



CALIFORNIA
TUMOR TISSUE REGISTRY



TUMORS OF THE ENDOCRINE SYSTEM

Minutes – Subscription B

February 2000

SUGGESTED READING (General Topics from Recent Literature):

- Malignant Epithelioid Vascular Tumors of the Pleura. Report of a Series and Literature Review. Zhang PJ, et al. *Hum Pathol* 2000; 31(1):29-34.
- Differential Expression of Thyroid Transcription Factor 1 in Small Cell Lung Carcinoma and Merkel Cell Tumor. Bydr-Gloster AL, et al. *Hum Pathol* 2000; 31(1):58-62.
- Solitary Fibrous Tumor of the Lower Urogenital Tract. A Report of Five Cases Involving the Seminal Vesicles, Urinary Bladder, and Prostate. Westra WH, et al. *Hum Pathol* 2000:63-68.
- Luminal Contents of Benign and Malignant Prostatic Glands. Correspondence to Altered Secretory Mechanisms. *Hum Pathol* 2000; 94-100.
- Endocrine Treatment in Prostate Cancer. Denis LJ, et al. *Sem in Surg Oncol* 2000; 18(1):52-74.

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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:

- Kenny BD, et al. The Role of Morphometry in Predicting Prognosis in Pancreatic Islet Cell Tumors. *Cancer* 1989; 64(2):460-465.
- Kimura W, et al. Clinical Pathology of Endocrine Tumors of the Pancreas. Analysis of Autopsy Cases. *Dig Dis Sc* 1991; 36(7):933-942.
- Cryer PE, et al. Pancreatic Islet Cell Carcinoma with Hypercalcemia and Hypergastrinemia. Response to Streptozotocin. *Cancer* 1976; 38(6): 2217-2221.
- De Jong SA, et al. Nodular Tumors of the Pancreas. The Importance of Laparotomy. *Arch Surg* 1993; 128:730-736.
- McKinnon JG, et al. Palliative Treatment of Neuroendocrine Tumors. *Sem in Surg Oncol* 1993; 9(5):453-458.
- Guarda LA, et al. Clear Cell Islet Cell Tumor. *Am J Clin Pathol* 1983; 79(4):512-513.

Orange (UCI Medical Center Residents) - Solid-pseudopapillary tumor of pancreas, low grade malignancy (4); Endocrine carcinoma of pancreas (4)

Mountain View (El Camino Path Assoc.) - 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:

- Carlei F, et al. Antibodies to Neuron-Specific Enolase for the Delineation of the Entire Diffuse Neuroendocrine System in Health and Disease. *Semin Diag Pathol* 1984;1(1):59-70.
- Germann PG, et al. RITA/Registry of Industrial Toxicology Animal Data. A Comparative Immunohistochemical Study of 77 Islet Cell Carcinomas in Sprague-Dawley and Wistar Rats Using Antibodies Against Insulin, Glucagon, Somatostatin and Gastrin. *Exp Toxicol Pathol* 1999; 51(6):477-487.
- Compton CC. Protocol for the Examination of Specimens From Patients with Endocrine Tumors of the Pancreas, Including Those with Mixed Endocrine and Acinar Cell Differentiation. A Basis for Checklists. Cancer Committee of the College of American Pathologists. *Arch Pathol Lab Med* 2000; 124(1):30-36.

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-Secreting Adrenal Cortical Adenoma Associated with Conn's Syndrome
T-93000, M-81400

REFERENCES:

- Weiss LM. Comparative Histologic Study of 43 metastasizing and Nonmetastasizing Adrenocortical Tumors. *Am J Surg Pathol* 1984; 8(3):163-169.
Icard P, et al. Adrenocortical Carcinoma in Surgically Treated Patients. A Retrospective Study on 156 Cases by the French Association of Endocrine Surgery. *Surg* 1992; 112(6):972-980.
Medeiros LJ, et al. New Developments in the Pathologic Diagnosis of Adrenal Cortical Neoplasms. A Review. *Am J Clin Pathol* 1992; 97(1):73-83.
Chan JK, et al. Endocrine Malignancies That May Mimic Benign Lesions. *Semin Diag Pathol* 1995; 12(1):45-63.
(Also See References to Case 5)

