



Name: XXX
Gender: F
MRN: XXX
Location: XX
Physician: XX

Case #: XX
Collected: XX
Received: XX
Reported: XX
Copy To:

Pathologic Interpretation:

A. TOTAL THYROIDECTOMY, 27.2 GRAMS:

PAPILLARY THYROID CARCINOMA, conventional and follicular variant, with conventional, follicular, and clear cell features, 4 cm, left lobe.
< 9% per TSS. 1w

PAPILLARY THYROID MICROCARCINOMA, follicular and conventional variant with tall cells and follicular features, right lobe, multifocal, up to 0.3 cm.

There is extensive lymphovascular invasion.

Perithyroidal extension is present.

The inked margins are negative for tumor, but it is within 1 mm (A23).

Adjacent thyroid with moderate to severe lymphocytic thyroiditis.

No parathyroid gland present.

Two lymph nodes positive for carcinoma (2/2).

Extranodal invasion is not present.

AJCC: pT2, pN1a, pMx

See Tumor Summary.

ICD-O-3

Carcinoma, papillary, thyroid
8240/3

Site: thyroid, NOS

C73.9

7-24-12
RP

B. ? LEFT INFERIOR PARATHYROID, FS:

One lymph node, no carcinoma seen (0/1).

Fibroadipose tissue.

C. ? LEFT SUPERIOR PARATHYROID, FS:

Hypercellular parathyroid gland.

D. LEFT LEVEL 6:

METASTATIC PAPILLARY THYROID CARCINOMA to three out of eleven lymph nodes (3/11).

Hypercellular parathyroid gland.

E. ADDITIONAL LEFT INFERIOR PARATHYROID:

Adipose tissue with lymphocytic infiltrate.

Surgical Pathology Cancer Case Summary

Procedure:

Total thyroidectomy

Left level 6

Specimen Size:

Right lobe: 5.5 x 3.0 x 1.0 cm

Left lobe: 5.0 x 4.0 x 2 cm

Isthmus +/- pyramidal lobe: 1.5 x 1.0 x 0.2 cm

Specimen Weight: 27.2 grams

Tumor Focality: Multifocal (specify): Bilateral

Dominant Tumor:

Tumor Laterality: Left lobe

Tumor Size:

Greatest dimension: 4 cm

Additional dimensions: 3 x 2 cm

Histologic Type:

Papillary carcinoma

Variant, specify:

Classical (usual)

Follicular variant

Architecture:

Classical (papillary)

Follicular

Cytomorphology:

Classical

Clear cell

Tall cell

Margins:

Margins uninvolved by carcinoma

Distance of invasive carcinoma to closest margin: 1 mm

Tumor Capsule: Partially encapsulated

Lymph-Vascular Invasion: Present

Extent: Extensive (4 or more vessels)

Second Tumor: Multifocal (up to 0.3 cm)

Tumor Laterality: Right lobe

Tumor Size:

Greatest dimension: 0.3 cm

Histologic Type:

Papillary carcinoma

Variant, specify:

Classical (usual)

Tall cell variant

Architecture:

Classical (papillary)

Follicular

Cytomorphology:

Tall cell

Margins:

Margins uninvolved by carcinoma

Tumor Capsule: Partially encapsulated

Tumor Capsule Invasion: Not identified

Lymph-Vascular Invasion: Present

Extent: Focal (less than 4 vessels)

Extrathyroidal Extension: Not identified

Pathologic Staging (pTNM):

Primary Tumor (pT):

pT2: Tumor more than 2 cm, but not more than 4 cm, limited to thyroid

Regional Lymph Nodes (pN):

pN1a: Nodal metastases to Level VI (pretracheal, paratracheal, and prelaryngeal Delphian) lymph nodes

Number examined: 14
Number involved: 5
Lymph Node, Extranodal Extension: Not identified

Distant Metastasis (pM):
Not applicable

Additional Pathologic Findings:

Lymphocytic thyroiditis

Lymphocytic thyroiditis
Parathyroid glands: Hypercellular (2)

Electronically Signed Out By

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory (Her 2, Parvo, H. pylori, HBcore). These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID5=ER, PgR 636=PR, A485=HER2, H-11=EGFR, CCH2/DDG9=CMV, F39.4.1=AR and HPV by ISH. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by LSAB. The results are read by a pathologist as positive or negative.

xx

xx

As the attending pathologist, I attest that I: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).

Intraoperative Consultation

- A. Total thyroidectomy stitch on right sithmus:
 - B. ? Left inferior parathyroid FS: Fibrous tissue, no parathyroid identified
 - C. ? Left superior parathyroid FS: hypercellular parathyroid

xx

Clinical History:

Patient is a -year-old with history of papillary thyroid cancer

Pre Operative Diagnosis:

Papillary thyroid cancer

Specimen(s) Received/Processing Information:

E: Additional left inferior parathyroid H&E, Initial x 1

Gross Description:

- A. Received fresh "Total thyroidectomy stitch on right isthmus" is a 27.2 gram of total thyroidectomy specimen. The right lobe measures 5.5 x 3.0 x 1.0 cm. The left lobe is 5.0 x 4.0 x 2.0 cm. The pyramidal lobe is present 1.5 x 1.0 x 0.2 cm. The external surface is inked black. The parathyroid glands are not present grossly. In the right mid-pole there is gray-white and tiny lesions 0.3 cm in greatest dimension at less than 0.1 cm to anterior surgical margin. The left lobe reveals gray-white and firm tumor measuring 4.0 x 3.0 x 2.0 cm and from superior to inferior pole at less than 0.1 cm from anterior and posterior resection margin. The specimen is submitted in toto in twenty four cassettes.

Cassettes #1-3 Superior pole
Cassettes #4-6 Mid-pole (cassettes #5&6 lesion in toto)
Cassettes #7&8 Inferior pole right lobe
Cassette #9 Pyramidal lobe
Cassettes #10-14 Superior left lobe
Cassettes #15-19 Midpole of left lobe
Cassettes #20-24 Inferior left lobe

- B. Received fresh labeled "Left inferior parathyroid" is a gray-tan soft tissue fragment 0.7 x 0.4 x 0.2 cm. Submitted in toto in one cassette for frozen section.
- C. Received fresh labeled "Left superior parathyroid" is a gray-tan soft tissue fragment 0.3 x 0.3 x 0.1 cm. Submitted in toto in one cassette for frozen section.
- D. Received in formalin labeled "Left level 6" is a yellow-gray-tan soft tissue fragment 2.0 x 1.5 x 0.5 cm. There are seven possible lymph nodes measuring up to 0.9 cm in greatest dimension. Submitted in toto in five cassettes.
- Cassettes #1&2 Two possible lymph nodes
Cassette #3 Three possible lymph nodes
Cassettes #4&5 Adipose tissue
- E. Received in formalin labeled "Additional left inferior parathyroid" is a yellow-gray-tan soft tissue fragment 1.0 x 1.0 x 0.2 cm. Submitted in toto in one cassette.

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Muc J		/
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED		
Reviewer Initials <u>MM</u>	Date Reviewed: <u>7/11/12</u>	<u>12/12</u>