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CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

PROTOCOL

FOR

MONTHLY STUDY SLIDES

JUNE 1972

TUMORS OF ENDOMETRIUM AND CERVIX

NAME: V. G.

JUNE 1972 - CASE NO. 1

AGE: 17 SEX: Female RACE: Caucasian

ACCESSION NO. 8428

CONTRIBUTOR: Ellen Feder, M. D.
San Pedro Community Hospital
San Pedro, California

Outside No. 54-1852

TISSUE FROM: Uterine curettement

CLINICAL ABSTRACT:

History: This Caucasian female had irregular menses and menorrhagia for two years. She was told one year previously that she had a pelvic tumor and she now presented with severe menorrhagia with the passage of tissue and clot fragments.

On abdominal examination, a firm 15 cm. mass was palpable in the lower abdomen. On pelvic examination, the hymen was intact but not tight. The cervix was widely dilated and filled with a large clot.

Laboratory findings: Hemoglobin 5.5; WBC 14,500 with 90% neutrophils.

SURGERY:

An episiotomy and a curettage were performed. Surgical findings: The uterus was the size of an 18 weeks gestation and the cervix was almost completely dilated. The hand could be easily introduced into the fundus and manual curettage was done for fear of instrumental perforation.

GROSS PATHOLOGY:

The tissue removed was hemorrhagic and necrotic, totalling about 200 cc. in volume. The largest piece measured 4 x 5 cm.

NAME: M. K. G.

JUNE 1972 - CASE NO. 2

AGE: 53 SEX: Female RACE: Unknown

ACCESSION NO. 18646

CONTRIBUTOR: Paul Thompson, M. D.
St. Luke Hospital
Pasadena, California

Outside No. 1552-70

TISSUE FROM: Uterine curettement

CLINICAL ABSTRACT:

History: This 53 year old female was admitted for a diagnostic D&C. She was 5 years postmenopausal and was on cyclic premarin therapy. Eleven weeks prior to admission, she began to pass brown and blood tinged mucous from the vagina.

SURGERY:

The uterus was enlarged $1\frac{1}{2}$ times the normal size. More than the usual amount of endometrial tissue was obtained.

GROSS PATHOLOGY:

The specimen consisted of 13 grams of pink tan endometrial appearing tissue.

NAME: E. H.

JUNE 1972 - CASE NO. 3

AGE: 58 SEX: Female RACE: Caucasian

ACCESSION NO. 19526

CONTRIBUTOR: H. S. Aijian, M. D.
Methodist Hospital
Lynwood, California

Outside No. F188-72

TISSUE FROM: Endometrium

CLINICAL ABSTRACT:

History: This 58 year old Caucasian female had been taking premarin since her menopause some 6 years previously and had been having intermittent uterine bleeding for several months before seeing her doctor. She was told she had fibroids, her premarin was discontinued and she was started on progesterone. She was admitted to the hospital for surgery since the bleeding could not be controlled with hormonal therapy. No diagnostic D&C was performed before surgery.

SURGERY:

Total hysterectomy and bilateral salpingo-oophorectomy was performed on January 14, 1972.

GROSS PATHOLOGY:

The uterus with both attached tubes and ovaries weighed 420 grams. It measured 12 cm. in length and about 8.5 in intercornual width and 8 cms. in AP thickness. The cavum was distorted by a coarse, papillary and polypoid hyperplasia of the endometrium (up to 1.5 cm. in thickness) and a 2.7 x 2.2 x 2 cm. submucosal fibroid tumor which was also coated with shaggy irregular hyperplastic and neoplastic appearing endometrium. The myometrium measured up to about 3.5 cm. in thickness throughout the upper portion of the corpus and contained 3 or 4 additional intramural fibroid tumors from 0.5 to about 2.8 cm. in diameter. The Fallopian tubes and ovaries were of average size and atrophic in appearance.

NAME: M. M. G.

JUNE 1972 - CASE NO. 4

AGE: 52 SEX: Female RACE: Caucasian

ACCESSION NO. 19681

CONTRIBUTOR: N. J. Quigley, M. D.
St. Luke Hospital
Pasadena, California

Outside No. 857-72

TISSUE FROM: Uterine curettement

CLINICAL ABSTRACT:

History: This 52 year old Caucasian female had a history of cervical stenosis for some 20 years for which dilatation was carried out. She had no other problems until March 21 of this year at which time she was found to have a huge abdominal-pelvic mass associated with frequency and pain. A huge hematometra was drained and the uterus returned to its normal size. A diagnostic dilatation and curettage was performed because the patient continued to have vaginal spotting.

