

SEM 558

CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
JANUARY 1984
BREAST TUMORS

CONTRIBUTOR: H. H. March, M. D.
Fresno, California

JANUARY 1984 - CASE NO. 1

TISSUE FROM: Right breast

ACCESSION NO. 23353

CLINICAL ABSTRACT:

History: A 34 year old woman noted a mass in the right breast two months previously. There was no family history for breast cancer.

Physical examination: A small, firm, non-tender, smooth nodule was palpable.

SURGERY: (February 16, 1979)

A right breast biopsy was performed.

GROSS PATHOLOGY:

A spherical portion of pink-tan, rubbery tissue measuring 1.4 cm. in diameter was received. Sectioning revealed a well-circumscribed, yellow nodule measuring 0.5 cm. in diameter.

FOLLOW-UP:

The patient had a modified radical mastectomy at Scripps Clinic at La Jolla, California.

CONTRIBUTOR: Melvin Anderson, M. D.
Alhambra, California

JANUARY 1984 - CASE NO. 2

TISSUE FROM: Right breast

ACCESSION NO. 24800

CLINICAL ABSTRACT:

History: A 63 year old woman was found to have a large right breast mass. Upon admission, she was demonstrating psychotic behavior and could not give a reliable history.

Physical examination: Examination of the breasts revealed a large, firm, non-tender mass in the right breast. Multiple axillary nodes were palpated. Also noted was pronounced hirsutism over the face, chest, abdomen and thighs. Pelvic examination showed cliteromegaly, but the ovaries were not palpable.

SURGERY: (March 4, 1982)

A right modified radical mastectomy was performed.

GROSS PATHOLOGY:

A 5.0 x 3.5 cm., hard tumor mass was found in the lower outer quadrant. Cut surfaces were grey-yellow and somewhat cartilagenous in consistency. No necrosis was noted. Several lymph nodes were grossly involved by tumor.

FOLLOW-UP:

On April 8, 1982, a left ovarian tumor was removed. This was interpreted as a masculinizing gonadal stromal tumor. Follow-up since that time is unavailable.

CONTRIBUTOR: Roger Terry, M. D.
Los Angeles, California

JANUARY 1984 - CASE NO. 3

TISSUE FROM: Clitoris

ACCESSION NO. 22110

CLINICAL ABSTRACT:

History: A 47 year old woman noted gradual enlargement of the clitoris for about one year.

Physical examination: There was a 5.0 cm., non tender, freely mobile mass in the region of the clitoris.

SURGERY: (October 4, 1976)

An excision biopsy was performed.

GROSS PATHOLOGY:

A 5.0 x 5.0 cm. section of skin was received. Attached to the skin was a 7.0 x 3.0 cm. nodular, tan-yellow mass.

FOLLOW-UP:

When last seen in late 1976 she was doing well without recurrence.

CONTRIBUTOR: Arnold Oldre, M. D.
Burbank, California

JANUARY 1984 - CASE NO. 4

TISSUE FROM: Right breast

ACCESSION NO. 24418

CLINICAL ABSTRACT:

History: A 26 year old woman had a mass in the right breast for about three years. She complained of increasing tenderness and thought that the mass was gradually enlarging. When first noted three years before, a biopsy was advised, however the patient declined.

Physical examination: There was a mildly tender, freely moveable mass in the inferior portion of the right breast. There was no discharge.

SURGERY: (Septmeber 22, 1981)

An excisional biopsy was performed.

GROSS PATHOLOGY:

The specimen measured 5 x 4 x 3 cm. Cut surface revealed multiple, varying sized cysts.

FOLLOW-UP:

Not available.

CONTRIBUTOR: Ronald Mihata, M. D.
Hemet, California

JANUARY 1984 - CASE NO. 5

TISSUE FROM: Left and right breasts

ACCESSION NO. 24748

CLINICAL ABSTRACT:

History: A 64 year old woman was first seen in October, 1980 with complaints of occasional nipple discharge. She had been taking estrogen. The estrogen was stopped, and the discharge subsequently diminished. In October, 1982, masses were palpable in both breasts.

SURGERY: (November 1, 1982)

Bilateral excisional biopsies were performed.

GROSS PATHOLOGY:

The specimen from the left breast consisted of 45 grams of nodular, rubbery tissue. In the central area, a 2.0 cm. cyst filled with cloudy grey fluid was found.

The specimen from the right breast consisted of 100 grams of tissue measuring 9.5 x 7 x 3 cm. There were many areas of rubbery, firm tissue and small cyst.

