

Gynecologic Pathology Grossing Guidelines

Specimen Type: SALPINGECTOMY (neoplastic resection)

Gross Template:

MMODAL COMMAND: "INSERT FALLOPIAN TUBE CANCER"

It consists of a [*disrupted/intact****] salpingectomy measuring [***] cm in length x [***] cm in diameter. Fimbriae are [*present/absent****]. The external surface of the fallopian tube is remarkable for [*color, texture, adhesions, paratubal cysts****]. The specimen is sectioned to reveal [*describe lesion in three dimensions-location, focality, color, circumscription, extension (transmural, % of lumen involved, layers of wall involved****)].

The remaining mucosa is [*describe cut surface****]. No additional lesions or masses are identified. Representative sections are submitted. Gross photographs are taken.

[*insert cassette summary****]

Cassette Submission: 8-10 cassettes

- Representative sections of tumor, if present, including one of grossly involved mucosa and one of uninvolved mucosa.
- Representative sections of any cystic lesions.
- In a case of primary adenocarcinoma of the fallopian tube, if the tube is intact, submit section representing deepest invasion in/through wall.
- Submit the surgical margin in a separately designated cassette.
- **Take gross photographs**
- For **suspected or confirmed high-grade serous carcinoma, BRCA +, PALB2 mutation, or history of breast cancer**, in which **no lesion is grossly identified**, submit entire fallopian tube and ovary using **SEE-FIM protocol**, see sectioning diagram below:
 - **Amputate and longitudinally section the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae.**
 - **The isthmus and ampulla are cut transversely at 0.2-0.3 cm intervals.**
 - **In the gross description, mention in the summary of section that the fallopian tube has been submitted in its entirety using the SEE-FIM protocol.**

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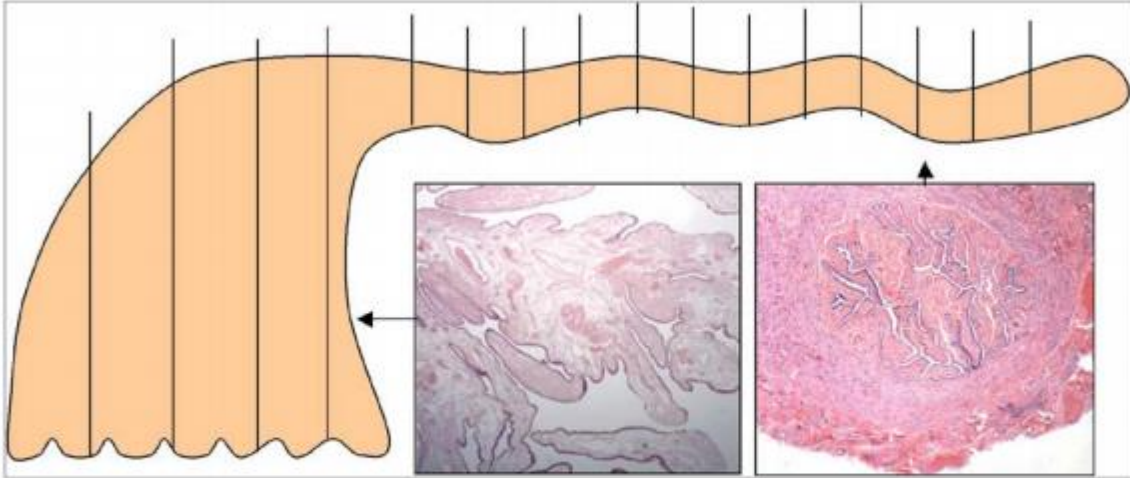


Figure 1. Protocol for Sectioning and Extensively Examining the Fimbriated End (SEE-FIM) of the Fallopian Tube. This protocol entails amputation and longitudinal sectioning of the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae. The isthmus and ampulla are cut transversely at 2- to 3-mm intervals. From Crum et al.¹⁰ Copyright © 2007 Lippincott Williams & Wilkins. Reproduced with permission.