GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

Specimen Type: CENTRAL PANCREATECTOMY

Gross Template:
Labeled with the patient's name (***), medical record number (***), designated "***", and received [*fresh/in formalin*] is an [*intact/disrupted*] central pancreatectomy [*provide orientation*]. The pancreas measures *** cm in length x *** x *** cm in cross sections. Peripancreatic soft tissue extends up to *** cm from the pancreas.[*Describe any adherent portions of additional organs (e.g. wedge of adherent stomach or colon.*] There [*is/is no*] staple line present at the pancreatic resection margin(s).

Sectioning the pancreas reveals a lesion located in the [*proximal, mid, distal aspect of the pancreas*]. [*Describe lesion – solid vs. cystic, size, shape, color, consistency, location, relationship to main pancreatic duct (abutting/obliterating); if cystic (IPMN-give range and overall dimension and approximate # of cysts), describe cyst lining (specifically mention the relationship of any cyst to the main pancreatic duct [part of the main duct/communicating with the main duct/not communicating with the main duct], loculation (uni-/multiloculated), quantity of fluid within (__mL), quality of fluid within (serous, mucinous, hemorrhagic, purulent), presence or absence of papillary excrescences or solid nodules, and, if present, describe with the same descriptors listed previously*]. The lesion [*is grossly confined to the pancreas, involves the peripancreatic soft tissue, involves other attached structures-specify*].

The lesion is located *** cm from the proximal pancreatic resection margin, *** cm from the distal pancreatic resection margin, *** cm from the anterior serosal surface, *** cm from the posterior resection margin. The main pancreatic duct [*is/is not*] patent with a [*describe mucosal surface (e.g. smooth, roughened, granular, hemorrhagic)*], and a luminal diameter ranging from *** cm at [location (*e.g. distal vs. proximal to the tumor*)] to *** cm at [location (*e.g. distal vs. proximal to the tumor*)], and a wall thickness ranging from *** at [location (*e.g. distal vs. proximal to the tumor*)] to *** cm at [location (*e.g. distal vs. proximal to the tumor*)]. [*If there is a discrete stricture of the duct, additionally describe location, length of stricture, relationship to margins, wall thickness, luminal diameter, and mucosal surface of the stricture.*] The lesion measures *** cm from the main pancreatic duct [or *abuts the main pancreatic duct* or *obliterates the main pancreatic duct for a length of (__ cm) at the (describe location and/or measure distance from applicable margin)*].

The remaining pancreatic parenchyma is [*lobulated, fibrotic, unremarkable* or *describe any additional pathology including cysts (see descriptors above), strictures, fat necrosis, additional nodules, etc.*]. The splenic capsule is [*intact/ruptured/roughened*]. *** of lymph nodes are identified, ranging from *** to *** cm in greatest dimension.

All identified possible lymph nodes are entirely submitted. [*The lesion/mass is entirely submitted (if applicable, otherwise skip to next sentence)*] The peripancreatic fibroadipose tissue is entirely submitted. Representative sections of the remaining specimen are submitted.

Ink key:
Blue-anterior serosal surface
Green-posterior resection margin

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Cassette Submission: 10-12 cassettes

- Note: Consult pathologist for assistance with orientation before grossing
- Show relationship to proximal pancreatic resection margin
- Show relationship to distal pancreatic resection margin
- Show relationship to anterior surface
- Show relationship to posterior resection margin
- Show relationship to any adherent organs (e.g. adherent wedge of stomach or colon)
- If a solid tumor: one cassette per 1 cm of lesion (OR at least five sections of mass OR if small enough, entirely submit)
- If a cystic lesion: entirely embed the lesion (if the lesion is too large, consult with attending pathologist)
    - Sample any papillary excrescences
    - Sample any fibrotic areas or mural nodules
    - Sample any strictures or areas of wall thickening
- Representative sections of all additional lesions in the gross description
- One cassette of unremarkable pancreatic parenchyma
- Submit all lymph nodes identified (at least 12 lymph nodes are suggested, but this may be difficult for central pancreatectomy specimen)
    - Submit all peripancreatic soft tissue for lymph nodes if necessary (*i.e. resection is for cancer*)
    - Most lymph nodes are buried in the posterior peripancreatic tissue, which may not be easy to strip off. Shave off the entire posterior pancreatic tissue may be helpful to find an adequate number of lymph nodes

- **Note:** If the tumor in the pancreas is ill defined and the tumor size cannot be accurately measured grossly, or a definitive mass lesion cannot be identified (such as post neoadjuvant therapy), both halves of the pancreas should be carefully breadloafed at 0.5 cm intervals (after bivalved along the pancreatic duct). Take one cross section every 1 cm sequentially along the length of pancreas from proximal margin towards the splenic hilum so that the tumor size may be estimated on microscopic examination. In that case, please keep remaining pancreatic tissue in order so that additional sections between 2 and 3 cms and between 4 and 5 cms can be taken later on if needed (important for T staging).