GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

Specimen Type: PARTIAL GASTRECTOMY

Procedure:

1. Describe the type of resection (total, partial) and indicate any additional organs (such as omentum, distal esophagus, proximal duodenum) which are included with the specimen.
2. Describe the serosal surface, noting color, granularity, presence of adhesions, scarring, or perforation.
3. Open the specimen along the greater curvature unless lesion is located at the greater curvature. In that case, the specimen should be opened along the lesser curvature.
4. Measure the specimen along the greater and lesser curvatures, the circumference of the proximal and distal margins.
5. Measure the thickness of the gastric wall and note its consistency.
6. Describe the mucosal surface, noting any ulcers, tumors, or other lesions.
7. Description of tumors should include location, size, distance from margins of resection, consistency, outline and depth of penetration into the wall. Where no discrete tumor is found, the nature and extent of any indurated areas should be described. Descriptions of ulcers should include location, size, distance from margins, appearance of the ulcer base and the surrounding mucosa, and depth of penetration into the wall.
8. Ink the serosal surface overlying the lesion.
9. Measure the size of omentum, particularly the width from gastric wall. Identify the lesser and greater omental resection margins. Describe the distance of lesion from the closest omental margin.
10. Dissect lymph nodes from the specimen, from greater curvature, less curvature, cardia and pylorus, keeping groups of nodes separate.

Gross Template:

MMODAL COMMAND: INSERT PARTIAL GASTRECTOMY

It consists of a partial gastrectomy measuring [***] cm in length along the greater curvature, [***] cm in length along the lesser curvature, and [***] cm [*include open circumference of pylorus if present****]. The wall thickness ranges from [***] cm in the [*location/proximal****] to [***] cm in the [*location/distal****]. The attached greater omental adipose tissue measures [*measure in three dimensions****] cm and lesser omental adipose tissue measures [*measure in three dimensions****] cm. [*If a portion of esophagus and/or duodenum is present, mention and measure****]

The serosal surface is remarkable for [*describe, if applicable/indurated area/unremarkable****]. The mucosal surface is remarkable for a [*measure in two dimensions****] [*lesion/mass/ulcer****] located in the [*greater/lesser curvature/antrum/body/fundus****]. Sectioning reveals the [*lesion/mass/ulcer****] to have a [*describe color, consistency, white-tan and firm****] cut surface and grossly [*is superficial, extends into the bowel wall, extends through the bowel wall into the fibroadipose tissue****]. The [*lesion/mass/ulcer****] has a maximum depth of [***] cm, and measures [***] cm from the serosal surface, [***] cm from proximal margin, [***] cm from the distal margin, and [***] cm from the nearest [*greater or lesser****] omental resection margin.

The remainder of the serosa is [*tan, smooth, glistening, and unremarkable* or *describe any additional lesions, such as adhesions, plaques, enterotomies, etc****]. The remainder of the gastric mucosa is [*tan, rugated, glistening, and unremarkable* or *describe any additional lesions, such as ulcers/erosions, polyps, smooth areas with loss of folds, fibrotic areas, etc****]. [*State number****] lymph nodes are identified ranging from [*smallest to largest****] cm in greatest dimension.

All identified lymph nodes are entirely submitted. [*The tumor/fibrotic area is entirely submitted (if applicable, otherwise skip to next sentence****] Gross photographs are taken. Representative sections are submitted.

INK KEY:
Blue Gastric serosa overlying lesion
[*Additional inking description if proximal/distal margins taken perpendicularly and any attached structures with margins present****]

[*insert cassette summary****]

Cassette Submission:

1. Ulcer: 5-10 cassettes:
    - If ulcer is small, entirely submit
    - If ulcer is large submit representative sections
        - Including adjacent unremarkable mucosa
    - Uninvolved body and antrum
    - Lymph nodes

2. Tumor: 15-20 cassettes
    - Proximal resection margin, shave
        - Submit perpendicular section if lesion close to margin
        - If lesion is a grossly recognizable mass, shave or perpendicular sections from nearest margin area are adequate
        - If lesion is diffuse type cancer (such as signet-ring cell carcinoma), the entire margin should be submitted
    - Distal resection margin, shave
        - Submit perpendicular section if lesion close to margin
        - If lesion is a grossly recognizable mass, shave or perpendicular sections from nearest margin area are adequate
        - If lesion is diffuse type cancer (such as signet-ring cell carcinoma), the entire margin should be submitted
    - Omental margin
    - One cassette per 1 cm of lesion (OR at least 5 sections of tumor OR if small enough, entirely submit)
        - Show maximum depth of invasion
            - Show nearest approach of tumor to gastric serosa
            - Show nearest approach of tumor to omental margin, if applicable
            - If lesion is a small ulcer – the entire area can be submitted
            - If lesion is a large ulcer – submit representative sections with relationship to adjacent mucosa
        - Show relationship to unremarkable mucosa

- Uninvolved body and antrum proximal and distal to tumor
    - Important because gastric neoplasms often invade extensively beyond normal appearing mucosa
- Cassettes sampling any additional pathology in the gross description (ulcers, polyps, etc.)
- Any attached organs
- Submit all lymph nodes identified (at least 16 nodes are **suggested** for gastric carcinoma)
    - Separate lesser curvature and greater curvature lymph nodes
- **Note: If no gross tumor is present, block out ulcerated/fibrotic area and entirely submit**
- **Note: If a lymphoma is suspected, take fresh samples for flow cytometry and cytogenetic studies. A quick frozen section can be used to decide if this is necessary or not. If frozen shows definite carcinoma these steps can be avoided.**