

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	<input checked="" type="checkbox"/> REQUALIFIED	<input type="checkbox"/> DISQUALIFIED
Reviewer Initials	RH	Date Reviewed: 11/19/11

UUID:9C354A78-E8E2-4A4C-8D7C-87A961A7AE40  
TCGA-EL-A3H5-01A-PR

Redacted



Sex: F

## Surgical Pathology Report

Department of Pathology,

Tel:

DOB

Physician:

Accession

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Case type: Surgical Case

cc:

### DIAGNOSIS

- (A) NODULE UPPER POLE OF THYROID, LEFT:  
PAPILLARY THYROID CARCINOMA.
- (B) LEFT NECK DISSECTION, LEVEL II "A":  
Nineteen lymph nodes, no tumor present (0/19).
- (C) LEFT NECK DISSECTION, LEVEL II "B":  
Five lymph nodes, no tumor present (0/5).
- (D) LEFT NECK DISSECTION, LEVEL III:  
METASTATIC PAPILLARY THYROID CARCINOMA IN THREE OF THIRTEEN LYMPH NODES (3/13).  
LARGEST FOCUS MEASURES 1.3 CM.  
EXTRACAPSULAR EXTENSION IS IDENTIFIED.
- (E) LEFT NECK DISSECTION, LEVEL IV:  
METASTATIC PAPILLARY THYROID CARCINOMA IN ONE OUT FIVE LYMPH NODES (1/5).  
LARGEST FOCUS MEASURES 2.1 CM.  
EXTRACAPSULAR EXTENSION IS IDENTIFIED.
- (F) LEFT NECK DISSECTION, LEVEL V:  
Three lymph nodes, no tumor present (0/3).
- (G) PARATRACHEAL NODULE, LEFT SIDE:  
METASTATIC PAPILLARY THYROID CARCINOMA IN ONE LYMPH NODE (1/1).
- (H) PARTIAL LARYNGECTOMY, AND TRACHEAL RESECTION, PARTIAL ESOPHAGECTOMY  
RESIDUAL PAPILLARY THYROID CARCINOMA, MULTIFOCAL, INVOLVING RIGHT AND LEFT THYROID LOBES,  
AND ITHMUS, WITH EXTENSION INTO SOFT TISSUE AND TRACHEAL CARTILAGE.  
METASTATIC PAPILLARY THYROID CARCINOMA ONE OF TWO PERITHYROIDAL LYMPH NODES (1/2).  
LARGEST FOCUS, 1.2 CM, WITH EXTRACAPSULAR EXTENSION.  
Separate sclerotic colloid nodule.
- (I) NEW MEDIAL TRACHEAL MARGIN:  
PAPILLARY THYROID CARCINOMA INVOLVING TRACHEAL CARTILAGE.
- (J) SUPERIOR SOFT TISSUE:  
Fibrosis, granulation tissue, and suture granuloma, no tumor present.
- (K) NEW MARGIN:  
PAPILLARY THYROID CARCINOMA INVOLVING FRAGMENTS OF CARTILAGE AND SOFT TISSUE.
- (L) NEW SUPERIOR MARGIN, CHECK AT INK:  
PAPILLARY THYROID CARCINOMA INVOLVING FRAGMENTS OF CARTILAGE AND RESPIRATORY MUCOSA.
- (M) POSTERIOR SUPERIOR MARGIN, CHECK AT INK:  
PAPILLARY THYROID CARCINOMA INVOLVING RESPIRATORY MUCOSA.
- (N) TOTAL LARYNGECTOMY:  
Respiratory mucosa with mild dysplasia, no tumor present.
- (O) LEFT INFERIOR CONSTRICTOR MARGIN:  
MICROSCOPIC FOCUS OF PAPILLARY THYROID CARCINOMA WITHIN SKELETAL MUSCLE
- (P) LEFT PHARYNGEAL MARGIN:  
Squamous mucosa, no tumor present.
- (Q) RIGHT TRACHEAL MARGIN:

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Fragments of cartilage and respiratory mucosa, no tumor present.

(R) LEFT TRACHEAL MARGIN:

Fragments of cartilage and respiratory mucosa, no tumor present.

(S) INFERIOR CONSTRICTOR MUSCLE:

Fragments of skeletal muscle, no tumor present.

(T) REMNANT OF RIGHT STRAP MUSCLE:

Portion of skeletal muscle, no tumor present.