SURGERY:

Under general anesthesia, bimanual examination revealed mild uterine enlargement and nodularity. The adnexae were normal. The markedly stenotic cervical canal was dilated with Hagar dilators. A large amount of gray tan endometrial tissue was curetted. During the procedure, nodularity of the posterior wall was noted.

GROSS PATHOLOGY:

The specimen consisted of 5 grams of tan appearing endometrial tissue.

NAME: D. B.

JUNE 1972 - CASE NO. 5

AGE: 25 SEX: Female RACE: Caucasian

ACCESSION NO. 13345

CONTRIBUTOR: Roy L. Byrnes, M. D.
South Laguna, California

Outside No. 63M-2838

TISSUE FROM: Uterine cervix

CLINICAL ABSTRACT:

History: This 25 year old gravida III, para III Caucasian female had irregular bleeding and a heavy yellow vaginal discharge for a prolonged period. She was treated with Enovid and antibiotics.

Physical examination was unremarkable except for the uterine cervix which was friable with cystic areas.

SURGERY:

A D&C and a cervical conization were performed.

GROSS PATHOLOGY:

The specimen consisted of cervical cone submitted in two portions. There was a 1.9 x 1.0 cm. segment of mucosal-like tissue and a second larger fragment resembling external os which measured 3½ x 2½ cm.

NAME: P. B.

JUNE 1972 - CASE NO. 6

AGE: 43 SEX: Female RACE: Unknown

ACCESSION NO. 15459

CONTRIBUTOR: W. H. Davis, M. D.
Burbank Community Hospital
Burbank, California

Outside No. 172-67-CV

TISSUE FROM: Endometrium

CLINICAL ABSTRACT:

History: This 43 year old gravida II, para II female was admitted to the hospital for a total vaginal hysterectomy.

Pelvic examination revealed a normal sized uterus and no adnexal masses. The patient had increasing menorrhagia for 6 years and metrorrhagia for 2 months. Three months prior to admission an endocervical polyp was removed followed by a D&C one month later because of metrorrhagia; the curettaged tissue was interpreted as atypical endometrial hyperplasia. The uterus at the time of the D&C was described as irregular, mobile and approximately 8 weeks in size.

SURGERY:

A total vaginal hysterectomy was performed on February 15, 1967.

GROSS PATHOLOGY:

The specimen consisted of a symmetrical smooth surfaced uterus, weighing 108.5 grams and measuring approximately 5 x 4 x 3.5 cm. The cervical portio epithelium and endocervix were unremarkable. Within the endometrium of the anterior wall there was a slightly nodular tan white mass which measured 15 x 12 x 5 mm. The remainder of the endometrium was grossly unremarkable, measuring approximately 2 mm. in depth. Sections through the nodular mass showed it to extend into the inner third of the myometrium, creating a rounded tumor which measured 15 mm. in diameter. A 10 mm. white intramural nodule was found within the myometrium of the fundus. No other gross lesions were noted.

NAME: F. K. T.

JUNE 1972 - CASE NO. 7A&B

AGE: 28 SEX: Female RACE: Caucasian

ACCESSION NO. 13946

CONTRIBUTOR: E. R. Jennings, M. D.
Memorial Hospital of Long Beach
Long Beach, California

Outside No. S-6041-64

TISSUE FROM: Ovary (7A)
Endometrium (7B)

CLINICAL ABSTRACT:

History: This 28 year old Caucasian female consulted her physician because of an inability to conceive since her pregnancy 3 years ago. Menstrual periods had been regular but of higher flow and less duration in recent months. There was no metrorrhagia.

Physical examination revealed a 10 cm. pelvic mass, posterior to the cervix and bulging into the cul-de-sac, which was thought to be a left ovarian cyst.

SURGERY:

The left ovary was removed and a frozen section prepared. A total hysterectomy, bilateral salpingo-oophorectomy and appendectomy were then performed. The peritoneum and omentum were described as grossly normal.

