

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
IPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Qual/Synchronous Primary Malignancy		<input checked="" type="checkbox"/>
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials: <u>BB</u> Date Reviewed: <u>2/25/11</u>		

UUID:9AA7595E-A511-4AFE-B1AF-23E1A576B34A  
TCGA-EL-A3MZ-01A-PR

Redacted



## History Case Pathology Report

Department of Pathology

DOB:

Sex: M

Tei

Physician:

Received: C

Pathologist:

Accession:

Case type: Surgical History

**\*\* Case imported from legacy computer system. The format of this report does not match the original case. \*\***  
**\*\* For cases prior to , the section "SPECIMEN" may have been added. \*\***

### DIAGNOSIS

#### (A) SEROMA CAPSULE:

Fibrous and fibroadipose tissue with foreign body giant cell reaction, fat necrosis and chronic inflammation, no tumor present.

#### (B) TOTAL THYROIDECTOMY AND TRACHEAL RESECTION:

PAPILLARY CARCINOMA OF THYROID, INVOLVING LEFT LOBE AND ISTMUS AND INVADING TRACHEA.

TUMOR EXTENDS TO SUPERIOR AND INFERIOR SOFT TISSUE MARGINS.

Other soft tissue margins of resection free of tumor.

Inferior tracheal margin, no tumor present.

No lymphovascular or perineural invasion seen.

Parathyroid tissue identified.

#### (C) SUPERIOR TRACHEAL MUCOSAL MARGIN:

Segment of trachea, no tumor present.

#### (D) LEFT PARATRACHEAL NODE DISSECTION:

METASTATIC PAPILLARY CARCINOMA (0.2 CM) IN ONE OF TWO LYMPH NODES (1/2) WITHOUT EXTRANODAL EXTENTION.

ENTIRE REPORT ELECTRONICALLY SIGNED BY:

SIGNATURE:

ENTIRE REPORT ELECTRONICALLY SIGNED BY:

### GROSS DESCRIPTION

(A) SEROMA CAPSULE - Multiple fragments of yellow and red fibroadipose tissue and skeletal muscle (6.0 x 4.5 x 1.0 cm). A few of the pieces have a smooth, membranous surface consistent with a capsule. No other lesions are grossly identified. Representative sections are submitted in A1 and A2.

(B) TOTAL THYROIDECTOMY AND TRACHEAL RESECTION - The entire specimen measures 10.5 x 8.0 x 5.0 cm and consists of a segment of trachea (2.5 cm long), and attached thyroid and overlying skeletal muscle (8.0 x 3.5 x 3.5 cm). The right thyroid lobe is unremarkable.

There is a palpable, visible mass in the left thyroid lobe. The adjacent tracheal mucosa is raised and centrally ulcerated over an area of 1.8 x 1.1 cm. Sectioning reveals a tan pink, firm, infiltrating mass (3.6 x 2.5 x 2.0 cm), which extends into and through the tracheal wall and within 1 mm of the superior and inferior soft tissue margins of resection. There is focal ossification of the trachea. One rounded, tan fleshy and hemorrhagic extension of the mass is designated by the surgeon as a probable involved paratracheal lymph node.

INK CODE: Blue - soft tissue margin; black - superior mucosal edge.

SECTION CODE: B1, inferior tracheal margin, en face for frozen section;

1C D-0-3  
 carcinoma, papillary, thyroid 8260/3  
 Site: thyroid, NOS 073.9  
 11/7/12

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B2-B4, superior soft tissue at mucosal margin, perpendicular; B5-B7, trachea with tumor and soft tissue with margin; B8, tumor in soft tissue; B9, lower soft tissue margin, perpendicular; B10, tumor, thyroid and soft tissue; B11, isthmus and right thyroid lobe; B12, right thyroid lobe; B13, left soft tissue, and muscle.

Tumor is submitted for flow cytometry.

\*FS/DX: TRACHEAL INFERIOR MARGIN, NO TUMOR PRESENT.

(C) SUPERIOR TRACHEAL MUCOSAL MARGIN - Two fragments of mucosa, one of which contains probable cartilage, measuring 0.8 x 0.6 x 0.1 cm and 1.0 x 0.3 x 0.1 cm. Entirely submitted for frozen section, C.

\*FS/DX: DENUDED SEGMENT OF TRACHEA, NO TUMOR PRESENT.

(D) LEFT PARATRACHEAL NODE DISSECTION - A portion of adipose tissue (1.5 x 1.0 x 0.6 cm) containing two probable lymph nodes, entirely submitted.

SECTION CODE: D1, one lymph node bisected; D2, one lymph node.

## ADDITIONAL STUDIES

PHOTO THYROID

## SNOMED CODES

M-80503 T-B6000