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) 558-4788
FAX: (909) 558-0188
E-mail: cttr@linkline.com
Case of the Month: [www.llu.edu/llu/cttr/cotm](http://www.llu.edu/llu/cttr/cotm)
Orange (UCI Medical Center Residents) - Marked proliferation of islet cells in chronic pancreatitis (7); Islet cell tumor (1)

Mountain View (El Camino Path Assoc.) - Pancreatic endocrine neoplasm, malignant

Glendale (Glendale Pathology Associates) - Islet cell tumor

San Diego (Naval Medical Center) - Hamartoma (1); Acinar cell carcinoma (7)

Arizona (Phoenix Memorial Hospital) - Acinar cell carcinoma

Kansas (Stormont-Vail Hospital) - Acinic cell carcinoma of the pancreas

Texas (University of Texas Medical Branch Galveston Residents) - Chronic pancreatitis with islet cell hyperplasia

Texas (Propath Associates) - Chronic pancreatitis (1); Acinar cell carcinoma (1)

Texas (Lubbock) - Acinic carcinoma

Louisiana (River Ridge) - Chronic pancreatitis

Mississippi (Kings Daughters Medical Center) - Papillary acinar carcinoma

Florida (Monroe Regional Medical Center) - Chronic pancreatitis with fibrosis

Florida (Winter Haven Hospital) - Islet cell hyperplasia

Wisconsin (Middleton) - Acinar cell carcinoma

Missouri (Joplin) - Fibrotic with atrophy

Kentucky (University of Louisville Residents) - Islet cell hyperplasia

Michigan (St. Mary's Hospital) - Islet cell hyperplasia (1); Islet cell proliferation in chronic pancreatitis (1)

Michigan (Foote Hospital) - Chronic pancreatitis

Pennsylvania (Conemaugh Memorial Hospital Residents) - Chronic pancreatitis

Massachusetts (Longmeadow) - Chronic obstructive pancreatitis with acinar atrophy, fibrosis, and islet hyperplasia

Massachusetts (Medfield) - Diffuse hyperplasia of pancreatic islets

Massachusetts (Good Samaritan Medical Center) - Islet (endocrine pancreas) hyperplasia

New York (Montefiore Medical Care Centre) - Atrophic pancreatitis with endocrine cell hyperplasia and benign neural invasion

New York (Impath) - Well-differentiated endocrine tumor of pancreas (islet cell tumor)

Maryland (National Naval Medical Center) - Chronic pancreatitis

Canada, Calgary (Foothills Hospital) - Pancreatic endocrine tumor (islet cell tumor)

Japan (Shimada City) - Chronic pancreatitis

Japan (Hamamatsu University School of Medicine) - Chronic pancreatitis

Japan (Kurashiki Medical School) - Islet cell tumor (2); Islet cell hyperplasia (2)