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:

- Modlin IM, et al. Pheochromocytomas in 72 Patients. Clinical and Diagnostic Features, Treatment and Long-Term Results. *Br J Surg* 1979; 66(7):456-465.
 Chetty R, et al. Bilateral Pheochromocytoma. Ganglioneuroma of the Adrenal in Type I Neurofibromatosis. *Am J Surg Pathol* 1993; 17(8):837-841.
 Bigner SH, et al. Medullary Carcinoma of the Thyroid in the Multiple Endocrine Neoplasia IIA Syndrome. *Am J Surg Pathol* 1981; 5(5):459-472.
 Steinhoff MM, et al. Stromal Amyloid in Pheochromocytoma. *Hum Pathol* 1992; 23(1):33-36.
 Walther MM, et al. Clinical and Genetic Characterization of Pheochromocytoma in von Hippel-Lindau Families. Comparison with Sporadic Pheochromocytoma Gives Insight into Natural History of Pheochromocytoma. *J Urol* 1999; 162(3 Pt 1):659-664.

Orange (UCI Medical Center Residents) - Adrenal cortical adenoma (4); Adrenal cortical neoplasm with undeterminant 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 (Foote 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) - Adrenal cortical 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:

- Hirano Y, et al. Telomerase Activity as an Indicator of Potentially Malignant Adrenal Tumors. *Cancer* 1998(4); 83:772-776.
- Amberson JB, et al. Flow Cytometric Analysis of Nuclear DNA from Adrenocortical Neoplasms.. A Retrospective Study Using Paraffin-Embedded Tissue. *Cancer* 1987; 59(12):2091-2095.
- Weiss LM, et al. Comparative Histologic Study of 43 Metastasizing and Nonmetastasizing Adrenocortical Tumors. *Am J Surg Pathol* 1984; 8(3):163-169.

Orange (UCI Medical Center Residents) - Thymoma
Mountain View (El Camino Path Assoc.) - 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 (Montefiore 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:

- Gripp S, et al. Thymoma. Prognostic Factors and Treatment Outcomes. *Cancer* 1998; 83(8):1495-1503.
 Hammond EH, et al. The Diagnosis of Thymoma. A Review. *Ultrastruct Pathol* 1991; 15(4-5):419-438.
 Kuo TT, et al. DNA Flow Cytometric Study of Thymic Epithelial Tumors with Evaluation of It's Usefulness in the Pathologic Classification. *Hum Pathol* 1993; 24(7):746-749.
 Kuo TT, et al. Thymoma. A Study of the Pathologic Classification of 71 Cases with Evaluation of the Muller-Hermelink System. *Hum Pathol* 1993; 24(7):746-749.
 Pescarmona E, et al. The Prognostic Implication of Thymoma Histologic Subtyping. A Study of 80 Consecutive Cases. *Amer J of Clin Pathol* 1990; 93(2):190-195.
 Nussbaum MS, et al. Management of Myasthenia Gravis by Extended Thymectomy with Anterior Mediastinal Dissection. *Surg* 1992; 112(4):681-688.

- 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:

- Bussolati G, et al. Medullary Carcinoma of the Thyroid with Atypical Patterns. *Cancer* 1979; 44(5):1769-1777.
- Saad MF, et al. Medullary Carcinoma of the Thyroid. A Study of the Clinical Features and Prognostic Factors in 161 Patients. *Medicine* 1984; 63(6):319-342.
- Bergholm U, et al. Clinical Characteristics in Sporadic and Familial Medullary Thyroid Carcinoma. A Nationwide Study of 249 Patients in Sweden from 1959 Through 1981. *Cancer* 1989; 63(6):1196-1204.
- Bigner SH, et al. Medullary Carcinoma of the Thyroid in Multiple Endocrine Neoplasia IIA Syndrome. *Am J Surg Pathol* 1981; 5(5):459-472.
- Eusebi V, et al. Calcitonin Free Oat Cell Carcinoma of the Thyroid Gland. *Virchows Arch (A)* 1990; 417:267-271.