GROSS PATHOLOGY:

The left ovary was replaced by a multilocular cystic tumor, weighing 600 grams and measuring 10 x 8 x 7 cm. The external surface was smooth with the oviduct stretched over a portion of the cyst wall. The cysts contained a brownish fluid and were lined, for the most part, by a smooth epithelium. There was a solitary, soft, tan papillary area, measuring up to 4 cm. in diameter and small papillary areas in some of the smaller cysts.

The right ovary measured 4½ x 3.5 cm. The external surface was smooth and tan. The ovary contained several cysts, filled with clear fluid, measuring up to 1.5 cm. in diameter. A solitary corpus luteum was also noted. The right oviduct was grossly normal.

The uterus weighed 110 grams and measured 5.5 x 5.5 x 4.5 cm. The serosal surface was smooth, reddish tan and translucent. The myometrium was not remarkable, measuring up to 2 cm. in thickness. The endometrial lining was tan and polypoid.

NAME: F. C.

JUNE 1972 - CASE NO. 8 A & B

AGE: 62 SEX: Female RACE: Caucasian

ACCESSION NO. 15692

CONTRIBUTOR: Paul Thompson, M. D.
St. Luke Hospital
Pasadena, California

Outside No. 102-67

TISSUE FROM: Uterine curettement

CLINICAL ABSTRACT:

History: This 62 year old gravida II, para II Caucasian female was seen in 1963 with an enlarged uterus and a history of intermittent vaginal bleeding. She was taking hormones and was advised to stop these temporarily until the bleeding stopped. Four years later the vaginal bleeding resumed and the patient was then admitted for a diagnostic D&C and possible surgery

Physical examination: The patient was markedly obese. The vagina was parous but there was no discharge or gross relaxation. The cervix was high in the vaginal vault, closed, and clean. The uterus was in an anterior position and enlarged to twice the normal size. It was difficult to palpate because of patient's obesity. No adnexal masses were noted.

SURGERY:

Following the frozen report on the curettage material, a total abdominal hysterectomy and bilateral salpingo-oophorectomy was performed. At the time of surgery, the right kidney was noted to be twice its normal size while the left kidney could not be palpated. Pelvic lymph nodes were described as normal.

GROSS PATHOLOGY:

The uterus measured 12½ x 7 x 4 cm. The portio vaginalis measured 3.5 cm. in diameter. The endocervical canal was partially obstructed by dilated endocervical cysts. The myometrium measured 2.5 cm. in thickness. Within the fundus, the endometrium was thickened, measuring 0.5 cm. It had a papillary appearance and superficially invaded the myometrium. Lying free within the uterine cavity was a papillary tissue fragment, measuring 2.5 x 1.5 x 1 cm. Deep within the myometrium on the left side, there was a small 0.8 cm. fibroid like tumor. On the right side, near the cornua there was a 2.5 cm. circumscribed tumor that appeared to be an adenoma. There were adhesions about the right ovary. The tube was thickened and measured 4 cm. in length. Both of the ovaries were similar, each measuring approximately 2 x 1½ x 1 cm.

NAME: E. H.

JUNE 1972 - CASE NO. 9

AGE: 54 SEX: Female RACE: Caucasian

ACCESSION NO. 18958

CONTRIBUTOR: J. W. Nelson, M. D.
Pathological & Clinical Lab.
Fresno, California

Outside No. 71-286

TISSUE FROM: Endometrium

CLINICAL ABSTRACT:

History: This 54 year old postmenopausal Caucasian female was admitted on the 26th of October, 1970, for a diagnostic D&C because of vaginal bleeding. She had been treated with premarin for an unknown period of time.

SURGERY:

A hysterectomy and bilateral salpingo-oophorectomy was performed on January 20, 1971. Prior to surgery she received standard radiation therapy.

GROSS PATHOLOGY:

The specimen consisted of 64 gram uterus, which measured 7 x 4.3 x 3.7 cm., with attached Fallopian tubes and ovaries. The serosal surface was smooth and mildly congested. The cervical surface was smooth and the canal slightly congested. The endometrial surface had a very uneven appearance with some polypoid projections and measured 0.7 cm. in thickness. The myometrium measured up to 1.2 cm. in thickness and serial sections did not reveal gross appearing lesions. The tubes each measured up to 6 cms. in length. A few serosal cysts were noted on the surface. The fimbriated ends were congested and small. Both ovaries measured approximately 3 x 1 x 1 cm. and showed a fairly smooth mildly wrinkled surface.