Saudi Arabia (King Khalid University Hospital) - Chronic pancreatitis

**DIAGNOSIS:**

Islet Cell Tumor ("Pancreatic Endocrine Tumor"), Pancreas

T-59000, M-81503

**REFERENCES:**


Case No. 2, Accession No. 28484

February 2000

Orange (UCI Medical Center Residents) - Solid-pseudopapillary tumor of pancreas, low grade malignancy (4); Endocrine carcinoma of pancreas (4)
Mountain View (El Camino Path Associates) - Pancreatic endocrine neoplasm, oncocytic type
Glendale (Glendale Pathology Associates) - Islet cell tumor
San Diego (Naval Medical Center) - Neuroendocrine cell carcinoma (7); Endocrine cell carcinoma (1)
Arizona (Phoenix Memorial Hospital) - Endocrine carcinoma
Kansas (Stormont-Vail Hospital) - Islet-cell tumor of the pancreas
Texas (University of Texas Medical Branch Galveston Residents) - Pancreatic endocrine tumor, metastatic
Texas (Propath Associates) - Metastatic islet cell tumor (1); Metastatic neuroendocrine tumor (islet cell carcinoma) (1)
Texas (Lubbock) - Islet cell tumor, malignant
Louisiana (River Ridge) - Malignant islet cell tumor
Mississippi (Kings Daughters Medical Center) - Neuroendocrine carcinoma
Florida (Monroe Regional Medical Center) - Endocrine carcinoma
Florida (Winter Haven Hospital) - Malignant pancreatic endocrine tumor
Wisconsin (Middleton) - Islet cell tumor
Missouri (Joplin) - Metastatic malignant islet cell tumor
Kentucky (University of Louisville Residents) - Islet cell tumor, malignant
Michigan (St. Mary's Hospital) - Pancreatic endocrine carcinoma (1); Oncocytic neuroendocrine carcinoma (1)
Michigan (Foote Hospital) - Metastatic islet cell tumor
Pennsylvania (Conemaugh Memorial Hospital Residents) - Endocrine carcinoma, pancreas
Massachusetts (Longmeadow) - Endocrine carcinoma, pancreas
Massachusetts (Medfield) - Metastatic islet tumor of pancreas to lymph node
Massachusetts (Good Samaritan Medical Center) - Neuroendocrine carcinoma
New York (Montefiore Medical Care Centre) - Pancreatic endocrine neoplasm, malignant metastatic
New York (Impath) - Metastatic well-differentiated endocrine carcinoma of pancreas (metastatic islet cell tumor)
Maryland (National Naval Medical Center) - Pancreatic endocrine neoplasm
Canada, Calgary (Foothills Hospital) - Mixed acinar - endocrine carcinoma
Japan (Shimada City) - Endocrine carcinoma of the pancreas
Japan (Hamamatsu University School of Medicine) - Well-differentiated endocrine carcinoma
Japan (Kurashiki Medical School) - Islet cell tumor (3); Acinic cell carcinoma (1)
Saudi Arabia (King Khalid University Hospital) - Differentiated neuroendocrine carcinoma, low grade, pancreas

DIAGNOSIS:

Neuroendocrine Carcinoma with Oncocytic Change ("Pancreatic Endocrine Tumor, Malignant")
T-59000, M-73050, T-80103

REFERENCES:
Case No. 3, Accession No. 28457

February 2000

Orange (UCI Medical Center Residents) - Adrenocortical adenoma
Mountain View (El Camino Path Assoc.) - Cortical hyperplasia associated with Conn’s syndrome
Glendale (Glendale Pathology Associates) - Adrenal cortical adenoma
San Diego (Naval Medical Center) - Adrenal cortical hyperplasia (3); Adenoma (4); Mixed micro and macronodular adrenal cortical hyperplasia (1)
Arizona (Phoenix Memorial Hospital) - Cortical hyperplasia, adrenal
Kansas (Stormont-Vail Hospital) - Adrenal cortical adenoma
Texas (University of Texas Medical Branch Galveston Residents) - Adrenal cortical adenoma (rare spironolactone bodies seen)
Texas (Propath Associates) - Cortical adenoma of adrenal (1); (Conn’s syndrome) with functioning adrenal adenoma (1)
Texas (Lubbock) - Hyperplasia of adrenal gland
Louisiana (River Ridge) - Adrenocortical adenoma
Mississippi (Kings Daughters Medical Center) - Nodular adrenal cortical hyperplasia
Florida (Monroe Regional Medical Center) - Nodular adrenal cortical hyperplasia
Florida (Winter Haven Hospital) - Adrenocortical adenoma
Wisconsin (Middleton) - Cortical adenoma
Missouri (Joplin) - Adrenal cortical adenoma
Kentucky (University of Louisville Residents) - Aldosterone-secreting adenoma
Michigan (St. Mary’s Hospital) - Adrenal cortical adenoma (2)
Michigan (Foote Hospital) - Adrenal cortical adenoma
Pennsylvania (Conemaugh Memorial Hospital Residents) - Adrenal cortical hyperplasia consistent with Conn’s syndrome
Massachusetts (Longmeadow) - Adrenal cortical adenoma with aldosteronism
Massachusetts (Medfield) - Adrenocortical adenoma
Massachusetts (Good Samaritan Medical Center) - Adrenal cortical adenoma (aldosteronoma)
New York (Montefiore Medical Care Centre) - Aldosteronoma producing cortical adenoma
New York (Impath) - Adrenal cortical adenoma
Maryland (National Naval Medical Center) - Cortical adenoma (aldosteronoma)
Canada, Calgary (Foothills Hospital) - Adrenocortical adenoma with spironolactone bodies
Japan (Shimada City) - Cortical nodular hyperplasia
Japan (Hamamatsu University School of Medicine) - Adrenal cortical adenoma associated with Conn’s syndrome
Japan (Kurashiki Medical School) - Cortical adenoma (4)
Saudi Arabia (King Khalid University Hospital) - Nodular cortical hyperplasia, adrenal gland

