CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA

PROTOCOL
FOR
MONTHLY STUDY SLIDES
FEBRUARY 1983

TUMORS OF THE MALE GENITAL SYSTEM AND URINARY TRACT - PART II
CONTRIBUTOR: Mark J. Beck, M. D.  
Palm Desert, California  

FEBRUARY 1983 - CASE NO. 1

TISSUE FROM: Prostate  
ACCESSION NO. 24244

CLINICAL ABSTRACT:

History: A 75 year-old Caucasian male was admitted with gross hematuria of a few days' duration.

Radiograph: IVP was normal.

Cystoscopy showed no bladder tumor but prostatic obstruction was noted.

SURGERY: (May 8, 1981)

A transurethral resection was done.

GROSS PATHOLOGY:

The prostatic tissue was soft and mushy, weighed 16 gms., and measured 4 x 3 x 1.5 cm. in aggregate.

FOLLOW-UP:

The patient underwent orchiectomy and radiation therapy. A local recurrence was documented in June of 1981. Multiple spine and hip lesions as well as a right bronchial lesion was noted 11-17-82.
CLINICAL ABSTRACT:

History: A 67 year old man with chronic obstructive pulmonary disease presented with hematuria of two months' duration.

Past history: Mumps with complicating orchitis of right testis.

Physical examination: The prostate was enlarged by twofold, tender and hard, but no nodules were appreciated.

Radiograph: An IVP failed to visualize the collecting system of the right kidney which was shown to be hydronephrotic on ultrasound.

SURGERY:

On April 7, 1982, cystoscopy revealed a cauliflower-like lesion at the bladder neck and involving the right hemitrigone, measuring 5 to 6 cm. in greatest diameter. There was some superficial necrosis. A transurethral resection was performed.

GROSS PATHOLOGY:

Multiple segments of tan-gray to pink glistening membranous to firm tissue measuring up to 1.8 x 1.0 x 0.7 cm. and weighing approximately 4.0 gms. in aggregate were received. Focal areas of reddish-gray necrotic tissue were present.

FOLLOW-UP:

On April 29, 1982, a radical cystectomy and pelvic lymphadenectomy was performed. There was an apparent metastasis to an obturator node. An ileo-conduit was made on June 30, 1982. When last seen in December 6, 1982, the patient was doing well.
CLINICAL ABSTRACT:

History: An 86 year old Caucasian was seen on 8-18-78 with a hard soft testis.

General physical examination was otherwise unremarkable except for amputation of the right thumb.

SURGERY: (August 28, 1978)

The man underwent a radical left orchiectomy

GROSS PATHOLOGY:

The testis measured 5 cm. in maximal diameter with an attached 11 cm. segment of spermatic cord. The specimen weighed 66 gms. The cord was unremarkable grossly. On cut section, the testis parenchyme was replaced by firm yellow homogeneous tissue showing slight bulging.

FOLLOW-UP:

He developed progressive somnolence and obtundation in April 1980. A CT scan showed multiple cerebral lesions. The patient was discharged to a nursing home with no plans for aggressive therapy. He expired on July 9, 1980.
TISSUE FROM: Left testis

CLINICAL ABSTRACT:

History: A 33 year old man with Down's syndrome had a mass noted in the left lower abdominal quadrant. It was movable and without soreness. He also has bilateral undescended testes since birth.

SURGERY: (September 19, 1978)

The left inguinal areas was explored.

GROSS PATHOLOGY:

The mass from the left inguinal area weighed 310 gms. and measured 11 x 7 x 7 cm. The tumor was hard, lobulated and covered by a multilayered case of fibrous connective tissue, 0.5-1.0 cm. thick. Lobulated yellow white tumor was seen to penetrate into the capsule at one point without breaking through to the external surface.

FOLLOW-UP:

On October 24, 1978, the right inguinal area was explored and the right undescended testis removed. It contained an 2.5 cm. oval tumor with central necrosis. He subsequently received radiation therapy, and at the present he is fine with no evidence of disease.
CLINICAL ABSTRACT:

History: A 78 year old Caucasian had adenocarcinoma of the prostate diagnosed on a needle biopsy on February 4, 1981. He subsequently underwent a right orchiectomy and a right inguinal hernia repair that same month. The patient resisted further surgery. The patient had had the left testis removed in 1939 for infection following a left herniorrhaphy.

Over the next several months, the patient suffered increasing obstructive uropathy and pain from obvious bone metastasis. He was admitted with an indwelling urinary catheter in August.