NAME: I. S.

JUNE 1972 - CASE NO. 10

AGE: 72 SEX: Female RACE: Caucasian

ACCESSION NO. 14603

CONTRIBUTOR: Donald Alcott, M. D.
Santa Clara Co. Hosp.
San Jose, California

Outside No. S65-3042

TISSUE FROM: Endometrium

CLINICAL ABSTRACT:

History: This 72 year old gravida II, para II Caucasian female was approximately 20 years postmenopausal. In June 1964, a diagnostic D&C was performed because of intermittent vaginal spotting. The microscopic report included chronic endocervicitis, chronic endometritis and senile atrophy of the endometrium. The clinical diagnosis was that of cervical stricture and uterine procidentia. The patient was followed for 15 months during which time her symptoms recurred. Green purulent material re-accumulated within the uterine cavity, which on culture grew anaerobic streptococci.

SURGERY:

An elective hysterectomy was performed in September 1965.

GROSS PATHOLOGY:

The uterus measured 8.5 x 5 x 3 cm. and showed a normal external surface. The cervix measured 3.2 cm. in length. The os was patulous and the canal was now patent. The myometrium measured up to 2.5 cm. in thickness. The fundal endometrium showed numerous discrete and confluent yellow-orange bosselations. The cut surface revealed similar foci, extending into the superficial myometrium.

STUDY GROUP CASES
FOR
JUNE 1972

CASE NO. 1 - ACC. NO. 8428 - ELLEN FEDER, M. D. , CONTRIBUTOR

LOS ANGELES: Cystic hyperplasia variant - 12.

SAN FRANCISCO: Unusual cystic endometrial hyperplasia - 11; hamartomatous polyps of endometrium - 2.

CENTRAL VALLEY: Polypoid adenoma - 9; polypoid adenomyoma - 2.

OAKLAND: Polypoid hyperplasia - 15.

WEST LOS ANGELES: Endometrial polyposis - 5; polypoid cystic glandular hyperplasia - 4.

SOUTH BAY: Estrogen effect - 5.

SANTA BARBARA: Benign endometrial hyperplasia, unusual form - 3.

INLAND (SAN BERNARDINO): Cystic hyperplasia, endometrium - 12.

OHIO: Polypoid endometrial hyperplasia - 2.

SEATTLE: Not received.

FOLLOW-UP:

A second curettage the following year showed much less endometrial tissue, but it was still abundant with a less exaggerated but similar microscopic pattern. Endocrine determinations were normal at that time. The patient was then lost to follow-up.

FILE DIAGNOSIS:

Polypoid hyperplasia	1820 - 7380 (SNOP)
X-file: Cystic hyperplasia variant	1820 - 7306 (SNOP)

JUNE 1972

CASE NO. 2 - ACC. NO. 13646 - PAUL THOMPSON, M. D., CONTRIBUTOR

LOS ANGELES: Cystic (glandular) hyperplasia - 12.

SAN FRANCISCO: Cystic and glandular hyperplasia - 14.

CENTRAL VALLEY: Benign adenomatous and cystic endometrial hyperplasia - 11.

OAKLAND: Cystic hyperplasia - 13; adenomatous hyperplasia - 4.

WEST LOS ANGELES: Cystic endometrial hyperplasia - 3; endometrial hyperplasia - 3 ; endometrial hyperplasia with adenomatous foci - 3.

SOUTH BAY: Cystic hyperplasia - 5.

SANTA BARBARA: Benign cystic endometrial hyperplasia - 3.

INLAND (SAN BERNARDINO): Cystic hyperplasia, endometrium - 12.

OHIO: Endometrial hyperplasia, adenomatous and cystic - 2.

SEATTLE: Not received.

FOLLOW-UP:

The day following the curettage a hysterectomy and bilateral salpingo-oophorectomy was performed. The weight of the total specimen was 194 gms. The uterus measured 10.5 x 3.5 cm. The serosa was smooth and glistening, as was the surface of the cervix. The myometrium measured 2.5 cm in thickness and was homogenous. The fallopian tubes each measured 6 x 0.6 cm and were grossly unremarkable. The right ovary measured 3 x 1.4 x 0.3 cm. The left ovary was not identified. The microscopic appearance of the endometrium was that of atypical hyperplasia. The right ovary was atrophic with no stromal hyperplasia. The patient was last seen five months after surgery and was doing fine.

