Head and Neck Pathology Grossing Guidelines

Do not cut any HN specimens unless you are fully oriented anatomically

- Orient by anatomic structures (oral tongue, junction of buccal/gingival mucosa, alveolar ridge, angle of jaw, hard palate, etc)
- For mandibulectomies/maxillectomies, please ask for help if unsure
- Ink resection margins
- Describe all abnormalities: size (*staging cutoffs: 2 cm, 4 cm*), location, extent, depth (*staging cutoffs: 0.5 cm, 1 cm*), distance to margins
- Sample all margins (if grossly close, e.g. 1 cm, submit perpendicular section; otherwise submit a shave of the margin closest to tumor)
- Sample tumor:
    - Show relationship to peripheral/deep margins
    - Show maximum depth of invasion
- Specimens containing mandible or maxilla:
    - Bone margins
    - Sections of bone adjacent to tumor or gross involvement of bone
- Diagrams and gross photos are appreciated

Specimen Type: RADICAL NECK DISSECTION (standard, modified, extended, regional)

- If specimen is received oriented please consult with PA/attending
- Submit all lymph nodes
    - Note: an adequate lymph node dissection and radical neck dissection should include 20 lymph nodes.
    - After submitting all grossly identified lymph nodes, submit the remainder of the fibroadipose tissue and/or soft tissue.
        - There is no need to submit the entire salivary gland if received as part of the dissection.
- For grossly positive nodes:
    - Describe size of metastatic focus (*staging cutoffs: 3 cm, 6 cm*) and if extranodal extension is present grossly

Gross Template:

Labeled with the patient's name (last name, first name), medical record number (#), designated "***", and received [*fresh/in formalin*] is a [*standard, modified, extended, regional*] neck dissection measuring *** x *** x *** cm. The dissection consists of [*describe tissue/glands/vasculature present*]. [*Describe orientation provided*]. Sectioning reveals [*describe number/size of lymph nodes identified*]. The submandibular salivary gland is [*not incluced/included*] and measures *** x *** x *** cm. It is sectioned to reveal [*describe cut surfaces*]. The muscle is sectioned to reveal [*describe cut surface*]. The internal jugular vein is opened to reveal [*describe contents – noting thrombosis and relation to tumor*]. Representative sections are submitted [*describe cassette submission*].

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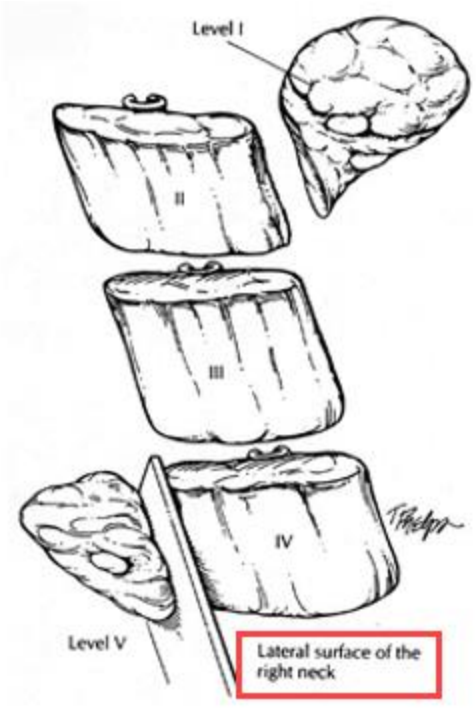
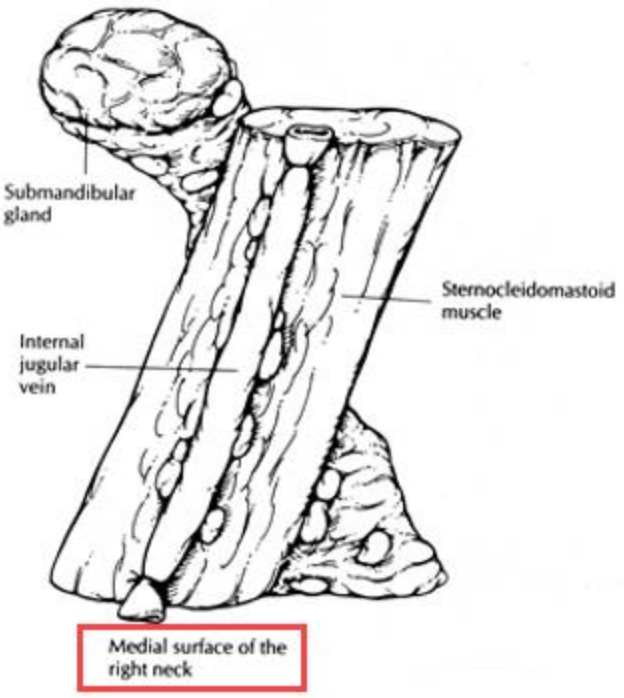
Cassette Submission: 12-15 cassettes

- Submit all lymph nodes identified (separated into levels if applicable)
    - If the remainder of the specimen can be submitted in less than 5 cassettes, submit entirely. If not, submit 5 cassettes of fat.
- Large nodes (including matted nodes), 1/cm including one full cross section, to include largest focus of tumor and suspicious areas for extranodal extension
- One representative section of submandibular gland (submit more if involved by tumor; make sure to section)
- One cassette of muscle and vein (submit more if involved by tumor)
- **Note: If patient has malignant tumor of the head region, for example malignant melanoma, squamous cell carcinoma or angiosarcoma of the scalp, the tail or superficial lobe of the parotid gland may be removed. The specimen should be sectioned for peri- and intraparotid lymph node. Submit appropriate sections.**





- If level 1 is present, orientation is easier:
    - Submandibular gland in level I is the anterior-superior aspect of specimen
    - Sternocleidomastoid muscle is superficial
    - Internal jugular vein is on deep aspect

- If level 1 is absent, you cannot distinguish superior and inferior aspects of the specimen