Entire report and diagnosis completed by

## GROSS DESCRIPTION

(A) NODULE UPPER POLE OF THYROID, LEFT - A 1.8 x 1.0 x 0.5 cm rubbery tan fragment of tissue. Specimen is submitted entirely for frozen section evaluation in cassette A.

\*FS/DX: PAPILLARY CARCINOMA.

(B) LEFT NECK DISSECTION LEVEL II "A" - A 3.5 x 3.0 x 0.8 cm fibroadipose tissue fragment is dissected revealing twenty possible lymph nodes, ranging from 0.1 to 1.5 cm in greatest dimension.

SECTION CODE: B1, one possible lymph node, trisection; B2, one possible lymph node, trisection; B3, one possible lymph node, bisected; B4, one possible lymph node, bisected; B5, four possible lymph nodes, entirely submitted; B6, four possible lymph nodes, entirely submitted; B7, four possible lymph nodes, entirely submitted; B8, four possible lymph nodes, entirely submitted; B9, lymphoid tissue.

(C) LEFT NECK DISSECTION LEVEL II "B" - A 2.5 x 2.0 x 0.7 cm fibroadipose tissue fragment is dissected revealing four possible lymph nodes, ranging from 0.2 to 1.3 cm in greatest dimension.

SECTION CODE: C1, two possible lymph nodes, entirely submitted; C2, one possible lymph node, entirely submitted; C3, C4, lymphoid tissue.

(D) LEFT NECK DISSECTION LEVEL III - A 7.0 x 3.5 x 1.6 cm fibromuscular adipose tissue fragment is dissected revealing ten possible lymph nodes, ranging from 0.1 cm in greatest dimension to 2.5 x 1.5 x 1.6 cm.

SECTION CODE: D1-D4, one possible lymph node, serially sectioned (largest lymph node); D5, D6, one possible lymph node, serially sectioned; D7, one possible lymph node, trisection; D8, one possible lymph node, trisection; D9, two possible lymph nodes, entirely submitted; D10, three possible lymph nodes, entirely submitted; D11, three possible lymph nodes, entirely submitted; D12, one possible lymph node, entirely submitted; D13, lymphoid tissue; D4, muscular tissue, representative.

(E) LEFT NECK DISSECTION LEVEL IV - Received is a 5.0 x 2.6 x 1.7 cm aggregate of fibroadipose tissue. The tissue is dissected to reveal eight possible lymph nodes, ranging from 0.3 - 3.0 cm in greatest dimension.

SECTION CODE: E1, four possible lymph nodes; E2, two possible lymph nodes; E3, E4, one possible lymph node, serially sectioned; E5-E8, one possible lymph node, serially sectioned.

(F) LEFT NECK DISSECTION LEVEL V - Received is a 2.5 x 1.3 x 0.7 cm irregular portion of fibroadipose tissue. Dissection of this tissue reveals three possible lymph nodes, range from 0.2 - 3.3 cm in greatest dimension.

SECTION CODE: F1, two possible lymph nodes; F2, F3, one possible lymph node, serially sectioned.

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(G) PARATRACHEAL NODULE, LEFT SIDE - Received is a 0.9 x 0.4 x 0.3 cm irregular portion of fibroadipose tissue. The tissue is dissected to reveal one possible lymph node that measures 0.6 cm in greatest dimension.

SECTION CODE: G, one possible lymph node.

(H) PARTIAL LARYNGECTOMY, AND TRACHEAL RESECTION, PARTIAL ESOPHAGECTOMY - A portion of thyroid (5.0 x 4.0 x 2.0 cm), and attached portion of larynx (1.0 x 1.0 x 1.0 cm).

Serial sectioning of the thyroid from superior to inferior demonstrates three main areas of interest. The first, is a nodule present at the inferior pole of the right lobe (2.0 x 1.0 x 1.0 cm). The second is a nodule within the isthmus (1.0 x 1.0 cm). The third is a nodule within the left thyroid lobe remnant (2.0 x 1.0 x 1.5 cm). Serial sectioning through the first nodule demonstrates presence of tan-brown serous fluid. On cut section, this nodule has a tan-red appearance. Representative sections of margin are taken for frozen section. Multiple lymph nodes ranging in size from 0.5 to 0.8 cm in greatest dimension are identified. There is a 1.5 cm fibrotic area located within the posterior aspect of the inferior pole. The larynx is suspicious for gross involvement (surrounded by fibrotic tissue).