FILE DIAGNOSIS:

Cystic hyperplasia

1820 - 7306

CASE NO. 3 - ACC. NO. 19526 - H. S. ALJIAN, M. D., CONTRIBUTOR

LOS ANGELES: Hyperplasia with progesterone effect - 13.

SAN FRANCISCO: Secretory carcinoma - 16; atypical adenomatous hyperplasia with progestational changes - 1.

CENTRAL VALLEY: Benign atypical adenomatous endometrial hyperplasia - 8; low grade adenocarcinoma - 3.

OAKLAND: Well differentiated secretory adenocarcinoma - 9; atypical adenomatous hyperplasia - 8.

WEST LOS ANGELES: Atypical secretory hyperplasia (progesterone effect) - 3; adenocarcinoma of endometrium - 6.

SOUTH BAY: Adenomatous hyperplasia with progesterone effect - 5; carcinoma-in-situ - 1.

SANTA BARBARA: Therapeutic induced hyperplasia - 2; in-situ well differentiated adenocarcinoma - 1.

INLAND (SAN BERNARDINO): Atypical hyperplasia, endometrium - 7; well differentiated adenocarcinoma - 4.

OHIO: Endometrial adenocarcinoma, secretory pattern (in-situ) - 2.

SEATTLE: Not received.

FOLLOW-UP:

Follow-up history not available.

FILE DIAGNOSIS:

Atypical hyperplasia with progesterone effect	1320 - 6902
	1320 - 7332
X-file: Low grade adenocarcinoma	1320 - 3143

JUNE 1972

CASE NO. 4 - ACC. NO. 19631 - N. J. QUIGLEY, M. D., CONTRIBUTOR

LOS ANGELES: Hyperplasia with marked atypia - 13.

SAN FRANCISCO: Carcinoma in-situ of endometrium - 11; atypical adenomatous hyperplasia - 3.

CENTRAL VALLEY: Low grade adenocarcinoma - 7; benign atypical adenomatous endometrial hyperplasia - 4.

OAKLAND: Adenocarcinoma - 14; severe adenomatous hyperplasia with anaplasia - 3.

WEST LOS ANGELES: Atypical adenomatous hyperplasia with foci of adenocarcinoma of endometrium - 9.

SOUTH BAY: Atypical hyperplasia, severe - 1; adenomatous hyperplasia with focal carcinoma-in-situ - 3; adenocarcinoma, well-differentiated - 1.

SANTA BARBARA: Adenomatous endometrial hyperplasia (aka atypical endometrial hyperplasia) - 3.

INLAND (SAN BERNARDINO): Atypical hyperplasia endometrium - 7; adenocarcinoma, endometrium - 4.

OHIO: Endometrial adenocarcinoma with focus of probable squamous differentiation - 2.

SEATTLE: Not received.

FOLLOW-UP:

Four days after the uterine curettment a total hysterectomy and bilateral salpingo-oophorectomy was performed. The total specimen weighed 170 gms. The cavum measured 5 cm, the endocervical canal 2 cm. The endometrium was slightly red and measured 1 mm in thickness except for a 2 mm patch in the left cornua. The myometrium was boggy and measured 3.5 cm in thickness. It contained a solitary encapsulated smooth muscle appearing tumor measuring 1.5 cm in diameter. The external surface of the uterus was smooth except for a 0.5 cm subserosal smooth muscle tumor. The fallopian tubes were unremarkable and the ovaries atrophic. Microscopically, there was no invasion of the myometrium by the endometrial carcinoma.

FILE DIAGNOSIS:

Adenocarcinoma, low grade	1820 - 8143 (SNOP)
X-file: Marked atypical hyperplasia	1820 - 6902 (SNOP)

JUNE 1972

CASE NO. 5 - ACC. NO. 13345 - ROY L. BYRNES, M. D., CONTRIBUTOR

LOS ANGELES: Mesonephric remnant hyperplasia - 13 (Gartner's duct rest)

SAN FRANCISCO: Mesonephric rest - 9; mesonephric adenoma - 1; glandular hyperplasia - ?; related to pill - 2; adenocarcinoma - 2.

CENTRAL VALLEY: Mullerian duct remnant - 8; cervical adenomyosis - 2; benign adenomatous hyperplasia - 1.