SURGERY: (August 3, 1981)

A transurethral resection was performed.

GROSS PATHOLOGY:

Twelve gms of prostatic currettings were received.

FOLLOW-UP:

Cobalt radiation treatments were delivered for the back and pelvic discomfort beginning on August 6, 1981. Nodularity of the liver was noted, serum bilirubin was 2.7 mg%, direct, 1.5 mg%. The patient was placed on Stilphos-terol, 50 mg. b.i.d. and was to enter a hospice program. The patient died at home later that month.
CONTRIBUTOR: Albert Garib, M. D.  
Huntington Beach, California  

FEBRUARY 1983 - CASE NO. 6  

TISSUE FROM: Left testis  
ACCESSION NO. 23912

CLINICAL ABSTRACT:

History: A 27 year old male had a 6 months' history of painful enlargement of the left testis. There was no history of weight loss.

Physical examination: Induration, nodularity and swelling of the left testis was noted. The right testis was normal in appearance.

SURGERY:

A frozen section of a testicular biopsy was followed by left orchiectomy on June 18, 1980.

GROSS PATHOLOGY:

A left testicle with attached epididymus and spermatic cord were submitted. The testicle had been previously transected. It measured 7.0 x 4.5 x 3.8 cm. and weighed 100 gms. The tunica was otherwise intact. The epididymus measured 6.5 cm. in length and from 0.3 to 0.8 cm. in diameter. The segment of spermatic cord measured 11.0 cm. in length and 1.6 cm. in diameter. On section, approximately 90% of the testis was noted to consist of a finely lobulated, bulging, soft tumor. There were scattered well demarcated foci of yellow gray necrosis, measuring up to 0.8 cm. in diameter.

FOLLOW-UP:

Not available.
CLINICAL ABSTRACT:

History: A 69 year old man presented to the emergency room with urinary obstruction.

Physical examination of the prostate was "benign, enlarged."

SURGERY: (June 4, 1980)

A transurethral prostatic resection was performed.

GROSS PATHOLOGY:

Specimen consisted of 16.9 grams of prostate chips. None of the fragments appeared yellow.

FOLLOW-UP:

The patient has been seen monthly in a mental health clinic and has had no complaints referable to the genital urinary tract.
CLINICAL ABSTRACT:

History: An 86 year old Caucasian man was admitted with pneumonia, E coli sepsis, choledocholithiasis, and obstructive jaundice. He died 3 days later. An autopsy was performed.

GROSS PATHOLOGY:

The seminal vesicles were remarkable for a 4 x 4 x 3 cm. grey-white firm oval mass in continuity with the right side. It was well encapsulated on cut section and shelled out from the surrounding connective tissue with a single area of attachment to the right seminal vesicle. The mass had a suggestion of a whorled architecture. No specific nerve could be seen in association, except for a 2 mm. diameter artery.
CLINICAL ABSTRACT:

History: The patient was born 10-25-76 after an uneventful pregnancy and labor. The mother had consumed large amounts of alcohol during the pregnancy and the infant had a number of anomalies including microcephaly, height and weight less than the third percentile at one year, epicanthal folds, short palpebral fissures, a bulbous nose, and short fifth fingers. There was also idiopathic hypocalcemia. About May 1979, the patient became more whining and complained of abdominal pain. He was admitted for a flank mass on July 1, 1979.

SURGERY: (July 7, 1979)

A left nephrectomy was performed.

GROSS PATHOLOGY:

The kidney weighed 343 grams and measured 11.5 cm. vertically. About two-thirds of the tissue was a globular tumor mass, 8 cm. in diameter. The fresh tissue was homogeneous, medium-soft, and pink to tan with areas of red or green necrosis up to 3 cm. in diameter. The margin was generally sharp with a suggestion of encapsulation in some portions. The tumor appeared to be contained by remnants of the renal capsule and did not appear to invade the pelvis.

FOLLOW-UP:

The patient received post operative irradiation and chemotherapy. He died on January 17, 1980. At autopsy, ischemic necrosis of small bowel was noted secondary to multiple peritoneal adhesions. No recurrent tumor was found.
CONTRIBUTOR: William E. Cowell, M. D.  
Oceanside, California

FEbruary 1983 - Case No. 10

TISSUE FROM: Right testis  
ACCESSION NO. 22822

CLINICAL ABSTRACT:

History: A 29 year old Caucasian male was struck on the hemiscrotum while playing with his child three weeks prior to admission. Pain and tenderness lessened while swelling progressed. There has also been breast pain and swelling over the same time period.

