

Gynecologic Pathology Grossing Guidelines

Specimen Type: SALPINGO-OOPHRECTOMY (neoplasm/cysts)

Gross Template:

Labeled with the patient's name (***), medical record number (***), designated "****", and received [*fresh/in formalin*] is a [*disrupted/intact*] *** gram salpingo-oophrectomy. The ovary measures *** x *** x *** cm. The fallopian tube measures *** cm in length x *** cm in diameter. Fimbriae are [*present/absent*].

The ovary is [*partially, entirely*] replaced by a [*solid, cystic-unilocular, multilocular-give range and overall size of locules*] mass. The mass is approximately [%] solid and [%] cystic. [*Cystic component- internal cyst lining, cyst contents, cyst wall thickness*]. [*Solid component- color, consistent, configuration*]. [*Describe necrosis, hemorrhage, and calcification*].

Residual ovarian parenchyma [*is/is not*] identified [*describe if identified*]. [*Describe fallopian tube if present*]. Representative sections are submitted [*describe cassette submission*].

Cassette Submission: 10-12 cassettes

- One section for each 1 cm of maximum tumor diameter (For mucinous neoplasms, submit 2 sections for each 1 cm of maximum tumor diameter).
- With cystic lesions, section solid or papillary growths on inside and outside of the cyst wall.
- Section of solid tumor at capsular surface.
- Include sections demonstrating relationship of tumor to attached structures and sections of uninvolved ovarian tissue.
- 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:
 - 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 using the SEE-FIM protocol.**
- 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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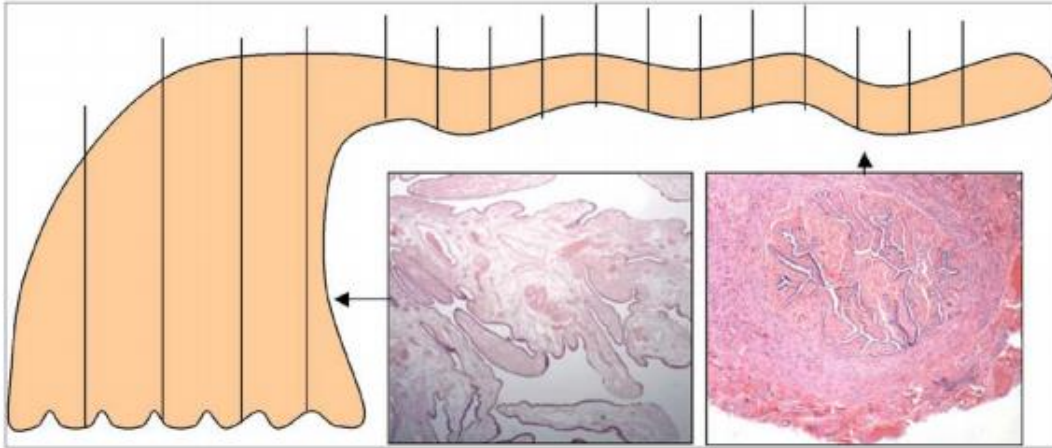


Figure 1. Protocol for Sectioning and Extensively Examining the Fimbriated End (SEE-FIM) of the Fallopian Tube. This protocol entails amputation and longitudinal sectioning of the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae. The isthmus and ampulla are cut transversely at 2- to 3-mm intervals. From Crum et al.¹⁰ Copyright © 2007 Lippincott Williams & Wilkins. Reproduced with permission.