OAKLAND: Gartner's duct cysts - 17.

WEST LOS ANGELES: Hyperplasia of mesonephric duct remnants - 9.

SOUTH BAY: Mesonephric duct remnant - 4; adenocarcinoma, well-differentiated - 1.

SANTA BARBARA: Mesonephric adenosis - 3.

INLAND (SAN BERNARDINO): Mullerian duct remnants, cervix - 8; mullerian duct carcinoma, cervix - 3.

OHIO: Cervix, diffuse adenosis - 2.

SEATTLE: Not received.

FOLLOW-UP:

Follow-up history not available.

FILE DIAGNOSIS:

Mesonephric duct remnant	1809 - 2527
X-file: Hyperplasia of mesonephric duct remnant	1809 - 7301 (SNOP)

JUNE 1972

CASE NO. 6 - ACC. NO. 15459 - W. H. DAVIS, M. D., CONTRIBUTOR

LOS ANGELES: Atypical endometrial hyperplasia with squamous metaplasia - 14.

SAN FRANCISCO: Adenocarcinoma with squamous metaplasia - 16.

CENTRAL VALLEY: Benign atypical adenomatous endometrial hyperplasia with squamous metaplasia - 5; adenoacanthoma - 3; adenomatous endometrial hyperplasia - 3.

OAKLAND: Locally invasive adenoacanthoma - 14; adenocarcinoma - 3.

WEST LOS ANGELES: Adenoacanthoma of endometrium - 9.

SOUTH BAY: Adenomyoma with adenomatous hyperplasia - 4; adenomyoma with focal adenocarcinoma - 1; adenomyoma with focal carcinoma-in-situ - 1.

SANTA BARBARA: Adenomyoma with squamous metaplasia - 3.

INLAND (SAN BERNARDINO): Adenoacanthoma, endometrium - 11.

OHIO: Endometrium with polypoid hyperplasia and Dutra morules - 1; premalignant - ?.

SEATTLE: Not received.

FOLLOW-UP:

The patient was last examined in December 1971 which was five years following her surgery. At that time she was well and had no palpable masses. Pap smears of the vaginal cuff were negative for malignant cells.

FILE DIAGNOSIS:

Atypical hyperplasia with squamous metaplasia 1820 - 7300 (6902)
1820 - 7520

References: E. J. Bomze and N. B. Friedman. Squamous metaplasia and adenoacanthosis of the endometrium. J. of Obst. Gynec. 30:619, 1967.

X-file: Adenoacanthoma 1820 - 8573

JUNE 1972

CASE NO. 7 A & B - ACC. NO. 13946 - E. R. JENNINGS, M. D., CONTRIBUTOR

LOS ANGELES: "A" endometrioid adenocarcinoma with squamous metaplasia (adenocanthoma) - 14.
"B" adenoacanthoma; primary ovary with metastasis to endometrium - 8; primary site undetermined - 6.

SAN FRANCISCO: Endometrioid carcinoma of ovary and uterus - 16.

CENTRAL VALLEY: Two separate primary carcinomas - 7 (adenocanthoma of endometrium and endometrioid carcinoma of ovary - 5; both endometrioid carcinoma - 2); single carcinoma - 3 (endometrial carcinoma with metastasis to ovary - 2; ovarian carcinoma with metastasis to endometrium - 1); no vote - 1.

OAKLAND: "A" and "B" both endometrioid; primary endometrium and metastatic ovary - 11; double primary - 4; primary ovary and metastatic endometrium - 2.

WEST LOS ANGELES: "A" adenoacanthoma of ovarian primary - 6; metastatic from endometrium - 3.
"B" adenoacanthoma of endometrial primary - 6; metastatic from ovary - 3.

SOUTH BAY: Endometrioid adenocarcinoma of ovary and adenocarcinoma, well differentiated of endometrium - 5; endometrioid adenocarcinoma of ovary with adenomatous hyperplasia of the endometrium - 1.

SANTA BARBARA: Endometrioid ovarian carcinoma with similar endometrial pattern - 3.

INLAND (SAN BERNARDINO): Adenoacanthoma, endometrium, with metastasis to ovary - 11.

OHIO: "A" ovary with well differentiated adenocarcinoma with focal squamous differentiation, favor endometrioid adenocarcinoma over metastatic from uterus - 2.
"B" endometrial adenocarcinoma - 2.