DIAGNOSIS:

Aldosterone-Secrecting Adrenal Cortical Adenoma Associated with Conn’s Syndrome
T-93000, M-81400

REFERENCES:

(Also See References to Case 5)
Case No. 4, Accession No. 28596

February 2000

Orange (UCI Medical Center Residents) - Pheochromocytoma
Mountain View (El Camino Path Assoc.) - Pheochromocytoma (pigmented)
Glendale (Glendale Pathology Associates) - Pheochromocytoma
San Diego (Naval Medical Center) - Pheochromocytoma (8)
Arizona (Phoenix Memorial Hospital) - Pheochromocytoma, adrenal
Kansas (Stormont-Vail Hospital) - Pheochromocytoma
Texas (University of Texas Medical Branch Galveston Residents) - Pheochromocytoma
Texas (ProPath Associates) - Pheochromocytoma (2)
Texas (Lubbock) - Pheochromocytoma
Louisiana (River Ridge) - Pheochromocytoma
Mississippi (Kings Daughters Medical Center) - Pheochromocytoma
Florida (Monroe Regional Medical Center) - Pheochromocytoma
Florida (Winter Haven Hospital) - Pheochromocytoma
Wisconsin (Middleton) - Pheochromocytoma
Missouri (Joplin) - Pheochromocytoma
Kentucky (University of Louisville Residents) - Pheochromocytoma
Michigan (St. Mary's Hospital) - Pheochromocytoma (2)
Michigan (Foote Hospital) - Pheochromocytoma
Pennsylvania (Conemaugh Memorial Hospital Residents) - Pheochromocytoma
Massachusetts (Longmeadow) - Adrenal Pheochromocytoma
Massachusetts (Medfield) - Pheochromocytoma
Massachusetts (Good Samaritan Medical Center) - Neural endocrine tumor-pheochromocytoma
New York (Montefiore Medical Care Centre) - Pheochromocytoma
New York (Impath) - Pheochromocytoma
Maryland (National Naval Medical Center) - Pheochromocytoma
Canada, Calgary (Foothills Hospital) - Pheochromocytoma
Japan (Shimada City) - Pheochromocytoma
Japan (Hamamatsu University School of Medicine) - Pheochromocytoma
Japan (Kurashiki Medical School) - Pheochromocytoma, pigmented (4)
Saudi Arabia (King Khalid University Hospital) - Pheochromocytoma, adrenal gland

DIAGNOSIS:

Pheochromocytoma, Adrenal Gland
T-93000, M-87000

REFERENCES:

Orange (UCI Medical Center Residents) - Adrenal cortical adenoma (4); Adrenal cortical neoplasm with undetermined biological behavior (4)

Mountain View (El Camino Path Assoc.) - Cortical adenoma

Glendale (Glendale Pathology Associates) - Adrenal cortical adenoma

San Diego (Naval Medical Center) - Adrenal cortical adenoma (7); Uncertain malignant potential (1)

Arizona (Phoenix Memorial Hospital) - Cortical adenoma, adrenal

Kansas (Stormont-Vail Hospital) - Adrenal cortical adenoma

Texas (University of Texas Medical Branch Galveston Residents) - Adrenal cortical tumor, histologically benign; cannot exclude well-differentiated adrenocortical carcinoma

Texas (Propath Associates) - Adrenal cortical carcinoma (2)

Texas (Lubbock) - Well-differentiated adenocarcinoma

Louisiana (River Ridge) - Adrenal cortical adenoma

Mississippi (Kings Daughters Medical Center) - Cortical adenoma

Florida (Monroe Regional Medical Center) - Cortical adenoma

Florida (Winter Haven Hospital) - Adrenocortical adenoma

Wisconsin (Middleton) - Adrenal cortical adenoma

Missouri (Joplin) - Adrenal cortical adenoma

Kentucky (University of Louisville Residents) - Adrenal cortical tumor, probably adenoma