FOLLOW-UP:

When last seen on December 5, 1983 she was well without recurrent breast problems.

CONTRIBUTOR: Howard E. Otto, M. D.
Hancock, Michigan

JANUARY 1984 - CASE NO. 6

TISSUE FROM: Breast

ACCESSION NO. 22232

CLINICAL ABSTRACT:

History: A 50 year old woman was seen for a breast mass. She recently had a "benign cyst" aspirated.

Physical examination: A large, indurated area in the breast was noted. The attending physician gave a clinical diagnosis of "diffuse fibrocystic disease".

SURGERY: (January 12, 1977)

An incisional biopsy was performed.

GROSS PATHOLOGY:

Gross examination revealed numerous, "small microfocal cystic areas".

FOLLOW-UP:

The patient had a mastectomy at another hospital and has been lost to follow-up.

CONTRIBUTOR: William Cowell, M. D.
Oceanside, California

JANUARY 1984 - CASE NO. 7

TISSUE FROM: Right breast

ACCESSION NO. 24752

CLINICAL ABSTRACT:

History: A 59 year old male noticed a lump in the right breast two months prior to admission. He had a sister who recently had a mastectomy for carcinoma.

Physical examination: There was a large, firm mass in the right breast which was fixed to the chest wall and overlying skin.

SURGERY: (May 20, 1982)

After a needle biopsy, a simple mastectomy was performed.

GROSS PATHOLOGY:

The breast was almost entirely replaced by a "rock hard", greyish-yellow, focally hemorrhagic mass, which measured 7 x 5 x 5 cm. It extended from the deep surgical margin to the skin.

FOLLOW-UP:

He was readmitted in January, 1983 with bone metastases. He was treated with chemotherapy and an orchiectomy was performed on January 21, 1983. The patient is still alive, but when last seen was doing very poorly.

CONTRIBUTOR: Thomas E. Hall, M.D.
Reno, Nevada

JANUARY 1984 - CASE NO. 8

TISSUE FROM: Breast

ACCESSION NO. 24538

CLINICAL ABSTRACT:

History: A 31 year old woman noted a breast mass for an uncertain period of time. Her past history included a diagnosis of acute myelomonocytic leukemia in August 1978. She received chemotherapy and a bone marrow transplant. In early 1982, a bone marrow biopsy revealed relapse of the leukemia.

SUGEREY: (March 27, 1982)

A breast biopsy was performed.

GROSS PATHOLOGY:

A 2.5 cm. firm light tan mass was received.

FOLLOW-UP:

The patient died six weeks after the breast biopsy.

CONTRIBUTOR: Ronald Huhn, M. D.
Waterloo, Iowa

JANUARY 1984 - CASE NO. 9

TISSUE FROM: Right breast

ACCESSION NO. 24547

CLINICAL ABSTRACT:

History: An 85 year old male had bilateral gynecomastia for several years. Prior to this development, he had been treated with Diethylstilbestrol for "a prostatic condition". Seven months prior to admission, the right breast began rapidly enlarging in size. There was no pain or discharge.

Physical examination: The right breast measured about 12.0 cm. in diameter. The left breast was minimally enlarged. There were no palpable axillary lymph nodes.

SURGERY: (April 24, 1982)

A right total mastectomy was performed.

GROSS PATHOLOGY:

Beneath the skin there was a very well circumscribed, rubbery, mottled mass which measured 13.0 x 11.0 x 9.0 cm. Sectioning revealed yellow to gray-white tissue with foci of firm, white fibrous tissue.

FOLLOW-UP:

Not available.

CONTRIBUTOR: Emmett Reilly, M. D.
Inglewood, California

JANUARY 1984 - CASE NO. 10

TISSUE FROM: Right breast

ACCESSION NO. 24912

CLINICAL ABSTRACT:

History: A 67 year old woman was admitted for evaluation of angina pectoris and was found to have a right breast mass. Her family history included a sister who died of breast cancer.

A breast biopsy was performed on April 18. A coronary artery bypass graft was performed on April 25.

SURGERY: (May 11, 1983)

A modified radical mastectomy was performed.

GROSS PATHOLOGY:

Within the lateral half of the breast there was an irregular, stellate firm tumor measuring 3.5 x 2.0 x 2.0 cm. Four lymph nodes were free of tumor.

FOLLOW-UP:

When last seen in December 1983, she was clinically free of recurrence.