SEATTLE: Not received.

FOLLOW-UP:

The patient was lost to follow-up soon after her operation in 1964.

FILE DIAGNOSIS:

"A" Ovary, endometrioid carcinoma with squamous metaplasia	1830 - 8573
"B" Endometrium, metastatic adenoacanthoma	1820 - 8016

JUNE 1972

CASE NO. 3 A & B - ACC. NO. 15692 - PAUL THOMPSON, M. D., CONTRIBUTOR

LOS ANGELES: Mixed mucinous (endocervical metaplastic type) adenocarcinoma, endometrium - 15.

SAN FRANCISCO: Endometrial carcinoma - 16.

CENTRAL VALLEY: Adenocarcinoma of endometrium - 11; benign polypoid adenoma - 1.

OAKLAND: Adenocarcinoma - 17.

WEST LOS ANGELES: Endometrial adenocarcinoma - 9.

SOUTH BAY: Adenocarcinoma of the endometrium with mucinous differentiation - 6.

SANTA BARBARA: Adenocarcinoma of endometrium with mucinous foci - 3.

INLAND (SAN BERNARDINO): Mucinous adenocarcinoma, endometrium - 11.

OHIO: Endometrial adenocarcinoma, mucinous - 2.

SEATTLE: Not received.

FOLLOW-UP:

The patient was last seen in December 1970, which was four years following her surgery. At that time she was still receiving hormone shots and had no recurrence of her tumor. She was referred to a proctologist in 1972 for rectal pain and hemorrhoids.

FILE DIAGNOSIS:

Adenocarcinoma, endometrium

1320 - 3143

JUNE 1972

CASE NO. 9 - ACC. NO. 18953 - J. W. NELSON, M. D., CONTRIBUTOR

LOS ANGELES: Mucinous adenocarcinoma, endometrium - 15.

SAN FRANCISCO: Adenocarcinoma of endometrium - 16.

CENTRAL VALLEY: Adenocarcinoma of endometrium - 7; atypical adenomatous endometrial hyperplasia of endocervix and endometrium - 3; no vote - 1.

OAKLAND: Adenocarcinoma - 16; endocervical carcinoma - 1 (tissue type not site of origin).

WEST LOS ANGELES: Adenocarcinoma of endometrium - 9.

SOUTH BAY: Mucinous adenocarcinoma - 4; hyperplasia with mucinous metaplasia - 1.

SANTA BARBARA: Mucinous adenocarcinoma, questioned endocervical origin (primary) - 3.

INLAND (SAN BERNARDINO): Mucinous adenocarcinoma, endometrium - 10; atypical hyperplasia, endometrium - 1.

OHIO: Glandular hyperplasia, endometrial ? vs endocervical ? - 2.

SEATTLE: Not received.

FOLLOW-UP:

The patient received 4,000 Rads of external radiation to the pelvis two and one half months prior to her hysterectomy in January of 1971. The patient is living and well and free from tumor as of May 1972.

FILE DIAGNOSIS:

Mucinous adenocarcinoma	1820 - 8483
X-file: Atypical endocervical metaplasia in	1820 - 6902
polypoid hyperplastic endometrium	1820 - 7530

JUNE 1972

CASE NO. 10 - ACC. NO. 14603 - DONALD ALCOTT, M. D., CONTRIBUTOR

LOS ANGELES: Xanthogranulomatous endometritis - 15.

SAN FRANCISCO: Xanthogranulomatous endometritis - 16.

CENTRAL VALLEY: Endometritis and adenomyosis uteri with histiocytic reaction - 10; clear cell carcinoma - 1.

OAKLAND: Chronic endometritis (with lipoid degeneration) and adenomyosis - 17.

WEST LOS ANGELES: Xanthomatous endometritis - 9.

SOUTH BAY: Xanthomatous reaction, endometrium - 6.

SANTA BARBARA: Xanthogranulomatous endometritis with adenomyosis uteri - 3.

INLAND (SAN BERNARDINO): Xanthogranulomatous reaction, endometrium - 11.

OHIO: Adenomyosis and histiocytic reaction in endometrium - 2.

SEATTLE: Not received.

FOLLOW-UP:

Patient expired on February 2, 1969 from a myocardial infarction. No autopsy was performed.

FILE DIAGNOSIS:

Xanthogranulomatous endometritis

1820 - 4404