

BONE AND SOFT TISSUE PATHOLOGY GROSSING GUIDELINES

- **NOTE:** If there are any uncertainties, or clarification is needed, **PAGE the attending pathologist**. These cases require a low-threshold to discuss and/or show the specimen to the attending pathologist.
- **Note: For Pediatric nodal and extranodal neoplasms, review the Pediatric Grossing Guidelines**
- **TAKE PHOTOS BEFORE AND AFTER SECTIONING FOR ALL SARCOMAS**
- **DO NOT PAINT INK ON LIKE BREAST SPECIMENS**

GROSSING GUIDELINES:

- “See Cassette Submission”, below

MModal Command: “INSERT SARCOMA”

Specimen Type: RESECTION

Gross Template:

It consists of a [*measure in three dimensions****] cm soft tissue resection. [*Describe orientation if provided****] [*describe any attached skin or attached organs if present*]

The specimen is sectioned to reveal [*yellow-tan homogenous/look for any solid/non-fatty areas****] cut surfaces. There [*are/are no****] white-tan and firm areas present. [*if present give distance of area to nearest margin****] The specimen is grossly [*****] % necrotic. [*if necrosis is present take one section to include transition between necrotic area and viable tumor****]

The remaining cut surfaces are [*describe remaining tissue****]. The adjacent tissue is dissected through for lymph nodes. [*State Number****] lymph nodes are identified. Representative sections are submitted. Gross photographs are taken. [*take photos of intact specimen AND cut surfaces – these are used for tumor board-delete this from dictation****]

[INK KEY:

Consult with attending to determine if ink is necessary, and to receive instruction on applying ink to margins. Always apply ink PRIOR to sectioning the specimen. Apply ink in a thoughtful and judicious manner to preserve anatomic relationships in vivo, which may have changed with the resection procedure, and to avoid false positive margins. **–DO NOT PAINT INK ON LIKE BREAST SPECIMENS.**

Sample ink key below:

Blue	Superior
Green	Inferior
Purple	Medial
Yellow	Lateral
Orange	Anterior
Black	Deep***]

[*describe cassette submission****]

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Cassette Submission:

1. For NOT previously excised liposarcoma:

- If there is an obvious cut margin, take a section of it with ink
- If a solid/fleshy (non-fatty, possibly high grade) component is present, please describe the distance of that component from the margin or demonstrate with relationship to an inked margin.
- For extremity liposarcoma → take inked cut margins

A. For tumors less than 10 cm:

- Submit one section per 1 cm of mass/lesion
 - Show relationship to all margins
 - Show relationship to adjacent structures
 - Show relationship to overlying skin (if present)
 - Show zones of filtration
 - Submit all lymph nodes (if present)

B. For tumors greater than 10 cm:

- Submit one section per 1 cm of mass/lesion (If homogeneously fatty, submit a **maximum of 12 cassettes**)
 - Prioritize solid/non-fatty areas (such as solid, fleshy, or fibrous areas)
 - **If large portions are grossly necrotic**, describe the percentage\extent of necrosis grossly and submit only one cassette of such areas, including a transition area of viable tumor.
 - **If it is unclear if tumor is necrotic or instead is myxoid**, submit additional cassettes of these areas
 - Show relationship to all margins
 - Show relationship to adjacent structures
 - Show relationship to overlying skin (if present)
 - Show zones of filtration
 - Submit all lymph nodes (if present)

2. For previously resected/recurrent cases or previous diagnosis of high grade\dedifferentiated liposarcoma:

- **Submit 2-4 cassettes maximum**
 - Prioritize solid/non-fatty areas
 - Submit area in-between necrotic and viable areas, if applicable