Michigan (St. Mary’s Hospital) - Adrenal cortical adenoma (2)

Michigan (Footes Hospital) - Adrenal cortical adenoma

Pennsylvania (Conemaugh Memorial Hospital Residents) - Adrenal cortical adenoma

Massachusetts (Longmeadow) - Adrenal cortical adenoma

Massachusetts (Medfield) - Adrenocortical carcinoma

Massachusetts (Good Samaritan Medical Center) - Adrenal cortical adenoma, carcinoma cannot be excluded

New York (Montefiore Medical Care Centre) - Adrenal cortical adenoma

New York (Impath) - Adrenal cortical adenoma

Maryland (National Naval Medical Center) - Adrenal cortical neoplasm (favor adenoma)

Canada, Calgary (Foothills Hospital) - Adrenocortical adenoma (r/o Cushing’s)

Japan (Shimada City) - Adrenocortical adenoma

Japan (Hamamatsu University School of Medicine) - Adrenal cortical adenoma

Japan (Kurashiki Medical School) - Cortical adenoma, possibly aldosterone-producing (4)

Saudi Arabia (King Khalid University Hospital) - Adrenocortical adenoma, adrenal gland

**DIAGNOSIS:**

Adrenal Cortical Adenoma

T-93000, M-83700

**REFERENCES:**


Case No. 6, Accession No. 28574

February 2000

Orange (UCI Medical Center Residents) - Thymoma
Mountain View (El Camino Path Associates) - Multilobulated cystic thymoma
Glendale (Glendale Pathology Associates) - Cystic thymoma
San Diego (Naval Medical Center) - Thymoma (7); Spindle cell thymoma (1)
Arizona (Phoenix Memorial Hospital) - Cystic thymoma
Kansas (Stormont-Vail Hospital) - Multi-lobular thymic cyst
Texas (University of Texas Medical Branch Galveston Residents) - Thymoma
Texas (Propath Associates) - Lymphocytic thymoma (1); Thymoma (1)
Texas (Lubbock) - Thymoma, predominantly mixed
Louisiana (River Ridge) - Thymoma
Mississippi (Kings Daughters Medical Center) - Thymoma
Florida (Monroe Regional Medical Center) - Cystic thymoma
Florida (Winter Haven Hospital) - Multicystic thymoma
Wisconsin (Middleton) - Thymoma
Missouri (Joplin) - Thymoma
Kentucky (University of Louisville Residents) - Thymoma
Michigan (St. Mary's Hospital) - Thymic cyst (2)
Michigan (Foote Hospital) - Lymphocyte predominant thymoma
Pennsylvania (Conemaugh Memorial Hospital Residents) - Spindle cell thymoma
Massachusetts (Longmeadow) - Thymoma with a prominent spindle cell component
Massachusetts (Medfield) - Thymic hyperplasia
Massachusetts (Good Samaritan Medical Center) - Thymoma
New York (Monteflore Medical Care Centre) - Benign thymoma
New York (Impath) - Thymoma, AB type
Maryland (National Naval Medical Center) - Thymoma
Canada, Calgary (Foothills Hospital) - Encapsulated thymoma
Japan (Shimada City) - Encapsulated thymoma
Japan (Hamamatsu University School of Medicine) - Thymoma
Japan (Kurashiki Medical School) - Thymoma, encapsulated (4)
Saudi Arabia (King Khalid University Hospital) - Thymoma, thymus

DIAGNOSIS:
Encapsulated Mixed Thymoma with Spindle Cell Component
T-98000, M-85800

