

Diagnosis Discrepancy	Yes	No
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	
HIPAA Discrepancy	<input checked="" type="checkbox"/>	
Prior Malignancy History	<input checked="" type="checkbox"/>	
Dual/Synchronous Primary Tumor	<input checked="" type="checkbox"/>	
Case is (circle):	<input checked="" type="checkbox"/> QUALIFIED	<input type="checkbox"/> DISQUALIFIED
Reviewer Initials:	RS	
Date Reviewed:	4/27/11	
	JW 5/4/11	

FINAL DIAGNOSIS -----

1) THYROID.

SPECIMEN TYPE: Total thyroidectomy.

TUMOR SITE: Right lobe.

100-0-3

HISTOLOGIC TYPE: Papillary carcinoma.

carcinoma, papillary, thyroid 8260/3
Site: thyroid, nos C73.9

TUMOR SIZE: Greatest dimension 2.3 cm.

JW
5/4/11

FOCALITY: Unifocal.

LYMPH NODES:

Metastatic carcinoma in 1 of 8 lymph nodes.

EXTENT OF INVASION

UUID:D79E273F-D349-4F6B-93EB-688A3D4EE983
TCGA-ET-A25N-01A-PR Redacted

PRIMARY TUMOR:



pT2: >2 cm and <4cm and limited to the thyroid.

REGIONAL LYMPH NODES:

pN1a: Metastasis to level VI lymph node.

DISTANT METASTASIS:

pMx: Cannot be assessed.

MARGINS:

Margins are uninvolved. Distance of invasive carcinoma from nearest margin: 1 mm.
Specify margins: Anterior and posterior margin.

VENOUS/LYMPHATIC INVASION:

No definitive invasion present.

ADDITIONAL PATHOLOGIC FINDINGS:

Parathyroid gland, right side.

NOTE: Central neck dissection includes one positive lymph node with a metastatic focus of papillary thyroid carcinoma measuring 2.5mm in greatest dimension. No extracapsular extionsion is present. There is an additional metastatic tumor foci measuring < 1mm located in the central neck dissecion adipose tissue. This case has been reviewed at the

PART #1: TOTAL THYROIDECTOMY AND CENTRAL NECK DISSECTION
Dictated:

The specimen is received fresh, labeled xxxx and designated total thyroidectomy and central neck dissection. The specimen consists of a 14.6 gram total thyroidectomy which measures 5.2 cm from right to left, 5 cm superior to inferior and 0.9 cm anterior to posterior. The surgeon has designated the right thyroid tumor with a stitch. The anterior aspect of the specimen is inked in black and the posterior aspect is inked in orange. The right thyroid lobe is approximately twice the size of the left, measuring 4.4 x 3.5 x 1.6 cm. It is notable for 2.3 x 1.5 x 2.0 cm well-circumscribed friable encapsulated nodule, which is present at the right inferior pole. This nodule grossly abuts the capsule anteriorly. Portions of the tumor are harvested for tumor bank. The left thyroid lobe measuring 4.0 x 1.3 x 0.6 cm. Sectioning reveals uniform red-brown thyroid parenchyma with no other nodules identified. Attached to the inferior portion of the right lobe is an irregular fragment of tan-pink adipose tissue, which measures 2.0 x 1.0 x 0.5 cm. This presumably represents the central neck dissection. The entire submitted is submitted. The nodule is submitted in cassettes 'D-G'. Dissection of the presumed central neck dissection does not reveal any grossly identifiable lymph nodes. It is entirely submitted. The entire specimen is submitted.

SUMMARY OF SECTIONS:

- 1 - A - 1 (ISTHMUS)
- 1 - B - 3 (RIGHT SUPERIOR)
- 1 - C - 2 (RIGHT MID)
- 1 - D - 1 (RIGHT MID)
- 3 - E - G - 1/EA (RIGHT INFERIOR)
- 1 - H - 1 (RIGHT INFERIOR)
- 1 - I - 3 (LEFT SUPERIOR)
- 1 - J - 3 (LEFT MID)
- 1 - K - 3 (LEFT INFERIOR)
- 1 - L - M (CENTRAL NECK DISSECTION - TOTAL - MULTIPLE ON)