CONTRIBUTOR: Albert L. Olson, M. D.
Los Angeles, California

JANUARY 1984 - CASE NO. 11

TISSUE FROM: Right breast

ACCESSION NO. 22781

CLINICAL ABSTRACT:

History: A 13 year old girl first noticed a mass in her right breast in November, 1976. Mammography revealed dense asymmetric breasts. The mass gradually increased in size. Repeat mammography revealed a mass in the right breast.

Physical examination: The right breast was larger than the left. A hard, movable 10-15 cm. mass was palpable in the right breast. No adenopathy was present.

SURGERY: (January 31, 1978)

An excisional biopsy was performed.

GROSS PATHOLOGY:

A 9.5 x 9.0 x 6.5 cm. firm ovoid mass weighing 309 gm. was received. There appeared to be a thin fibrous capsule. Cut surfaces revealed slightly mucoid grey-tan tissue occurring in ill-defined, compressed bands. There was a central, contracted gray white area.

FOLLOW-UP:

She was last seen on October 6, 1980 at which time there was no evidence of recurrence.

CONTRIBUTOR: Gary Ponto, M. D.
Santa Barbara, California

JANUARY 1984 - CASE NO. 12

TISSUE FROM; Right breast

ACCESSION NO. 24461

CLINICAL ABSTRACT:

History: A 26 year old female noted a mass in the right breast. A biopsy was performed. She refused further treatment at that time. About eighteen months later she presented with a "grapefruit sized mass" in the same breast. The overlying skin was reddish brown and lichenified. A thorough work up revealed no evidence of metastatic disease.

SURGERY: (January 1982)

A simple mastectomy was performed.

GROSS PATHOLOGY:

A 9.5 x 9.5 x 3.5 cm., well circumscribed, fleshy mass was present. Cut surfaces were mottled, hemorrhagic and finely reticulated. In several areas, gross extension to surgical margins was apparent.

FOLLOW-UP:

Subsequent biopsies of the chest wall have shown residual tumor.

STUDY GROUP CASES
FOR
JANUARY 1984

CASE NO. 1 - ACCESSION NO. 23353

LOS ANGELES: Medullary carcinoma - 11

BAKERSFIELD: Medullary carcinoma - 5; comedo-carcinoma, invasive - 3;
adenocarcinoma, lipid rich type - 1

FRESNO: Medullary carcinoma with lymphocytic infiltrate - 6

LONG BEACH: Medullary carcinoma - 9

OAKLAND: Medullary carcinoma - 8; atypical medullary carcinoma - 4

OHIO: Medullary carcinoma - 2; infiltrating ductal carcinoma - 3

RENO: Medullary carcinoma - 13

SAN BERNARDINO (INLAND): Medullary carcinoma - 7

SAN FRANCISCO: Medullary carcinoma, atypical - 12; poorly differentiated
ductal carcinoma - 6

SEATTLE: Atypical medullary carcinoma - 4; undifferentiated breast
carcinoma - 2

SIERRA FOOTHILLS: Medullary carcinoma - 3; infiltrating ductal carcinoma - 2

TUCSON: Infiltrating ductal carcinoma - 1; atypical medullary carcinoma - 1

WEST SAN FERNANDO VALLEY: Infiltrating ductal carcinoma (atypical medullary
carcinoma) - 2

FILE DIAGNOSIS:

Medullary carcinoma, breast

REFERENCES:

Ridolfi, R. L., Rosen, P. P., Port, A., Kinne, D. and Mike, V.:
Medullary Carcinoma of the Breast. A clinicopathologic study with 10 year
follow-up. Cancer 40:1365-1385, 1977.

LOS ANGELES: Infiltrating ductal carcinoma - 11

BAKERSFIELD: Papillary small acinar carcinoma (possibly sweat gland type) - 6; apocrine carcinoma - 2; metastatic carcinoma - 1

FRESNO: Carcinoma, probably metastatic - 4; ductal breast carcinoma - 2

LONG BEACH: Infiltrating duct carcinoma (with probable ovarian metastases and masculinization) - 9

OAKLAND: Well-differentiated ductal carcinoma, carcinoid variant - 12

OHIO: Infiltrating duct carcinoma - 5

RENO: Carcinoma, NOS - 13

SAN BERNARDINO (INLAND): Primary papillary carcinoma - 4; metastatic gonadal stromal tumor - 3

SAN FRANCISCO: Infiltrating ductal carcinoma with apocrine features - 18

SEATTLE: Infiltrating ductal carcinoma, NOS - 6

SIERRA FOOTHILLS: Apocrine adenocarcinoma - 4; infiltrating adenocarcinoma - 1

TUCSON: Infiltrating ductal carcinoma - 2

WEST SAN FERNANDO VALLEY: Infiltrating ductal carcinoma (apocrine carcinoma) - 2

FILE DIAGNOSIS:

Carcinoid, breast

REFERENCES:

Azzopardi, J. G. et. al.: 'Carcinoid' Tumors of the Breast: The Morphological Spectrum of Argyrophil Carcinomas. Histopathology 6:549-569, 1982.