REFERENCES:
Orange (UCI Medical Center Residents) - Medullary thyroid carcinoma, small cell variant (5); Small cell carcinoma (3)
Mountain View (El Camino Path Assoc.) - Medullary carcinoma
Glendale (Glendale Pathology Associates) - Insular carcinoma
San Diego (Naval Medical Center) - Anaplastic thyroid carcinoma (7); Undifferentiated carcinoma associated with chronic lymphocytic thyroiditis (1)
Arizona (Phoenix Memorial Hospital) - Undifferentiated carcinoma with focal chondroid metaplasia
Kansas (Stormont-Vail Hospital) - Small cell anaplastic carcinoma
Texas (University of Texas Medical Branch Galveston Residents) - Small cell carcinoma, metastatic
Texas (Propath Associates) - Medullary carcinoma of thyroid (1); Poorly differentiated thyroid carcinoma-insular pattern (1)
Texas (Lubbock) - Anaplastic carcinoma
Louisiana (River Ridge) - Small cell neuroendocrine carcinoma
Mississippi (Kings Daughters Medical Center) - Anaplastic carcinoma
Florida (Monroe Regional Medical Center) - Small cell carcinoma
Florida (Winter Haven Hospital) - Medullary carcinoma
Wisconsin (Middleton) - Poorly differentiated carcinoma
Missouri (Joplin) - Metastatic poorly differentiated small cell carcinoma
Kentucky (University of Louisville Residents) - Anaplastic thyroid carcinoma with neuroendocrine and sarcomatous differentiation
Michigan (St. Mary's Hospital) - Metastatic small cell carcinoma (1); Small cell undifferentiated carcinoma, metastatic to thyroid (1)
Michigan (Foote Hospital) - Medullary thyroid carcinoma
Pennsylvania (Conemaugh Memorial Hospital Residents) - Medullary carcinoma, small cell variant/small cell carcinoma
Massachusetts (Longmeadow) - Medullary carcinoma, small cell neuroendocrine type, thyroid
Massachusetts (Medfield) - Medullary carcinoma of thyroid
Massachusetts (Good Samaritan Medical Center) - Metastatic poorly differentiated carcinoma, favor lung origin
New York (Montefiore Medical Care Centre) - Small cell neuroendocrine carcinoma
New York (Impath) - Medullary carcinoma of thyroid gland
Maryland (National Naval Medical Center) - Poorly differentiated neuroendocrine carcinoma (small cell carcinoma)
Canada, Calgary (Foothills Hospital) - Medullary carcinoma, thyroid
Japan (Shimada City) - Medullary thyroid carcinoma, undifferentiated
Japan (Hamamatsu University School of Medicine) - Undifferentiated carcinoma, small cell type
Japan (Kurashiki Medical School) - Small cell neuroendocrine carcinoma (3); Medullary carcinoma (1)
Saudi Arabia (King Khalid University Hospital) - Medullary carcinoma, thyroid

**DIAGNOSIS:**

Small Cell Neuroendocrine Carcinoma ("Small Cell Variant of Medullary Carcinoma"), Thyroid T-96000, M-85103

**REFERENCES:**


CTTR, February 2000 "Minutes" (Subscription B)
Case No. 8, Accession No. 28610

Orange (UCI Medical Center Residents) - Hurthle cell adenoma
Mountain View (El Camino Path Assoc.) - Hurthle cell adenoma
Glendale (Glendale Pathology Associates) - Hurthle cell adenoma
San Diego (Naval Medical Center) - Hurthle cell adenoma (8)
Arizona (Phoenix Memorial Hospital) - Hurthle cell adenoma
Kansas (Stormont-Vail Hospital) - Follicular adenoma
Texas (University of Texas Medical Branch Galveston Residents) - Hurthle cell tumor
Texas (Propath Associates) - Hurthle cell tumor (2)
Texas (Lubbock) - Hurthle cell adenoma
Louisiana (River Ridge) - Follicular neoplasm favor adenoma
Mississippi (Kings Daughters Medical Center) - Follicular adenoma
Florida (Monroe Regional Medical Center) - Follicular adenoma
Florida (Winter Haven Hospital) - Follicular adenoma
Wisconsin (Middleton) - Follicular adenoma with Hurthle cell features
Missouri (Joplin) - Atypical follicular adenoma with oncocytic change
Kentucky (University of Louisville Residents) - Follicular adenoma with Hurthle cell features
Michigan (St. Mary's Hospital) - Follicular adenoma (2)
Michigan (Foote Hospital) - Hurthle cell adenoma
Pennsylvania (Conemaugh Memorial Hospital Residents) - Follicular adenoma
Massachusetts (Longmeadow) - Hurthle cell adenoma, follicular type, thyroid
Massachusetts (Medfield) - Follicular adenoma of thyroid (colloid type)
Massachusetts (Good Samaritan Medical Center) - Macro and follicular thyroid adenoma with exophytic changes
New York (Montefiore Medical Care Centre) - Hurthle cell adenoma
New York (Impath) - Hurthle cell tumor (probable adenoma)
Maryland (National Naval Medical Center) - Follicular adenoma
Canada, Calgary (Foothills Hospital) - Hurthle cell favor adenoma
Japan (Shimada City) - Oncocytic adenoma of the thyroid
Japan (Hamamatsu University School of Medicine) - Follicular adenoma
Japan (Kurashiki Medical School) - Follicular adenoma (2); Adenomatoid nodule (2)
Saudi Arabia (King Khalid University Hospital) - Hurthle cell adenoma, thyroid

