

## **GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES**

**Specimen Type:** FAMILIAL ADENOMATOUS POLYPOSIS

**Procedure:**

1. Measure the length, range of diameter or circumference, and wall thickness.
2. Describe serosal surface, noting serosal puckering, etc.
3. Open the specimen longitudinally.
4. Describe mucosal surface, noting polyps, masses.
5. Note estimated numbers of polyps (e.g. <10, 10-50, >100, innumerable/carpeted with polyps).
6. Describe the size range of the polyps. Describe if there is mass lesion(s) present.
7. Indicate extent of involvement by polyps: whether it is diffuse, patchy, focal or multifocal. Describe the length and location of involved bowel if focal or multifocal.
8. Describe if polyp(s) is present at margin(s) and measure the distance to the closest margin.
9. Examine mesenteric tissue for lymph nodes, noting size and appearance of representative nodes.

**Gross Template:**

Labeled with the patient's name (\*\*\*), medical record number (\*\*\*), designated \*\*\*, and received [*fresh/in formalin*] is a segment of [*oriented-provide orientation/un-oriented*] bowel with two stapled ends. The ileum measures \*\*\* cm in length x \*\*\*cm in open circumference [*if present*] and is in continuation with a \*\*\* cm in length x \*\*\* cm in open circumference segment of colon. The appendix measures \*\*\*cm in length x \*\*\*cm in diameter. Fibroadipose tissue extends \*\*\*from the bowel wall. Mesoappendiceal tissue extends up to \*\*\*cm away from the appendiceal wall.

The serosal surface is remarkable for [*describe presence of fat wrapping, fistulas, or perforations*]. [*Describe presence of strictures- length, location, luminal circumference, mucosa in this region, and distance to nearest margin*]. The mucosal surface is remarkable for [*give average number, size, shape, color and location of polyps (if larger in one portion of bowel, specify location), and distance to margins*]. Sectioning reveals [*the polyps are grossly superficial or describe any evident areas of invasion*]. There is a \*\*\*cm ileal wall thickness and a \*\*\*cm average bowel wall thickness.

[*Describe uninvolved mucosa of ileum and colon, if present*]. The appendiceal serosa is [*tan, smooth, glistening, and unremarkable or describe any additional lesions/perforations*]. The appendiceal mucosa is [*tan, glistening, folded, and unremarkable or describe any additional lesions*]. The appendix has a \*\*\*cm luminal diameter and a \*\*\*cm wall thickness. \*\*\* of lymph nodes are identified, ranging from \*\*\* to \*\*\* cm in greatest dimension. Representative sections are submitted.

**Cassette Submission:**10-12 cassettes

- Look at polyps carefully, if anyone is suspicious for carcinoma, follow the steps below for neoplastic disease.
- If any polyp is suspicious for carcinoma, then that entire polyp needs to be submitted.

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- If all polyps appear similar and superficial and none appears to harbor carcinoma, NOT all of the polyps need to be submitted. Only representative polyps every 10 cm need to be submitted.
- Representative lymph nodes. It is generally a good idea to submit at least 12 lymph nodes even if there is no grossly identified cancer.
- Submit proximal and distal shave margins
- Two cassettes containing representative sections of large mesenteric blood vessels.