Clayton, F. et. al.: Argyrophilic Breast Carcinomas. Am. J. Surg. Path. 6:323-333, 1982.

Toyoshima, S.: Mammary Carcinoma with Argyrophil Cells. Cancer 52:2129-2138, 1983.

Smith, D. M., Haggitt, R. C.: A Comparative Study of Generic Stains for Carcinoid Secretory Granules. Am. J. Surg. Path. 7:61-68, 1983.

LOS ANGELES: Ectopic mammary tissue with fibroadenoma - 11

BAKERSFIELD: Fibroadenoma of ectopic breast tissue - 9

FRESNO: Fibroadenoma in accessory breast tissue - 6

LONG BEACH: Benign cystosarcoma phyllodes arising in extramammary breast tissue - 7; giant fibroadenoma arising in extramammary breast tissue - 2

OAKLAND: Hamartomatous fibroadenoma, clitoris - 12

OHIO: Accessory breast with fibroadenoma - 5

RENO: Ectopic breast with fibroadenoma - 13

SAN BERNARDINO (INLAND): Fibroadenoma - 7

SAN FRANCISCO: Fibroadenoma arising in accessory breast tissue - 18

SEATTLE: Adenofibroma - 6

SIERRA FOOTHILLS: Fibroadenoma - 4; intraductal papillomatosis - 1

TUCSON: Fibroma - 1; intraductal papillomatosis - 1

WEST SAN FERNANDO VALLEY: Hidradenoma papilliferum - 1; fibroadenoma arising in heterotopic breast - 1

FILE DIAGNOSIS:

Accessory breast tissue showing fibroadenoma, clitoris

REFERENCES:

Garcia, J. J. et. al.: Aberrant Breast Tissue of the Vulva.
Obstet. Gyn. 52:225-228, 1978.

LOS ANGELES: Florid cystic disease with papillomatosis - 10; juvenile papillomatosis - 1

BAKERSFIELD: Fibrocystic disease with florid papillomatosis - 8; multiple papilloma (Haagenson) - 1

FRESNO: Fibrocystic disease with prominent intraductal papillomatosis - 6

LONG BEACH: Fibrocystic disease - 9

OAKLAND: Fibrocystic disease - 12

OHIO: Adenosis and papillomatosis - 5

RENO: Cystic mastopathy with florid papillomatosis - 13

SAN BERNARDINO (INLAND): Fibrocystic disease with papillomatosis - 7

SAN FRANCISCO: Cystic disease with papillomatosis and epitheliosis (juvenile papillomatosis) - 18

SEATTLE: Florid epitheliosis - 6

SIERRA FOOTHILLS: Fibrocystic disease - 4; juvenile papillomatosis - 1

TUCSON: Intraductal papillomatosis and sclerosing adenosis - 1; fibrocystic disease with sclerosing adenosis and duct epithelial hyperplasia - 1

WEST SAN FERNANDO VALLEY: Juvenile papillomatosis (swiss cheese disease of the breast) - 2

FILE DIAGNOSIS:

Fibrocystic disease with florid epitheliosis, breast

LOS ANGELES: Fibrocystic disease with atypical epithelial hyperplasia - 11

BAKERSFIELD: Fibrocystic disease with florid sclerosing adenosis - 5;
focal in-situ carcinoma - 3; fibrocystic disease with atypical ductular
hyperplasia - 1

FRESNO: Fibrocystic disease - 6

LONG BEACH: Fibrocystic disease - 9

OAKLAND: Intraductal carcinoma breast, bilateral - 12

OHIO: Fibrocystic disease and adenosis - 3; fibrocystic disease with
atypical foci - 2

RENO: Cystic mastopathy with florid papillomatosis - 13

SAN BERNARDINO (INLAND): Fibrocystic disease with adenosis and atypical
duct hyperplasia - 7

SAN FRANCISCO: Ductal papillomatosis, epitheliosis and microglandular
adenosis - 18