SECTION CODE: H1-H3, margins for frozen section; H4-H6, representative sections of thyroid from superior to inferior; H7-H11, representative sections of thyroid with tan-brown nodule; H12-H14, sclerotic nodule at posterior pole; H15-H17, nodule at isthmus; H18-H22, remnant of left thyroid, perithyroidal tissue and lymph nodes.

\*FS/DX: PAPILLARY THYROID CARCINOMA INVOLVING TRACHEAL MARGIN.

(I) NEW MEDIAL TRACHEAL MARGIN - One piece of cartilaginous tissue (2.0 x 1.0 x 0.3 cm), entirely submitted for frozen section in one cassette.

\*FS/DX: PAPILLARY THYROID CARCINOMA AT THE MARGIN.

(J) SUPERIOR SOFT TISSUE - One piece of unoriented, tan, irregular fragment soft tissue (1.0 x 1.0 x 0.4 cm), entirely submitted en face, for frozen section in one block.

\*FS/DX: FIBROSIS, GRANULATION TISSUE, SUTURE GRANULOMA, NO TUMOR PRESENT.

(K) NEW MARGIN - A portion of mucosal and cartilaginous tissue (1.5 x 1.0 x 1.0 cm), entirely submitted for frozen section analysis.

The specimen is oriented by the surgeon as to the superior and medial portions.

SECTION CODE: K1, K2, superior, frozen control; K3, medial frozen control.

(L) NEW SUPERIOR MARGIN CHECK AT INK - A 2.0 x 1.2 x 1.2 cm fragment of cartilage and mucosa, inked by the surgeon to indicate a new superior margin. This area is re-inked blue. The specimen submitted in toto for frozen section evaluation in slides L1-L3.

\*FS/DX: PAPILLARY THYROID CARCINOMA INVOLVING MARGIN.

(M) POSTERIOR SUPERIOR MARGIN, CHECK AT INK - A 1.0 x 0.5 x 0.5 cm fragment of mucosa. The surgeon had previously designated the margin with ink. This area is re-inked blue. Specimen is submitted in toto in cassette M.

\*FX/DX: PAPILLARY THYROID CARCINOMA INVOLVING MARGIN.

(N) TOTAL LARYNGECTOMY - A 7.0 x 5.5 x 4.0 cm total laryngectomy specimen. The mucosa is pink, smooth and glistening. The specimen has a defect in the left inferior aspect.

SECTION CODE: N1, right glottis; N2, left glottis.

(O) LEFT INFERIOR CONSTRICTOR MARGIN - A fragment of pink-tan soft tissue (2.0 x 0.5 x 0.3 cm) with inked margin. The specimen is serially sectioned and entirely submitted for frozen section in O1-O3.

\*FS/DX: MICROSCOPIC FOCUS OF CARCINOMA.

(P) LEFT PHARYNGEAL MARGIN - A fragment of white-tan soft tissue (1.8 x 0.3 x 0.3 cm) with inked margin. The specimen is entirely submitted for frozen section in P.

\*FS/DX: NO TUMOR PRESENT.

(Q) RIGHT TRACHEAL MARGIN - A fragment of white-tan soft tissue (1.5 x 0.4 x 0.1 cm) with inked margin. The specimen is entirely submitted for frozen section in Q1 and Q2.

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\*FS/DX: NO TUMOR PRESENT.

(R) LEFT TRACHEAL MARGIN - A fragment of white-tan soft tissue (2.0 x 0.4 x 0.1 cm) with inked margin. The specimen is serially sectioned and entirely submitted in R1 and R2 for frozen section.

\*FS/DX: NO TUMOR PRESENT.

(S) INFERIOR CONSTRICTOR MUSCLE - A tan-brown irregularly portion of muscle measuring 1.5 x 1.2 x 0.5 cm. The specimen is sectioned into multiple pieces and submitted entirely in cassette C.

(T) REMNANT OF RIGHT STRAP MUSCLE - A brown -tan irregularly shaped portion of fibromuscular tissue with a small amount of adipose attached measuring 4.8 x 3.2 x 1.8 cm. The tissue is dissected revealing no gross evidence of metastasis or lymph nodes. Representative sections are submitted in cassette T1-T5.

## CLINICAL HISTORY

Carcinoma thyroid.

## SNOMED CODES

T-D1664, T-24100, T-B6000, M-80503

"Some tests reported here may have been developed and performance characteristics determined by  
approved by the U.S. Food and Drug Administration."

These tests have not been specifically cleared or

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