DIAGNOSIS:
Follicular Adenoma with Hurthle Cell Features ("Hurthle Cell Adenoma"), Thyroid
T-96000, M-83300

REFERENCES:
Orange (UCI Medical Center Residents) - Follicular carcinoma
Mountain View (El Camino Path Assoc.) - Follicular carcinoma
Glendale (Glendale Pathology Associates) - Follicular carcinoma, minimally invasion
San Diego (Naval Medical Center) - Follicular carcinoma with evidence of capsular invasion and angioinvasion
(7); Well-differentiated angioinvasive follicular carcinoma (1)
Arizona (Phoenix Memorial Hospital) - Hurthle cell carcinoma
Kansas (Stormont-Vail Hospital) - Minimally invasive, encapsulated follicular carcinoma
Texas (University of Texas Medical Branch Galveston Residents) - Medullary carcinoma
Texas (Propath Associates) - Follicular thyroid carcinoma (1); Follicular carcinoma (1)
Texas (Lubbock) - Follicular carcinoma
Louisiana (River Ridge) - Follicular neoplasm favor adenoma
Mississippi (Kings Daughters Medical Center) - Follicular carcinoma with oncocytc features
Florida (Monroe Regional Medical Center) - Follicular carcinoma
Florida (Winter Haven Hospital) - Follicular carcinoma
Wisconsin (Middleton) - Medullary carcinoma
Missouri (Joplin) - Follicular variant of papillary carcinoma
Kentucky (University of Louisville Residents) - Follicular carcinoma
Michigan (St. Mary's Hospital) - Atypical adenoma (2)
Michigan (Foote Hospital) - Follicular carcinoma
Pennsylvania (Conemaugh Memorial Hospital Residents) - Follicular carcinoma
Massachusetts (Longmeadow) - Follicular carcinoma of thyroid showing capsular and vascular invasion
Massachusetts (Medfield) - Follicular variant of papillary carcinoma (thyroid)
Massachusetts (Good Samaritan Medical Center) - Follicular thyroid carcinoma, angio and capsular invasion
New York (Montefiore Medical Care Centre) - Minimally invasive follicular carcinoma
New York (Impath) - Thyroid follicular carcinoma
Maryland (National Naval Medical Center) - Follicular carcinoma
Canada, Calgary (Foothills Hospital) - Papillary carcinoma, solid/trabecular type
Japan (Shimada City) - Medullary thyroid carcinoma
Japan (Hamamatsu University School of Medicine) - Follicular carcinoma, minimally invasive
Japan (Kurashiki Medical School) - Follicular carcinoma (4)
Saudi Arabia (King Khalid University Hospital) - Minimally invasive follicular carcinoma, thyroid

DIAGNOSIS:
Minimally Invasive Follicular Carcinoma with Vascular Invasion, Thyroid
T-96000, M-83303