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 oncocyctic 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) - Oncocyctic 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:

- Mittendorf EA, et al. Follow-Up Evaluation and Clinical Course of Patients with Benign Nodular Thyroid Disease. *Am Surg* 1999; 65(7):653-658.
Frisk T, et al. Low Frequency of Numerical Chromosomal Aberrations in Follicular Thyroid Tumors Detected by Comparative Genomic Hybridization. *Genes Chromosomes Cancer* 1999; 25(4):349-353.

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 oncocytic 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:

- Yamashina M, et al. Follicular Neoplasms of the Thyroid Total Circumferential Evaluation of the Fibrous Capsule. *Am J Surg Pathol* 1992; 16(4):392-400.
- Katah R, et al. Birefringent (Calcium Oxalate) Crystals in Thyroid Disease. A Clinicopathological Study with Possible Implications for Differential Diagnosis. *Am J Surg Pathol* 1993; 17(7):698-705.
- Ruschoff J, et al. Diagnostic Value of AgNOR Staining in Follicular Cell Neoplasms of the Thyroid Comparison of Evaluation Methods and Nucleolar Features. *Am J Surg Pathol* 1993; 17(12):1281-1288.
- Yamashita H, et al. Extracapsular Invasion of Lymph Node Metastasis. A Good Indicator of Disease Recurrence and Poor Prognosis in Patients with Thyroid Microcarcinoma. *Cancer* 1999; 86(5):842-849.

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:

- Mazzaferri EL, et al. Long-Term Impact of Initial Surgical and Medical Therapy on Papillary and Follicular Thyroid Cancer. *Am J Med* 1994; 97(5):418-428.
 DeGroot LJ, et al. Natural History, Treatment and Course of Papillary Thyroid Carcinoma. *J Clin Endocrinol Metab* 1990; 71(2):414-424.
 Filie AC, et al. The Tall Cell Variant of Papillary Carcinoma of the Thyroid. Cytologic Features and Loss of Heterozygosity of Metastatic and/or Recurrent Neoplasms and Primary Neoplasms. *Cancer* 1999; 87(4):238-242.
 Shimizu M, et al. Tall Cell Variant of Papillary Thyroid Carcinoma with Foci of Columnar Cell Component. *Virchows Arch* 1999; 434(2):173-173.
 Cameselle-Teijeiro J, et al. Cytologic Clues for Distinguishing the Tall Cell Variant of Thyroid Papillary Carcinoma. A Case Report. *Acta Cytol* 1997; 41(4 Suppl):1310-1316.

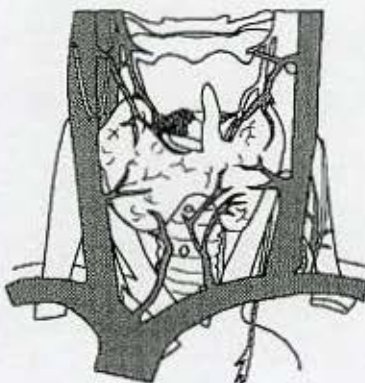


CALIFORNIA
TUMOR TISSUE REGISTRY

“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 1 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**

Case No. 3 - February 2000

Tissue from: Left adrenal gland

Accession #28457

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 Howell, M.D.
San Diego, CA**

Case No. 4 - February 2000

Tissue from: Adrenal gland

Accession #28596

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

Case No. 5 - February 2000

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

Case No. 6 - February 2000

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

Case No. 9 - February 2000

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.

Contributor: Chisa Aoyama, M.D.
Sylmar, CA

Case No. 10 - February 2000

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.