On physical examination, the right testis, was described as a diffusely hard 4 x 3 cm. mass. The left was described as mildly atrophic. Moderate gynecomastia was noted with increased subareolar tissue which was firm and tender.

Laboratory data: HCG was 280 (normal less than 10). Alpha fetoprotein was 340 (normal less than 20).

SURGERY: (January 14, 1978)

A right radical orchiectomy was performed.

GROSS PATHOLOGY:

A formalin fixed testis, epididymus and spermatic cord were received. The overall testicular dimensions approached 5.5 cm. The tunica was grey and glistening. On section, the testis contained a 4 cm. diameter hemorrhagic tumor mass. A rim of orange-tan stringy testicular tissue was present around the periphery of the tumor.

FOLLOW-UP:

A retroperitoneal lymphadenectomy was performed January 18, 1978. Current follow-up not available.
CLINICAL ABSTRACT:

History: This 88 year old man had a prior history of right inguinal herniorrhaphy, cholecystectomy and a resection of a rectal adenocarcinoma (1975). A mass had been present in the left groin for 20 years and growing for the last two. Up till now the man refused surgery. He presented with a 3-4 days history of anorexia, fever, chills and increasing left groin pain. His WBC was 38,000 with 8% metamyelocytes, 27% bands and 56% polys. Preoperative impression was for an incarcerated left inguinal and scrotal hernia.

SURGERY:

Surgery occurred on 3-31-81.

GROSS PATHOLOGY:

The specimen weighed 1,760 gms, and included bosselated mass which measured 27.3 x 17.0 x 9.0 cm. The surface was enclosed in a transparent membrane which was blue white to yellow to hemorrhagic. A testicle and epididymus were present at one end. At the opposite end was a circular 3.0 cm. opening which apparently communicated with the peritoneal cavity. A 13.0 cm. laceration was present in the midportion from which 110 gms of friable necrotic material measuring 12 x 8 x 3 cm. was removed and submitted separately. The residual tissue nearer the testis was soft, moist, glistening, resembling bulging yellow lobules of fat measuring 1.0 to 5.5 cm. in diameter. Portions of the tissue were firm and rubbery and even mushy and fish flesh-like. The testicle was free of neoplasm.

FOLLOW-UP:

Current follow-up not available.
CONTRIBUTOR: Ronald T. Mihata, M.D. 
Hemet, California 

FEBRUARY 1983 - CASE NO. 12

TISSUE FROM: Scrotum 

ACCESSION NO. 22818 

CLINICAL ABSTRACT: 

History: An 83 year old man was seen for a slowly enlarging mass of the skin of the scrotum. The mass had been present for 2 years. There was no inguinal adenopathy.

SURGERY: 

The mass was excised.

GROSS PATHOLOGY: 

The specimen consisted of a fungating, ulcerated, dome-shaped skin tumor measuring 8.5 x 7.0 cm.

FOLLOW-UP: 

On 11-21-78, the patient underwent a right groin dissection. The left side was explored 4-27-79. Both were positive. He was last seen at Hemet on October 15, 1980 when a right supraclavicular lymph node biopsy proved positive for metastases. The patient expired in Arizona on January 2, 1981.
STUDY GROUP CASES
FOR
FEBRUARY 1983

CASE NO. 1 - ACC. NO. 24244

LOS ANGELES: Transitional cell carcinoma arising in prostatic ducts - 3; metastatic small cell from lung - 3; urothelial carcinoma, NOS - 3; grade IV adenocarcinoma, prostate - 5

SAN FRANCISCO: Poorly differentiated adenocarcinoma of prostate - 14; adenocarcinoma, possibly metastatic to prostate - 1

RENO: Poorly differentiated transitional cell carcinoma - 13

MARTINEZ: Small cell carcinoma of lung metastasizing to prostate - 8; urothelial carcinoma - 4; poorly differentiated carcinoma of prostate - 1

OAKLAND: Poorly differentiated adenocarcinoma, prostate - 7; transitional cell carcinoma arising in prostatic ducts, prostate - 5

SACRAMENTO: Transitional cell carcinoma prostatic ducts - 3

BAKERSFIELD: Undifferentiated carcinoma of prostate - 4; transitional carcinoma of periprostatic urethral ducts - 1

CENTRAL VALLEY: Poorly differentiated adenocarcinoma - 7; endometrioid adenocarcinoma (utricule) - 1

SAN BERNARDINO (INLAND): Undifferentiated carcinoma of prostate - 10; carcinoma of prostatic duct origin - 1