REFERENCES:
Case No. 10, Accession No. 28583

February 2000

Orange (UCI Medical Center Residents) - Papillary carcinoma
Mountain View (El Camino Path Assoc.) - Papillary carcinoma, tall cell variant
Glendale (Glendale Pathology Associates) - Papillary carcinoma
San Diego (Naval Medical Center) - Papillary thyroid carcinoma (8)
Arizona (Phoenix Memorial Hospital) - Papillary carcinoma, tall cell variant
Kansas (Stormont-Vail Hospital) - Papillary carcinoma of the thyroid
Texas (University of Texas Medical Branch Galveston Residents) - Papillary carcinoma, tall cell variant
Texas (Propath Associates) - Papillary thyroid carcinoma (1); Papillary adenocarcinoma of thyroid (1)
Texas (Lubbock) - Papillary carcinoma
Louisiana (River Ridge) - Papillary carcinoma (tall cell variant)
Mississippi (Kings Daughters Medical Center) - Papillary carcinoma
Florida (Monroe Regional Medical Center) - Papillary carcinoma
Florida (Winter Haven Hospital) - Papillary carcinoma
Wisconsin (Middleton) - Papillary carcinoma
Missouri (Joplin) - Papillary carcinoma
Kentucky (University of Louisville Residents) - Papillary thyroid carcinoma, tall cell variant
Michigan (St. Mary's Hospital) - Papillary carcinoma, tall cell variant (2)
Michigan (Foote Hospital) - Papillary thyroid carcinoma with tall cell features
Pennsylvania (Conemaugh Memorial Hospital Residents) - Papillary carcinoma
Massachusetts (Longmeadow) - Papillary carcinoma, thyroid
Massachusetts (Medfield) - Papillary carcinoma of thyroid gland
Massachusetts (Good Samaritan Medical Center) - Papillary thyroid carcinoma, tall cell variety
New York (Montefiore Medical Care Centre) - Papillary carcinoma of probable thyroid origin
New York (Impath) - Papillary carcinoma of thyroid gland
Maryland (National Naval Medical Center) - Papillary carcinoma, tall cell variety
Canada, Calgary (Foothills Hospital) - Papillary carcinoma, tall cell variant
Japan (Shimada City) - Papillary carcinoma of the thyroid
Japan (Hamamatsu University School of Medicine) - Papillary carcinoma
Japan (Kurashiki Medical School) - Papillary carcinoma, tall-cell variant (3); Metastatic carcinoma (1)
Saudi Arabia (King Khalid University Hospital) - Papillary carcinoma, thyroid

DIAGNOSIS:
Papillary Carcinoma with Tall Cell Features, Thyroid
T-96000, M-80503

REFERENCES:

CTTR, February 2000 "Minutes" (Subscription B)
“TUMORS OF THE ENDOCRINE SYSTEM”

Study Cases, Subscription B

February 2000

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) 558-4788
FAX: (909) 558-0188
E-mail: cttr@linkline.com
Case of the Month: www.llu.edu/llu/cttr/cotm
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.

Objectives:
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:
Loma Linda University School of Medicine designates this continuing medical education activity for up to 2 hours of Category I of the Physician's Recognition Award of the American Medical Association.
CME credit is offered for the subscription year only.

Accreditation:
Loma Linda University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.
Contributor: D.R. Dickson, M.D.  
Santa Barbara, CA

Case No. 1 - February 2000

Tissue from: Pancreas

Accession #9853

Clinical Abstract:
This 52-year-old male patient expired six months after onset of difficulty in swallowing and five months after being diagnosed with squamous cell carcinoma of the esophagus. An autopsy was performed.

Gross Pathology:
The pancreas weighed 80 grams and had a thickened fibrous capsule. Sectioning revealed a tough and fibrous tissue with obliteration of the lobular architecture and irregular dilation of the ducts. Metastases were not seen.

Contributor: Beverly Myers, M.D.  
Sacramento, CA

Case No. 2 - February 2000

Tissue from: Pancreas

Accession #28484

Clinical Abstract:
Severe abdominal pain brought this 41-year-old female to medical attention. Ultrasound showed a large mass in the pancreas with apparent metastatic involvement of peripancreatic lymph nodes.

Gross Pathology:
The 14.0 x 4.5 x 5.0 cm pancreas was largely replaced by pseudocysts with a shaggy green lining. Adherent to the pancreas was a 6.5 x 5.0 x 3.5 cm lymph node which was grossly replaced by tumor.

