

## Head and Neck Pathology Grossing Guidelines

### Do not cut any HN specimens unless you are fully oriented anatomically

- Orient by anatomic structures (oral tongue, junction of buccal/gingival mucosa, alveolar ridge, angle of jaw, hard palate, etc)
- For mandibulectomies/maxillectomies, please ask for help if unsure
- Ink resection margins
- Describe all abnormalities: size (*staging cutoffs: 2 cm, 4 cm*), location, extent, depth (*staging cutoffs: 0.5 cm, 1 cm*), distance to margins
- Sample all margins (if grossly close, e.g. 1 cm, submit perpendicular section; otherwise submit a shave of the margin closest to tumor)
- Sample tumor:
  - Show relationship to peripheral/deep margins
  - Show maximum depth of invasion
- Specimens containing mandible or maxilla:
  - Bone margins
  - Sections of bone adjacent to tumor or gross involvement of bone
- Diagrams and gross photos are appreciated

### Specimen Type: THYROIDECTOMY (hemi/total)

#### Procedure:

- Weigh (fresh), orient, and measure
- Examine for defects on surface
  - Comment on presence/absence of skeletal muscle
- Ink: anterior blue, posterior black, orange isthmus margin
- Check clinical record for location of suspected lesions (imaging/FNA)
  - Draw diagram with locations and sizes
- Serially section from superior to inferior (keeping order in case you need to return to case and nodule/region)
- Identify other structures (lymph nodes, pyramidal lobe etc)
- Describe cut surfaces
  - Size (*staging size cutoffs: 1 cm, 2 cm, 4 cm*)
  - Number, location, characteristics (color, consistency, hemorrhage, necrosis, fibrosis, calcs) of nodules
  - Encapsulation of nodules
  - Distance to margins
  - Remaining parenchyma
  - Indicate in which cassettes the nodules are located

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### Gross Template:

#### **MMODAL COMMAND: "INSERT TOTAL THYROID"**

It consists of a [\*\*\*] gram [*intact/disrupted*\*\*\*] total thyroidectomy. [*Describe orientation, if provided* \*\*\*] The left thyroid lobe measures [\*\*\*] cm (superior-inferior) x [\*\*\*] cm (left-right) x [\*\*\*] cm (anterior-posterior). The right thyroid lobe measures [\*\*\*] cm (superior-inferior) x [\*\*\*] cm (left-right) x [\*\*\*] cm (anterior-posterior). The isthmus measures [\*\*\*] cm (left-right) x [\*\*\*] cm (superior-inferior) x [\*\*\*] cm (anterior-posterior). The capsule is [*intact, ruptured, smooth*\*\*] [*with/without*\*\*\*] adherent skeletal muscle.

The left lobe is serially sectioned from superior to inferior into [\*\*\*] levels. The right lobe is sectioned from superior to inferior into [\*\*\*] levels. The isthmus is sectioned from left to right into [\*\*\*] levels. Sectioning reveals a [*measure in three dimensions*\*\*\*] cm [*describe lesions color and appearance*\*\*\*]. The lesion is located in levels [*state levels involved*\*\*\*] of the [*left/right/isthmus*\*\*\*] lobe. The lesion is located [\*\*\*] cm from the anterior surface, and [\*\*\*] cm from the posterior surface. [*Describe each additional lesion and distance away from lesions*\*\*\*]

The remaining cut surface is [*red-brown, smooth, unremarkable*\*\*\*]. Representative sections are submitted.

#### **INK KEY:**

Orange     Anterior isthmus  
Blue        Anterior surface  
Black        Posterior surface

[*insert cassette summary*\*\*\*]

#### **MMODAL COMMAND: "INSERT HEMI THYROID"**

It consists of a [\*\*\*] gram [*intact/disrupted*\*\*\*] hemi thyroidectomy. [*Describe orientation if provided* \*\*\*] The thyroid measures [\*\*\*] cm (superior-inferior) x [\*\*\*] cm (left-right) x [\*\*\*] cm (anterior-posterior). The capsule is [*intact, ruptured, smooth*\*\*] [*with/without*\*\*\*] adherent skeletal muscle. The specimen is serially sectioned from superior to inferior into [\*\*\*] levels to reveal [*list number of nodules*\*\*\*].

**[For specimens with multiple masses/lesions, state how many are noted, and assign each lesion/mass a designation (such as "mass #1" or "nodule #4"). Duplicate the paragraph below as many times as necessary to document the characteristics of each lesion/mass. \*\*\*]**

Nodule #: [*insert number*\*\*\*]

Size: [*measure in three dimensions*\*\*\*] cm

Appearance: [*white-tan, ill-defined, encapsulated*\*\*\*]

Distance to anterior thyroid capsule: [\*\*\*] cm

Distance to posterior thyroid capsule: [\*\*\*] cm

Distance to isthmus margin: [\*\*\*] cm

Levels involved: [*list levels*\*\*\*]

The remaining cut surface is [*red-brown, smooth, unremarkable*\*\*\*]. The specimen is entirely submitted.

#### **INK KEY:**

Orange     Isthmus margin  
Blue        Anterior surface  
Black        Posterior surface

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*[insert cassette summary. List level and if nodule is present:*

### **CASSETTE SUMMARY**

A1 level 1, with nodule 1  
A2 level 2, with nodule 1  
A3 level 3, with nodule 2\*\*\*]

### **Cassette Submission:** 4-7 cassettes

- Single/dominant encapsulated nodule:
  - Submit entire capsule of nodule and include nearest inked margins
  - If nodule is very large, can refrain from submitting center of lesion
  - Submit representative uninvolved thyroid tissue
- Single/dominant unencapsulated nodule (often papillary ca):
  - If small, submit entire lesion
  - If >2 cm, can submit representative 1/cm; lesion to margin
  - Submit representative uninvolved thyroid tissue
  - For medullary carcinoma, in addition to lesion, submit middle 1/3 of both lobes
- Multinodular goiter:
  - 1 cassette per 1 cm of the greatest dimension of the thyroid
  - Focus on suspicious areas (solid, sclerotic, hemorrhagic)
- Multiple small unencapsulated nodules:
  - Submit representative sections of each nodule and note distances to one another and to margins
  - Focus on larger and grossly suspicious nodules
- Unremarkable gland/homogenous, diffusely enlarged: (including Graves and Hashimoto)
  - 3 blocks per lobe (upper, mid, lower) and isthmus (7 for total thyroid)