



UNIVERSITY OF SOUTH FLORIDA

TAMPA • ST. PETERSBURG

COLLEGE OF MEDICINE
DEPARTMENT OF RADIOLOGY
TAMPA, FLORIDA 33620

813: 971-4500 Ext. ~~xxxx~~ 459

January 7, 1975

Juan Rosai, M.D.
Department of Surgical Pathology
Barnes Hospital
Barnes Hospital Plaza
St. Louis, Missouri 63110

Dear Dr. Rosai:

I am sorry that, as it turned out, we were unable to have a case from you in this year's Cancer Seminar. As stated in our letter of December 26th, we have returned the blocks and roentgenograms on the case of Gary D. Noll to you.

Under separate cover, I am sending you a complimentary set of slides of this year's Cancer Seminar. I am hoping that you will send me your diagnoses and comments, as early as possible, so that I may use them during the Seminar. I am particularly desirous that you do this to help me in this first of a new series of Cancer Seminars.

With thanks,

Sincerely,

A handwritten signature in blue ink, appearing to read "J. A. del Regato".

J. A. del Regato, M.D.
Professor of Radiology

SEMINAR = MARCH 14-16



February 28, 1975

Dr. Del Regato
Professor of Radiology
Department of Radiology
College of Medicine
University of South Florida
Tampa, FL 33620

Dear Dr. Del Regato:

Thank you very much for having sent me a complimentary copy of the Slide Set of the Seminar on Bone Tumors. When I received it, I had to look twice to convince myself that it was not coming from Colorado Springs. Even the black box looks the same!

Following are my comments on the cases:

- 1) Granulomatous inflammation. I see no evidence of lymphoma or other neoplasms. I could not identify organisms on the H&E sections. Obviously, stains for acid-fast organisms and fungi are in order.
- 2) Chondrosarcoma with poorly differentiated areas. I would not call it mesenchymal chondrosarcoma. I am not crazy about the word "dedifferentiated" chondrosarcoma either.
- 3) I do not think I can make a diagnosis of this lesion without knowing more about the history, particularly the nature of the soft tissue mass previously excised from the neck.
- 4) Osteosarcoma ~~osteosarcoma~~ ^{versus} giant cell tumor.
- 5) Aneurysmal bone cyst. Looks quite typical.
- 6) My differential diagnosis in this malignant bone tumor is between malignant giant cell tumor and osteosarcoma. I favor the latter in view of the location and suggestion of malignant osteoid formation.
- 7) Fibrosarcoma.
- 8) Osteosarcoma.
- 9) Looks like Ewing's Sarcoma but is making malignant osteoid, so I have to call it osteosarcoma.
- 10) Osteosarcoma.
- 11) Mesenchymal chondrosarcoma
- 12) Giant cell tumor
- 13) Hemangiopericytoma
- 14) Ewing's sarcoma.
- 15) Plasma cell myeloma.

3-15-75

Dalvin's Diagnoses

- Case 1: Granuloma
- Case 2: Grade 4 chondroblastic osteosarcoma.
- Case 3: Fibrous dysplasia.
- Case 4: Giant cell tumor.
- Case 5: Aneurysmal bone cyst.
- Case 6: Giant cell tumor.
- Case 7: Fibroblastic osteosarcoma.
- Case 8: Grade 4 osteoblastic osteosarcoma.
- Case 9: Ewing's sarcoma.
- Case 10: Grade 4 osteoblastic osteosarcoma.
- Case 11: Mesenchymal chondrosarcoma.
- Case 12: Giant cell tumor.
- Case 13: Grade 1 hemangiopericytoma.
- Case 14: Small cell osteosarcoma (polyhistioma of Jacobson).
- Case 15: Myeloma.