SAN GABRIEL: Poorly differentiated carcinoma, probably prostatic - 5

SEATTLE: Undifferentiated carcinoma, ?neuroendocrine - 8

TUCSON: Undifferentiated carcinoma - 2

OHIO: Undifferentiated carcinoma - 3

FILE DIAGNOSIS:

Poorly differentiated carcinoma, prostate

REFERENCES:

LOS ANGELES: Mixed transitional cell carcinoma and adenocarcinoma of bladder - 4; collision carcinoma of transitional cell carcinoma, bladder and adenocarcinoma, prostate - 5

SAN FRANCISCO: Adenocarcinoma of prostate - 2; transitional cell carcinoma of urinary bladder and adenocarcinoma of prostate - 3; urinary bladder tumor of mixed pattern (transitional cell carcinoma plus adenocarcinoma) - 4

RENO: Transitional cell carcinoma of the bladder and prostatic adenocarcinoma - 13

MARTINEZ: Papillary transitional cell carcinoma, grade III, with glandular differentiation - 13

OAKLAND: Grade II transitional cell carcinoma with invasion, urinary bladder - 15

SACRAMENTO: Transitional and adenocarcinoma, bladder - 3

BAKERSFIELD: Mixed adenocarcinoma and transitional cell carcinoma of bladder - 4; adenocarcinoma - 1

CENTRAL VALLEY: Papillary transitional cell carcinoma and adenocarcinoma - 2; transitional cell carcinoma - 2; adenocarcinoma - 4

SAN BERNARDINO (INLAND): Transitional cell carcinoma of urinary bladder with glandular differentiation - 11

SAN GABRIEL: Poorly differentiated adenocarcinoma with some areas of transitional appearance, probably primary bladder - 4; two primaries with bladder and prostate - 1

SEATTLE: Transitional cell carcinoma with pseudoglandular pattern - 5; collision tumor (transitional cell carcinoma and adenocarcinoma) - 3

TUCSON: Papillary transitional cell carcinoma (grade III) with pseudoglandular pattern - 1; papillary transitional cell carcinoma (grade III) - 1

OHIO: Urothelial carcinoma, grade III - 3

FILE DIAGNOSIS:
Mixed adenocarcinoma and transitional cell carcinoma, urinary bladder
CASE NO. 3 - ACC. NO. 23002

FEBRUARY 1983

LOS ANGELES: Malignant lymphoma with plasmacytoid features - 1; convoluted T-cell lymphoma - 1; malignant lymphoma, NOS - 10

SAN FRANCISCO: Malignant lymphoma - 15

RENO: Histiocytic lymphoma - 13

MARTINEZ: Lymphoma, large cell type - 13

OAKLAND: Lymphoma, testis - 15

SACRAMENTO: Malignant lymphoma, testis - 3

BAKERSFIELD: Poorly differentiated lymphocytic lymphoma - 5

CENTRAL VALLEY: Seminoma - 2; lymphoma (reticulum cell sarcoma) - 5; interstitial cell tumor - 1

SAN BERNARDINO (INLAND): Malignant lymphoma - 10; seminoma - 1

SAN GABRIEL: Malignant lymphoma - 5 (rule-out granulocytic sarcoma - 2)

SEATTLE: Lymphoma (large cell) - 7; malignant interstitial cell tumor - 1

TUCSON: Malignant lymphoma, diffuse large cell, immunoblastic - 2

OHIO: Histiocytic lymphoma, diffuse - 3

FILE DIAGNOSIS:

Malignant lymphoma, left testis

REFERENCES:

CASE NO. 4 - ACC. NO. 23059

LOS ANGELES: Anaplastic seminoma - 14
SAN FRANCISCO: Anaplastic seminoma - 15
RENO: Seminoma - 13
MARTINEZ: Seminoma, typical - 13
OAKLAND: Seminoma, testis - 9; anaplastic seminoma, testis - 4; spermatocytic seminoma, testis - 1
SACRAMENTO: Seminoma, anaplastic - 3
BAKERSFIELD: Anaplastic seminoma - 5
CENTRAL VALLEY: Seminoma - 6; embryonal carcinoma - 2
SAN BERNARDINO (INLAND): Seminoma - 9; gonadal stromal tumor - 2
SAN GABRIEL: Seminoma - 5
SEATTLE: Seminoma - 8
TUCSON: Anaplastic seminoma - 2
OHIO: Anaplastic seminoma - 2; malignant Leydig cell tumor - 1