SPECIAL STUDIES (contributor's report):
- CAM 5.2 positive
- Synaptophysin positive
- Chromogranin positive
- NSE positive
Contributor: LL Pathology Group (drc)
Loma Linda, CA

Tissue from: Left adrenal gland

Clinical Abstract:
After several years of mild hyperadosteronism this 52-year-old male was referred because of increased difficulty maintaining normokalemia. A mass in the left adrenal gland had remained unchanged for at least 5 years.

Gross Pathology:
The 20 gram adrenal gland was 7.3 x 4.8 x 1.8 cm and contained a 1.2 x 1.0 x 1.1 cm well-circumscribed yellow-orange cortical nodule.

Contributor: Pamela Bowell, M.D.
San Diego, CA

Tissue from: Adrenal gland

Clinical Abstract:
A 62-year-old female was referred with poorly controlled episodic hypertension, palpitations, and elevated urine catecholamines and vanillylmandelic acid. An MRI revealed a 4.0 cm non-enhancing mass in left adrenal gland.

Gross Pathology:
The 7.0 x 4.0 x 2.8 cm adrenal gland contained a well-circumscribed 4.5 cm gray-pink mass.
Contributor: Ernest Holburt, M.D.  
Fallbrook, CA

Tissue from: Left adrenal  
Accession #28557

Clinical Abstract:  
A mass was found in the left adrenal gland of this 44-year-old female.

Gross Pathology:  
The 64 gram specimen consisted of a 6.0 x 4.0 x 4.0 cm ovoid, well-encapsulated mass. The cut surface was a brilliant yellow with punctate areas of necrosis.

Contributor: D.L. Kell, M.D.  
Santa Barbara, CA

Tissue from: Thymus  
Accession #28574

Clinical Abstract:  
Following a thyroidectomy several years earlier, this 57-year-old female had a routine follow-up with CT scan. The scan revealed a mass in the anterior superior mediastinum. A thymectomy was performed.

Gross Pathology:  
The 101 gram, 12.0 x 9.0 x 3.0 cm specimen consisted predominately of soft yellow adipose tissue, with a 3.4 x 4.0 x 2.4 cm firm oval mass at one end. Sectioning revealed a well-circumscribed, completely encapsulated mass composed of lobulated homogenous white tissue.
Contributor: Karl Anders, M.D.  
Woodland Hills, CA  
Case No. 7 - February 2000  
Tissue from: Thyroid  
Accession #27805  

Clinical Abstract:  
After experiencing shortness of breath, this 47-year-old female, with a history of heavy smoking, was found to have airway compromised due to a large mass in the right lobe of the thyroid. CT scan showed a large mass with a cystic component in the right neck, compressing the right trachea.

Gross Pathology:  
This 22 gram, 7.5 x 3.5 x 1.8 cm thyroid lobectomy specimen included a 0.5 cm well-defined nodule near one end.

SPECIAL STUDIES (contributor's report):  
Cytokeratin: positive  
NSE: positive  
CEA: positive  
Calcitonin: negative  
LCA: negative

Contributor: Philip Robinson, M.D.  
Boynton Beach, FL  
Case No. 8 - February 2000  
Tissue from: Right lobe of thyroid  
Accession #28610  

Clinical Abstract:  
This 49-year-old male presented with a mass on the right side of his neck. A right thyroidectomy was performed following a fine needle aspiration.

Gross Pathology:  
This 48 gram, 4.8 x 4.5 x 3.9 cm portion of thyroid was largely replaced by a solitary nodule with a thin rim of thyroid or connective tissue.
Contributor: W. Michael Green, M.D.  
Oxnard, CA  

Tissue from: Left thyroid  
Accession #28641  

Clinical Abstract:  
This 42-year-old female presented with a mass in the left thyroid lobe.  

Gross Pathology:  
The specimen included a 3.0 cm well-circumscribed nodule.

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Tissue from: Thyroid  
Accession #28583  

Clinical Abstract:  
For about a month this 62-year-old female experienced neck swelling, which was getting progressively painful and enlarging in size.  

Gross Pathology:  
The 4.8 x 4.0 x 3.0 cm specimen consisted of a single fragment of firm tissue with an apparent fibrous capsule. Sectioning revealed a tan-white cut surface with several lobulations.