TUMORS

CASE NO. 1, ACCESSION NO. 15754 Seth L. Haber, M.D., Contributor

LOS ANGELES:
Wilms' tumor in adult--1
Transitional cell carcinoma--11

SAN FRANCISCO:
Poorly differentiated transitional cell carcinoma--5
Clear cell carcinoma--1
Adenocarcinoma--5
Adult Wilms' tumor--2

CENTRAL VALLEY:
Renal cell carcinoma--4
Transitional cell carcinoma--1
Squamous cell carcinoma--1
Combined adenocarcinoma and transitional cell carcinoma--1

OAKLAND:
Transitional cell carcinoma--11

WEST LOS ANGELES:
(No meeting held)

ORANGE COUNTY:
(Not received)

SAN DIEGO:
(Not received)

INLAND (SAN BERNARDINO):
Renal cell carcinoma--3
Metastatic carcinoma--2
Transitional cell carcinoma--1

SOUTH BAY (SANTA CLARA):
Collecting tubule carcinoma--5
Transitional cell carcinoma--2

FILE DIAGNOSIS: Transitional cell carcinoma, kidney 1890-8123
May 1969

Kidney Tumors

CASE NO. 2, ACCESSION NO. 17792, E. G. Edwards, M.D., Contributor

LOS ANGELES:

Leiomyosarcoma--14
Spindle cell sarcoma--1

SAN FRANCISCO:

Leiomyosarcoma--8
Malignant fibrohistiocytoma--3
Fibrosarcoma--3
Metastatic melanoma--1

CENTRAL VALLEY:

Leiomyosarcoma--3
Fibrosarcoma--4

OAKLAND:

Sarcoma, unclassified--11

WEST LOS ANGELES:

(No meeting held)

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Leiomyoma--3
Fibroxanthoma--2
Angiomyoma--1

SOUTH BAY (SANTA CLARA):

Leiomyosarcoma--4
Malignant spindle cell tumor--2
Spindle cell cortical carcinoma--2

FILE DIAGNOSIS: Leiomyosarcoma, kidney 1890-8893
CASE NO. 3 A & B, ACCESSION NO. 11716, M. W. Andersen, M.D., Contributor

LOS ANGELES:

Pleomorphic renal cell carcinoma--3
Fibroxanthoma--7
Neurilemoma--5
Fibroxanthoma with neurilemoma--1

SAN FRANCISCO:

Fibroxanthoma--3
Leiomyoma--4
Fibrosarcoma--3
Leiomyosarcoma--1

CENTRAL VALLEY:

Fibroxanthoma--7

OAKLAND:

Cellular leiomyoma--11

WEST LOS ANGELES:

(No meeting held)

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Leiomyoma--3
Fibroxanthoma--2
Angiomyoma--1

SOUTH BAY (SANTA CLARA):

Leiomyoma--5
Leiomyosarcoma--3

FILE DIAGNOSIS: Leiomyoma, kidney 1890-8890
May 1969

Kidney Tumors

CASE NO. 4, ACCESSION NO. 14580, P. R. Thompson, M.D., Contributor

LOS ANGELES:

Clear cell carcinoma with pseudosarcoma--16

SAN FRANCISCO:

Renal cell carcinoma with spindle elements--5
Carcinosarcoma (Adult Wilms)--5
Malignant fibroxanthoma--2

CENTRAL VALLEY:

Carcinosarcoma--7

OAKLAND:

Hypernephroma--6
Renal cell carcinoma--2
Adult Wilms' tumor--1

WEST LOS ANGELES:

(No meeting held)

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Leiomyosarcoma--3
Pleomorphic renal cell carcinoma--3

SOUTH BAY (SANTA CLARA):

Renal cortical carcinoma--7
Fibrosarcoma--1

FILE DIAGNOSIS: Clear cell carcinoma (Renal cell carcinoma), kidney 1890-8313
May 1969

Kidney Tumors

CASE NO. 5, ACCESSION NO. 13666, H. I. Harder, M.D., Contributor

LOS ANGELES:

Hemangiopericytoma, malignant--3
Leiomyosarcoma--3
Leiomyoma, benign--10

SAN FRANCISCO:

Leiomyosarcoma--4
Angiomyoma--8

CENTRAL VALLEY:

Fibrosarcoma--2
Hemangiopericytoma--1
Adult Wilms' tumor--4

OAKLAND:

Angiomyoma--9
Hemangiopericytoma--2

WEST LOS ANGELES:

(No meeting held)

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Leiomyoma--6

SOUTH BAY (SANTA CLARA):

Angioleiomyoma--5
Leiomyosarcoma--2
Leiomyoma--1

FILE DIAGNOSIS: Leiomyoma (angiomyoma) 1890-8890
May 1969

Kidney Tumors

CASE NO. 6, ACCESSION NO. 13148, J. L. Bennington, M.D., Contributor

LOS ANGELES:
    Renal cell carcinoma--16

SAN FRANCISCO:
    Recurrent renal carcinoma--3
    Recurrent renal adenoma--2

CENTRAL VALLEY:
    Metastatic carcinoma (hypernephroma)--7

OAKLAND:
    Oncocytic renal cell carcinoma--11

WEST LOS ANGELES:
    (No meeting held)

