

## Gynecologic Pathology Grossing Guidelines

**Specimen Type:** TOTAL HYSTERECTOMY (for CERVICAL tumor)

### **Gross Template:**

Labeled with the patient's name (\*\*\*), medical record number (\*\*\*), designated "\*\*\*\*", and received [*fresh/in formalin*] is a \*\*\* gram [*intact/previously incised/disrupted*] [*total/supracervical hysterectomy/ total hysterectomy and bilateral salpingectomy, hysterectomy and bilateral salpingo-oophrectomy*]. The uterus weighs [\*\*\*grams] and measures [\*\*\*cm (cornu-cornu) x \*\*\* cm (fundus-lower uterine segment) x \*\*\* cm (anterior - posterior)]. The cervix measures \*\*\* cm in length x \*\*\* cm in diameter. The cervical cuff extends up to \*\*\* cm anteriorly and \*\*\* cm posteriorly from the cervix. The endometrial cavity measures \*\*\* cm in length, up to \*\*\* cm wide. The endometrium measures \*\*\* cm in average thickness. The myometrium ranges from \*\*\* to \*\*\* cm in thickness. The right ovary measures \*\*\* x \*\*\* x \*\*\* cm. The left ovary measures [\*\*\*x\*\*\*x\*\*\* cm]. The right fallopian tube measures \*\*\* cm in length [*with/without*] fimbriae x \*\*\* cm in diameter, with a \*\*\* cm average luminal diameter. The left fallopian tube measures \*\*\* cm in length [*with/without*] fimbriae x \*\*\* cm in diameter, with a \*\*\* cm average luminal diameter.

The cervical mucosa is remarkable for a lesion located in the [*anterior/posterior aspect*] extending from \*\*\* o'clock to \*\*\* o'clock, which measures \*\*\* x \*\*\* cm in surface area. Sectioning reveals the lesion [*describe cut surface*] and has a \*\*\* cm maximum thickness. The lesion measures \*\*\* cm from the inked paracervical soft tissue margin. The lesion [*does/does not*] extend into the vaginal cuff. The lesion [*does/does not*] extend to the lower uterine segment. The lesion [*does/does not*] extend into the uterus. [**OR if no tumor identified** – "*The cervix is remarkable for a defect measuring \*\*\* cm in diameter which extends \*\*\* cm into the cervix. No residual tumor is grossly identified*".]

The uterine serosa is [*pink, smooth, glistening, unremarkable/has adhesions*]. The endometrium is [*tan-red, unremarkable, describe presence of lesions/polyps*]. The myometrium is [*tan-yellow, remarkable for trabeculations, cysts, leiomyoma-(location, size)*]. The right and left ovary are [*unremarkable, show atrophic changes, describe presence of lesions*]. The right and left fallopian tubes are [*grossly unremarkable, remarkable for adhesions, show evidence of prior tubal ligation, etc*]. No additional lesions or masses are grossly identified. Representative sections are submitted [*describe cassette submission*].

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Ink Key:

Black-right

Blue-left

### Cassette Submission: 20-25 cassettes

- Right parametrial margin, shave
- Left parametrial margin, shave
- Remaining right parametrial tissue
- Remaining left parametrial tissue
- Anterior vaginal cuff margin
- Posterior vaginal cuff margin
- **Cervix with and without tumor**
  - o **Show closest approach to inked soft tissue margin**
  - o **If no gross tumor or no gross residual tumor, amputate the cervix and submit cervix in a clockwise fashion, by quadrants (12-3:00; 3-6:00; 6-9:00; 9-12:00)**
    - **12:00 Anterior cervix**
    - **6:00 Posterior cervix**
- **LSIL:** submit standard uterus sections
- **HSIL or prior conization:** submit entire cervix, sequentially by quadrants. Confirm with attending prior to submitting if this will require many cassettes
- Anterior and posterior lower uterine segment
- Uterine fundus
- Right and left fallopian tube
  - o 2 cross sections and bisected fimbriated end
- Right and left ovary
  - o Representative cross sections if uninvolved
- All lymph nodes, if present

### Reference

Parra-Herran C, Malpica A, Oliva E, Zannoni GF, Ramirez PT, Rabban JT. Endocervical Adenocarcinoma, Gross Examination, and Processing, Including Intraoperative Evaluation: Recommendations From the International Society of Gynecological Pathologists. *Int J Gynecol Pathol.* 2021;40(Suppl 1):S24-S47. doi:10.1097/PGP.0000000000000745

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7969178/pdf/pgp-40-s024.pdf>