FILE DIAGNOSIS:
Anaplastic seminoma, left testis

REFERENCES:


LOS ANGELES: Transitional cell carcinoma arising in prostatic periurethral ducts - 14

SAN FRANCISCO: Transitional cell carcinoma of prostatic urethra - 15

RENO: Transitional cell carcinoma - 13

MARTINEZ: Transitional cell carcinoma, grade III - 9; comedo carcinoma of prostate - 3

OAKLAND: Adenocarcinoma variant - comedo type, prostate - 10; transitional cell carcinoma arising in prostatic ducts, prostate - 5

SACRAMENTO: Transitional cell carcinoma prostatic ducts - 3

BAKERSFIELD: Transitional carcinoma of periurethral ducts - 5

CENTRAL VALLEY: Transitional cell carcinoma - 6; poorly differentiated adenocarcinoma - 2

SAN BERNARDINO (INLAND): Carcinoma of prostatic ducts - 7; transitional cell carcinoma of prostatic ducts - 4

SAN GABRIEL: Poorly differentiated adenocarcinoma, prostate, (comedo carcinoma pattern) - 5

SEATTLE: Transitional cell carcinoma involving prostate - 8

TUCSON: Poorly differentiated urothelial (transitional cell) carcinoma - 1; undifferentiated carcinoma - 1

OHIO: Transitional cell carcinoma - 3

FILE DIAGNOSIS:
Transitional cell carcinoma, involving periprostatic ducts

REFERENCES:
CASE NO. 6 - ACC. NO. 23912

LOS ANGELES: Seminoma - 14
SAN FRANCISCO: Seminoma - 15
RENO: Seminoma - 13
MARTINEZ: Typical seminoma with intratubular component - 12
OAKLAND: Seminoma, testis - 15
SACRAMENTO: Seminoma, anaplastic, with intratubular involvement - 3
BAKERSFIELD: Typical seminoma - 5
CENTRAL VALLEY: Seminoma - 6; Leydig cell tumor - 2
SAN BERNARDINO (INLAND): Seminoma - 11
SAN GABRIEL: Seminoma - 5
SEATTLE: Seminoma - 8
TUCSON: Classical seminoma - 2
OHIO: Seminoma - 3

FILE DIAGNOSIS:
Seminoma, left testis

REFERENCES:

LOS ANGELES: Well differentiated adenocarcinoma of the prostate - 2; basal cell hyperplasia (fetalization) - 11

SAN FRANCISCO: Benign prostatic hyperplasia - 13; well differentiated adenocarcinoma - 2

RENO: Atypical adenomatous hyperplasia - 10; well differentiated carcinoma - 3

MARTINEZ: Fetalization of prostate (basal cell hyperplasia) - 12

OAKLAND: Benign prostatic hypertrophy with granulomatous prostatitis, prostate - 15

SACRAMENTO: Basal cell hyperplasia prostate - 3

BAKERSFIELD: Microglandular nodule (hyperplasia) - 5

CENTRAL VALLEY: Benign prostatic hypertrophy - 6; adenocarcinoma - 1; adenoma - 1

SAN BERNARDINO (INLAND): Atypical hyperplasia of prostate - 7; well differentiated adenocarcinoma - 4

SAN GABRIEL: Benign glandular and stromal hyperplasia with chronic prostatitis - 5

SEATTLE: Atypical hyperplasia ("adenosis") - 6; focal well differentiated prostatic adenocarcinoma - 2

TUCSON: Glandular hyperplasia - 2

OHIO: Adenomas - 3

FILE DIAGNOSIS:

Basal cell hyperplasia (fetalization), prostate

CONSULTATIONS:

Jerry Waisman, M. D., UCLA: Nodular hyperplasia with multifocal mild atypia.

I. Sesterhenn, M. D., AFIP: Basal cell hyperplasia, glandular hyperplasia, and chronic prostatitis.

REFERENCES:

CASE NO. 8 - ACC. NO. 24213

FEBRUARY 1983

LOS ANGELES: Neurofibroma - 5; schwannoma - 6

SAN FRANCISCO: Fibrous pseudotumor - 15

RENO: Edematous leiomyoma - 6; neurolemmoma - 7

MARTINEZ: Schwannoma - 10; fibrous pseudotumor - 2

OAKLAND: Neurofibroma, seminal vesicle - 15

SACRAMENTO: Myxofibroma, seminal vesicle - 1; neurofibroma, seminal vesicle - 2

BAKERSFIELD: Leiomyoma - 2; myxofibroma - 1; neurofibroma - 2

CENTRAL VALLEY: Neurofibroma - 5; fibroma - 2; myxoma - 1

SAN BERNARDINO (INLAND): Neurilemmoma - 11

SAN GABRIEL: Benign soft tissue tumor, neural - 5

SEATTLE: Neurilemmoma - 8

TUCSON: Fibroma - 1; neurofibroma - 1

OHIO: Schwannoma - 3

FILE DIAGNOSIS:

