

GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

Specimen Type: RIGHT HEMICOLECTOMY (for tumor)

Procedure:

1. Measure length and range of diameter or circumference of terminal ileum and colon.
2. Measure length and diameter of appendix. Measure width of mesoappendix.
3. Describe external surface, noting color, granularity, adhesions, fistula, discontinuous tumor deposits, areas of retraction/puckering, induration, stricture, or perforation.
4. Open the bowel longitudinally along the tenia coli, while trying to avoid cutting through the tumor.
5. Measure any areas of luminal narrowing or dilation (location, length, diameter or circumference, wall thickness), noting relation to tumor.
6. Describe tumor, noting size, shape, color, consistency, appearance of cut surface, % of circumference of the bowel wall involved by the tumor, depth of invasion through bowel wall, and distance from margins of resection (radial/circumferential margin, mesenteric margin, closest proximal or distal margin).
 - a. If the tumor is in a peritonealized portion of the bowel (e.g. ascending colon), then the serosal surface over the tumor needs to be inked. If tumor grossly puckers the serosa, one or more perpendicular sections must be taken to show the relationship of the tumor to the inked serosal surface).
 - b. Evaluate the mesenteric root margin (vascular supply) and measure the distance of tumor to the margin.
7. Describe the appearance of uninvolved mucosa.
8. Describe the size, appearance and location of any additional lesions such as polyps.
9. Dissect mesenteric and pericolic adipose tissue for lymph nodes. Note range of size and appearance of cut surface of lymph nodes.

Gross Template:

Labeled with the patient's name (***) , medical record number (***) , designated "****" , and received [*fresh/in formalin*] is a(n) [*right hemicolectomy or extended right hemicolectomy*]. [*Indicate orientation if provided*]. The colon measures *** cm in length and ranges from *** to *** cm in open circumference and is in continuation with a *** cm in length x *** cm in open circumference segment of terminal ileum. The attached omentum measures *** x *** x *** cm. Mesenteric fat extends up to *** cm from the terminal ileum. Pericolic fat extends up to *** cm from the bowel wall. The attached appendix measures *** cm in length x *** cm in diameter. Mesoappendiceal fibroadipose tissue extends *** cm from the appendix.

The serosa is remarkable for [*describe, if applicable*]. The mucosa of the [*describe location*] is remarkable for a [*describe lesion: size (___ x ___ x ___ cm), shape (e.g. polypoid, ulcerated, fungating), color, consistency (e.g. soft, firm, friable)*]. The lesion involves *** % of the circumference of the bowel [*describe obstruction or strictures caused by lesion.*] Sectioning reveals the [*lesion/mass*] to have a [*describe color, consistency*] cut surface. The [*lesion/mass*] [*is grossly superficial, extends into the bowel wall, extends through the bowel wall into the*

GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

fibroadipose tissue (for GISTs or serosa-based lesions indicate layers of bowel wall involved and any associated mucosal ulceration).] The lesion measures *** cm from the proximal margin, *** cm from the distal margin, *** cm from the radial margin, and *** cm from the mesenteric margin. [please ask for margin determination if needed], and *** cm from the serosal surface [of the bowel wall or of the mesenteric/pericolonic/perirectal fat].

The remainder of the serosa is [tan, smooth, glistening, and unremarkable or describe any additional lesions]. The remainder of the mucosa is [tan, glistening, folded, and unremarkable or describe any additional lesions]. The unremarkable bowel wall measures ***cm in thickness [can describe varying thickness of wall, provide location where wall is thicker]. 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.

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

Ink key:

Black –radial margin overlying lesion

Blue – serosa overlying lesion

[Additional inking description if proximal/distal margins taken perpendicularly]

Cassette Submission: 15-20 cassettes

- Proximal (ileal) resection margin, shave
 - o Perpendicular if close to tumor
- Distal colonic resection margin, shave
 - o Perpendicular if close to tumor
- Mesenteric/radial resection margin
 - o Perpendicular section with nearest approach to tumor
 - o OR a shave if tumor is far away
- One cassette per 1 cm of tumor (OR at least 5 sections of tumor OR if small enough, entirely submit)
 - o Show maximum depth of invasion
 - o Show nearest approach to serosal surface
 - o Show relationship to unremarkable mucosa
 - o Show relationship to any contiguous or adherent organs
- If the resection is for a large adenomatous **polyp with no gross invasion**
- entirely submit
- Sampling any additional pathology in the gross description (ulcers, polyps, etc.)
- Representative sections of unremarkable colon in one cassette
- Representative sections of unremarkable ileum in one cassette
- Appendix- 2 cross sections and longitudinally bisected tip in 1-2 cassettes
- Submit all lymph nodes identified (at least 12 lymph nodes are suggested for colorectal carcinoma)

GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

- **Note:** If no tumor is grossly identified, and instead an area of ulceration or scar is present (which is often the case for carcinomas status post neoadjuvant therapy), then the entire ulcer or scar area needs to be submitted.