ORANGE COUNTY:
    (Not received)

SAN DIEGO:
    (Not received)

INLAND (SAN BERNARDINO):
    Recurrent transitional cell carcinoma--3
    Recurrent renal cell carcinoma--2
    Benign adenoma, recurrent--1

SOUTH BAY (SANTA CLARA):
    Renal cortical carcinoma--8

FILE DIAGNOSIS: Renal cell carcinoma, kidney 1890-8313
May 1969
Kidney Tumors

CASE NO. 7, ACCESSION NO. 17321, R. L. Lesonsky, M.D., Contributor

LOS ANGELES:
    Clear cell carcinoma--16
SAN FRANCISCO:
    Clear cell carcinoma--12
CENTRAL VALLEY:
    Clear cell carcinoma--7
OAKLAND:
    Renal cell carcinoma--11
WEST LOS ANGELES:
    (No meeting held)
ORANGE COUNTY:
    (Not received)
SAN DIEGO:
    (Not received)
INLAND (SAN BERNARDINO):
    Renal cell carcinoma--6
SOUTH BAY (SANTA CLARA):
    Renal cortical carcinoma--8

FILE DIAGNOSIS: Clear cell carcinoma (Renal cell carcinoma), kidney 1890-8313
May 1969

Kidney Tumors

CASE NO. 8, ACCESSION NO. 15076, W. E. Cowell, M.D., Contributor

LOS ANGELES:

Rhabdomyosarcoma--5
Sarcomatoid carcinoma--9

SAN FRANCISCO:

Anaplastic carcinoma (sarcomatoid renal cell carcinoma)--12
Embryonal rhabdomyosarcoma--1

CENTRAL VALLEY:

Renal cell adenocarcinoma--7

OAKLAND:

Adult Wilms' tumor--11

WEST LOS ANGELES:

(No meeting held)

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Pleomorphic renal cell carcinoma--4
Adult Wilms' tumor--2

SOUTH BAY (SANTA CLARA):

Renal cortical carcinoma--6
Metastatic carcinoma--2

FILE DIAGNOSIS: Renal cell adenocarcinoma (sarcomatoid), kidney 1890-8313
May 1969
Kidney Tumors

CASE NO. 9, ACCESSION NO. 13234, F. R. Thompson, M.D., Contributor

LOS ANGELES:
Liposarcoma--8
Spindle cell sarcoma--7

SAN FRANCISCO:
Liposarcoma--12
Renal cell carcinoma--2

CENTRAL VALLEY:
Liposarcoma--7

OAKLAND:
Sarcoma, unclassified--9
Fibrosarcoma--1
Renal cell carcinoma--1

WEST LOS ANGELES:
(No meeting held)

ORANGE COUNTY:
(Not received)

SAN DIEGO:
(Not received)

INLAND (SAN BERNARDINO):
Liposarcoma--4
Leiomyosarcoma--2

SOUTH BAY (SANTA CLARA):
Liposarcoma--5
Renal cortical carcinoma--2
Capsular fibroma--1

FILE DIAGNOSIS: Liposarcoma, kidney 1890-8353
May 1969

Kidney Tumors

CASE NO. 10, ACCESSION NO. 14720, B. McDonald, M.D., Contributor

LOS ANGELES:

Papillary adenocarcinoma--15

SAN FRANCISCO:

Papillary adenocarcinoma--10
Transitional cell papillary carcinoma--3

CENTRAL VALLEY:

Papillary transitional cell carcinoma--6
Papillary cystadenocarcinoma--1

OAKLAND:

Transitional cell carcinoma of renal pelvis--11

WEST LOS ANGELES:

(No meeting held)

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Papillary transitional cell carcinoma--5
Papillary renal cell carcinoma--1

SOUTH BAY (SANTA CLARA):

Papillary adenocarcinoma--5
Papillary transitional cell carcinoma--2
Papillary carcinoma--1

FILE DIAGNOSIS: Papillary adenocarcinoma, kidney 1890-8263
Papillary transitional cell carcinoma 1890-8133
May 1969

Kidney Tumors

CASE NO. 11, ACCESSION NO. 17956, W. C. Herrick, M.D., Contributor

LOS ANGELES:

Benign mixed tumor--15
xf: Adult Wilms' tumor

SAN FRANCISCO:

Adult Wilms' tumor--4
Mixed tumor, salivary gland type (benign)--4
Chondroma--4

CENTRAL VALLEY:

Mixed tumor, metastatic--3
Mixed tumor, primary--2
Liposarcoma--1

OAKLAND:

Adult Wilms' tumor--11

WEST LOS ANGELES:

(No meeting held)

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Benign teratoma--4
Mixed tumor--2

SOUTH BAY (SANTA CLARA):

Mixed tumor of kidney--5
Mixed tumor (? of salivary gland origin)--1
Chondroma--1
Chondrosarcoma--1

FILE DIAGNOSIS: Wilms' tumor, Adult
Mixed tumor, benign

1890-8963
1890-8940