

## Gynecologic Pathology Grossing Guidelines

**Specimen Type:** SALPINGO-OOPHORECTOMY (non-neoplastic)

**Gross Template:**

**MMODAL COMMAND:** "INSERT OVARY"

It consists of a [*disrupted/intact*\*\*\*] [*weight*\*\*\*] gram [*salpingo-oophorectomy/oophorectomy*\*\*\*]. The ovary measures [*measure in three dimensions*\*\*\*] cm. The fallopian tube measures [\*\*\*] cm in length x [\*\*\*] cm in diameter. Fimbriae are [*present/absent*\*\*\*].

The external surface of the ovary is [*smooth, tan-yellow, note tubo-ovarian adhesions if present*\*\*\*]. Sectioning reveals [*color/cysts/lining/projections/describe contents/thickness of wall, atrophic changes*\*\*\*]. The external surface of the fallopian tube is [*pink-tan and smooth, adhesions, paratubal cysts*\*\*\*], and sectioning reveals [*describe cut surface and lumen diameter*\*\*\*].

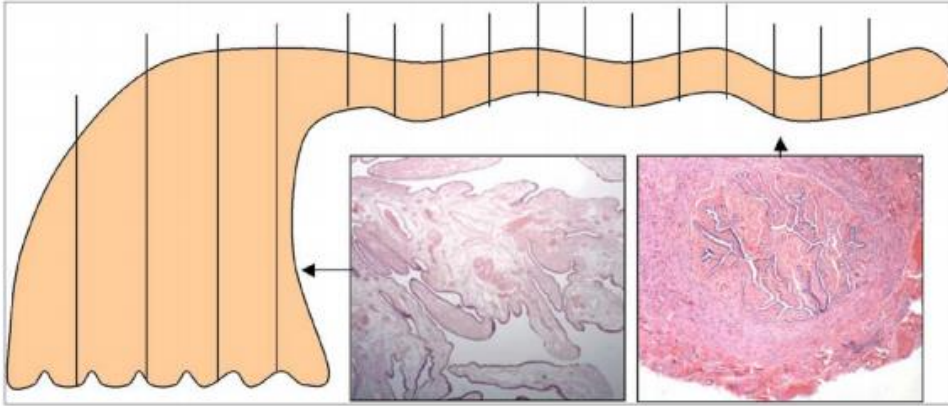
[*Representative sections are submitted/The specimen is entirely submitted*\*\*\*].

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

**Cassette Submission:** 2-3 cassettes

- 1 cassette of ovary
- 1 cassette of fallopian tube
- For **suspected or confirmed high-grade serous carcinoma, BRCA +, 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:
  - o This protocol entails submitting the entire fallopian tube as follows:
    - 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 per the SEE-FIM protocol.**
  - o If ovary is replaced by a large cyst- submit 1 section per 1 cm of the greatest dimension of the ovary

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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.<sup>10</sup> Copyright © 2007 Lippincott Williams & Wilkins. Reproduced with permission.