Neurofibroma, seminal vesicle
X-file: schwannoma
CASE NO. 9 - ACC. NO. 24108

FEBRUARY 1983

LOS ANGELES:  Wilm's tumor - 14
SAN FRANCISCO:  Wilm's tumor - 15
RENO:  Wilm's tumor - 13
MARTINEZ:  Wilm's tumor (nephroblastoma) - 12
OAKLAND:  Wilm's tumor, kidney - 15
SACRAMENTO:  Nephroblastoma - 3
BAKERSFIELD:  Nephroblastoma - 5
CENTRAL VALLEY:  Wilm's tumor - 8
SAN BERNARDINO (INLAND):  Wilm's tumor (nephroblastoma) - 11
SAN GABRIEL:  Nephroblastoma - 5
SEATTLE:  Nephroblastoma - 8
TUCSON:  Wilm's tumor - 2
OHIO:  Nephroblastoma - 3

FILE DIAGNOSIS:

Wilm's tumor (nephroblastoma), left kidney

REFERENCES:


FILE DIAGNOSIS:

Embryonal carcinoma, right testis

REFERENCES:

LOS ANGELES: Malignant fibrous histiocyto ma - 2; rhabdomyosarcoma, pleomorphic - 11

SAN FRANCISCO: Rhabdomyosarcoma - 14; malignant fibrous histiocytoma - 1

RENO: Rhabdomyosarcoma - 13

MARTINEZ: Malignant fibrous histiocytoma - 2; leiomyosarcoma - 3; rhabdomyosarcoma - 3; myosarcoma - 4

OAKLAND: Malignant fibrous histiocytoma with rhabdo pattern, scrotum - 11; rhabdomyosarcoma, scrotum - 4

SACRAMENTO: Rhabdomyosarcoma, cord - 3

BAKERSFIELD: Liposarcoma - 1; rhabdomyosarcoma - 4

CENTRAL VALLEY: Rhabdomyosarcoma - 8

SAN BERNARDINO (INLAND): Pleomorphic rhabdomyosarcoma - 7; malignant fibrous histiocytoma - 3; liposarcoma - 1

SAN GABRIEL: Malignant fibrous histiocytoma - 3; rhabdomyosarcoma - 2

SEATTLE: Sarcoma, pleomorphic - 8

TUCSON: Malignant fibrous histiocytoma of possible retroperitoneal origin - 1; soft tissue sarcoma, probable rhabdomyosarcoma - 1

OHIO: Rhabdomyosarcoma - 1; leiomyosarcoma - 1; myosarcoma - 1

FILE DIAGNOSIS:

Pleomorphic rhabdomyosarcoma, scrotum

REFERENCES:

CASE NO. 12 - ACC. NO. 22818

FEBRUARY 1983

LOS ANGELES:  Partially differentiated squamous cell carcinoma - 14

SAN FRANCISCO:  Poorly differentiated squamous cell carcinoma - 15

RENO:  Poorly differentiated squamous cell carcinoma - 13

MARTINEZ:  Squamous cell carcinoma - 4; cloacogenic carcinoma - 3; mixed basal and squamous cell carcinoma - 4

OAKLAND:  Poorly differentiated squamous cell carcinoma, scrotum - 15

SACRAMENTO:  Squamous carcinoma, scrotum - 1; Merkle cell tumor, scrotum - 2

BAKERSFIELD:  Anaplastic squamous cell carcinoma - 5

CENTRAL VALLEY:  Squamous cell carcinoma - 7; basaloid carcinoma - 1

SAN BERNARDINO (INLAND):  Basaloid carcinoma of scrotum - 8; poorly differentiated squamous cell carcinoma - 3

SAN GABRIEL:  Squamous cell carcinoma, poorly differentiated - 5

SEATTLE:  Poorly differentiated squamous carcinoma - 8

TUCSON:  Basal cell carcinoma - 1; squamous cell carcinoma - 1

OHIO:  Cloacogenic carcinoma - 2; basosquamous carcinoma - 1

FILE DIAGNOSIS:

Squamous cell carcinoma, scrotum