

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: RADICAL NECK DISSECTION (standard, modified, extended, regional)

- If specimen is received oriented please consult with PA/attending
- Submit all lymph nodes
 - Note: an adequate lymph node dissection and radical neck dissection should include 20 lymph nodes.
 - After submitting all grossly identified lymph nodes, submit the remainder of the fibroadipose tissue and/or soft tissue.
 - There is no need to submit the entire salivary gland if received as part of the dissection.
- For grossly positive nodes:
 - Describe size of metastatic focus (*staging cutoffs: 3 cm, 6 cm*) and if extranodal extension is present grossly

Gross Template:

MMODAL COMMAND: "INSERT NODE DISSECTION"

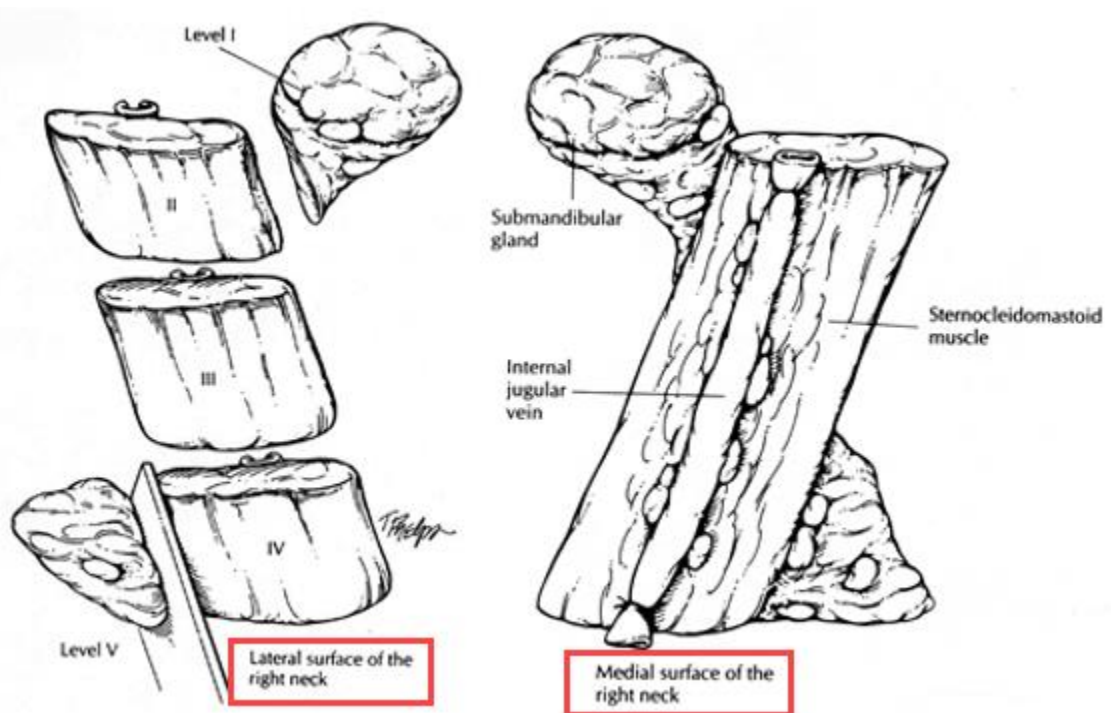
It consists of a [*measure in three dimensions****] cm portion of tan-yellow fibroadipose tissue. Sectioning reveals [*describe # of lymph nodes found****] lymph node candidates, ranging from [*smallest to largest****] cm in maximum dimensions. [*The lymph node is/The lymph nodes are****] sectioned to reveal [*describe cut surface and comment on grossly positive lymph nodes, measuring the grossly positive tumor****]. [*All identified lymph nodes are submitted and representative sections of the remaining specimen are submitted/The specimen is entirely submitted****]. [*cassette submission/ if lymph nodes are serially sectioned, only place one lymph node in each cassette or you MUST differentially ink them****] [*Describe salivary gland if present and measure in three dimensions-only submit one section of gland if present****]

[*insert cassette summary****]

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Cassette Submission: 12-15 cassettes

- Submit all lymph nodes identified (separated into levels if applicable)
 - o If the remainder of the specimen can be submitted in less than 5 cassettes, submit entirely. If not, submit 5 cassettes of fat.
- Large nodes (including matted nodes), 1/cm including one full cross section, to include largest focus of tumor and suspicious areas for extranodal extension
- One representative section of submandibular gland (submit more if involved by tumor; make sure to section)
- One cassette of muscle and vein (submit more if involved by tumor)
- **Note:** If patient has malignant tumor of the head region, for example malignant melanoma, squamous cell carcinoma or angiosarcoma of the scalp, the tail or superficial lobe of the parotid gland may be removed. The specimen should be sectioned for peri- and intraparotid lymph node. Submit appropriate sections.



- If level 1 is present, orientation is easier:
 - Submandibular gland in level I is the anterior-superior aspect of specimen
 - Sternocleidomastoid muscle is superficial

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- Internal jugular vein is on deep aspect
- If level 1 is absent, you cannot distinguish superior and inferior aspects of the specimen