SEATTLE: Fibrocystic disease with epitheliosis and focal atypia - 6

SIERRA FOOTHILLS: Fibrocystic disease - 4; invasive carcinoma - 1

TUCSON: Fibrocystic disease with atypical duct epithelial hyperplasia - 1;
Fibrocystic disease with extensive apocrine metaplasia - 1

WEST SAN FERNANDO VALLEY: Focal intraductal carcinoma with florid
sclerosing adenosis - 2

FILE DIAGNOSIS: :

Benign epitheliosis, breast

CASE NO. 6 - ACCESSION NO. 22232

JANUARY 1984

LOS ANGELES: Infiltrating ductal carcinoma - 11

BAKERSFIELD: Apocrine carcinoma, in-situ - 5; intraductal papillary carcinoma (apocrine type), in-situ carcinoma - 1; apocrine carcinoma, invasive - 3

FRESNO: Invasive carcinoma with apocrine features - 6

LONG BEACH: Infiltrating duct carcinoma with apocrine change - 9

OAKLAND: Infiltrating apocrine carcinoma - 12

OHIO: Apocrine and papillary carcinoma - 5

RENO: Infiltrating ductal carcinoma - 13

SAN BERNARDINO (INLAND): Apocrine intraductal carcinoma with focal invasion - 7

SAN FRANCISCO: Fibrocystic disease with intraductal carcinoma and focal invasion - 18

SEATTLE: Intraductal carcinoma - 6

SIERRA FOOTHILLS: In-situ and invasive apocrine carcinoma - 4; intraductal and infiltrating adenocarcinoma - 1

TUCSON: Intraductal carcinoma with early invasion - 1; intraductal carcinoma -

WEST SAN FERNANDO VALLEY: Apocrine carcinoma - 2

FILE DIAGNOSIS:

Apocrine carcinoma, breast

CASE NO. 7 - ACCESSION NO. 24752

JANUARY 1984

LOS ANGELES: Infiltrating ductal carcinoma - 11
BAKERSFIELD: Infiltrating ductal carcinoma - 9
FRESNO: Infiltrating ductal carcinoma with invasion of skin - 6
LONG BEACH: Infiltrating duct carcinoma - 9
OAKLAND: Infiltrating ductal carcinoma, male breast - 12
OHIO: Infiltrating ductal carcinoma - 5
RENO: Poorly differentiated carcinoma - 13
SAN BERNARDINO (INLAND): Carcinoma of male breast - 7
SAN FRANCISCO: Ductal carcinoma of male breast - 18
SEATTLE: Poorly differentiated carcinoma, exclude prostate origin - 6
SIERRA FOOTHILLS: Infiltrating adenocarcinoma - 3; medullary carcinoma - 2
TUCSON: Infiltrating duct cell carcinoma - 2
WEST SAN FERNANDO VALLEY: Infiltrating ductal carcinoma - 2

FILE DIAGNOSIS:

Infiltrating mammary carcinoma, breast

REFERENCE:

Crichlow, R. W. et. al.: Male Mammary Cancer: An analysis of 32 cases. Annals of Surgery 175:489-494, 1972.

CASE NO. 8 - ACCESSION NO. 24538

JANUARY 1984

LOS ANGELES: Leukemic infiltration - 9; carcinoma - 2

BAKERSFIELD: Leukemic infiltrate - 9

FRESNO: Leukemic infiltrate 4; undifferentiated carcinoma - 2

LONG BEACH: Chloroma - 9

OAKLAND: Infiltrating ductal carcinoma - 8; granulocytic sarcoma - 4;
infiltrating lobular carcinoma - 1

OHIO: Granulocytic sarcoma - 5

RENO: Granulocytic sarcoma - 13

SAN BERNARDINO (INLAND): Granulocytic sarcoma - 7

SAN FRANCISCO: Granulocytic sarcoma - 18

SEATTLE: Granulocytic sarcoma - 6

SIERRA FOOTHILLS: Leukemic infiltration - 5

TUCSON: Poorly differentiated carcinoma - 1; chloroma - 1

WEST SAN FERNANDO VALLEY: Lymphoma - 2

FILE DIAGNOSIS:

Granulocytic sarcoma, breast

LOS ANGELES: Pleomorphic lipoma - 7; well differentiated liposarcoma - 3

BAKERSFIELD: Liposarcoma - 4; pleomorphic lipoma - 5

FRESNO: Benign mesenchymal neoplasm - 6

LONG BEACH: Benign fibrous histiocytoma - 7; lipomatous liposarcoma - 2

OAKLAND: Atypical lipoma, male breast - 10; benign fibrohistiocytic lesion - 3

OHIO: Pleomorphic lipoma - 5

RENO: Inflammatory pseudotumor - 13

SAN BERNARDINO (INLAND): Well differentiated liposarcoma - 7

SAN FRANCISCO: Pleomorphic lipoma - 10; liposarcoma - 4

SEATTLE: Atypical lipoma - 6

SIERRA FOOTHILLS: Liposarcoma - 3; fibromyxoma - 2

TUCSON: Low grade fibrosarcoma - 1; proliferative fasciitis - 1

WEST SAN FERNANDO VALLEY: Angiomyolipoma - 2

FILE DIAGNOSIS:

Pleomorphic lipoma, breast

CONSULTATION:

Henry J. Norris, M. D., AFIP, interpreted this as a sclerosing well differentiated liposarcoma.

REFERENCES:

Menon, M., van Velthoven, P. C. M.: Liposarcoma of the Breast. Arch. Path. 98:370-372, 1974.

LOS ANGELES: Squamous carcinoma with foreign body reaction - 2; metaplastic carcinoma with foreign body reaction - 9

BAKERSFIELD: Metaplastic (squamous cell) carcinoma - 9

FRESNO: Squamous cell carcinoma - 6

LONG BEACH: Squamous and metaplastic carcinoma - 9

OAKLAND: Squamous metaplasia in ductal carcinoma - 13

OHIO: Metaplastic carcinoma - 5

RENO: Metaplastic carcinoma - 13

SAN BERNARDINO (INLAND): Squamous cell carcinoma - 5; metaplastic carcinoma - 2

SAN FRANCISCO: Infiltrating carcinoma of the breast with squamous features - 18

SEATTLE: Squamous cell carcinoma - 6

SIERRA FOOTHILLS: Squamous cell carcinoma - 4; metaplastic carcinoma - 1

TUCSON: Squamous cell carcinoma - 2

WEST SAN FERNANDO VALLEY: Squamous carcinoma - 2

FILE DIAGNOSIS:

Differentiated squamous carcinoma, breast

REFERENCES:

Fisher, E. R. et. al.: Mucoepidermoid and Squamous Cell Carcinomas of Breast with Reference to Squamous Metaplasia and Giant cell Tumors. Am. J. Surg. Path. 7:15-27, 1983.

CASE NO. 11 - ACCESSION NO. 22781

JANUARY 1984

LOS ANGELES: Florid juvenile fibroadenoma - 11

BAKERSFIELD: Juvenile fibroadenoma - 9

FRESNO: Adenoma - 6

LONG BEACH: Juvenile fibroadenoma - 9

OAKLAND: Giant juvenile fibroadenoma - 13

OHIO: Juvenile fibroadenoma - 5

RENO: Juvenile adenoma - 13

SAN BERNARDINO (INLAND): Juvenile fibroadenoma - 7

SAN FRANCISCO: Juvenile fibroadenoma - 18

SEATTLE: Juvenile adenofibroma - 6

SIERRA FOOTHILLS: Benign phyllodes tumor - 4; fibroadenoma - 1

TUCSON: Fibroadenoma - 2

WEST SAN FERNANDO: Juvenile fibroadenoma - 2

FILE DIAGNOSIS:

Giant fibroadenoma, breast

CASE NO. 12 - ACCESSION NO. 24461

JANUARY 1984

LOS ANGELES: Angiosarcoma - 11

BAKERSFIELD: Angiosarcoma - 9

FRESNO: Angiosarcoma - 6

LONG BEACH: Angiosarcoma - 9

OAKLAND: Angiosarcoma, Grade III - 13

OHIO: Hemangiosarcoma - 5

RENO: Angiosarcoma - 13

SAN BERNARDINO (INLAND): Angiosarcoma - 7

SAN FRANCISCO: Angiosarcoma - 18

SEATTLE: Angiosarcoma - 6

SIERRA FOOTHILLS: Angiosarcoma - 5

TUCSON: Angiosarcoma - 2

WEST SAN FERNANDO VALLEY: Angiosarcoma, Grade III - 2

FILE DIAGNOSIS:

Angiosarcoma, breast

REFERENCES:

Merino, M. J. et. al.: Angiosarcoma of the Breast. Am. J. Surg. Path. 7:53-60, 1983.