

Gynecologic Pathology Grossing Guidelines

Specimen Type: SALPINGO-OOPHORECTOMY (neoplasm/cysts)

Gross Template:

MMODAL COMMAND: "INSERT OVARY TUMOR"

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 ovary is [*partially, entirely****] replaced by a [*solid, cystic-unilocular, multilocular* ***] mass. The mass is approximately [***] % solid and [***] % cystic. [*If the mass is solid and cystic describe each component****] The solid component consists of [*tan-white semifirm tissue – describe necrosis, hemorrhage, calcification****]. The cystic component consists of [*multiple unilocular/multiloculated cysts which range from *** to *** in size****]. The internal cyst lining is [*pink-tan and smooth, remarkable for papillary excrescences****]. The cyst wall thickness measures [***] cm in average thickness.

There [*is/is no****] residual ovarian parenchyma identified. [*Describe uninvolved ovarian parenchyma, if identified, delete this phrase if not identified****] [*The mass is entirely submitted/Representative sections are submitted****].

[*insert cassette summary****]

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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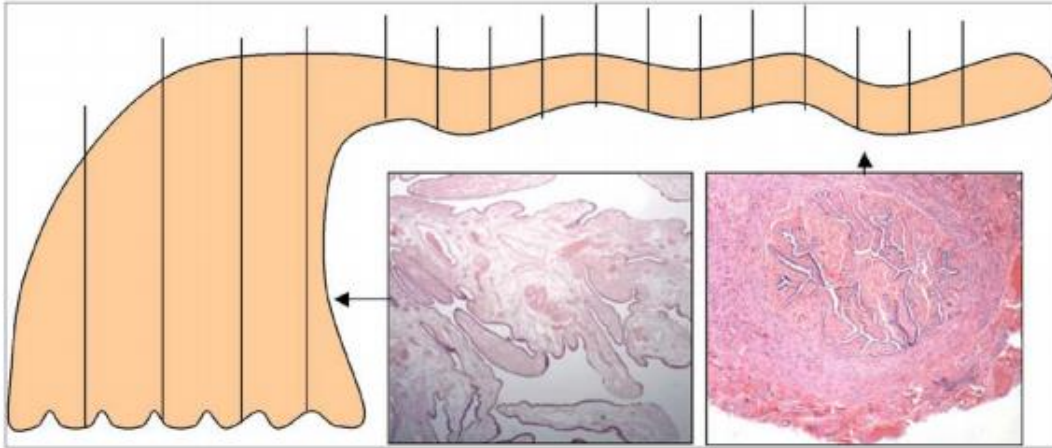


Figure 1. Protocol for Sectioning and Extensively Examining the Fimbriated End (SEE-FIM) of the Fallopian Tube. This protocol entails amputation and longitudinal sectioning of the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae. The isthmus and ampulla are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