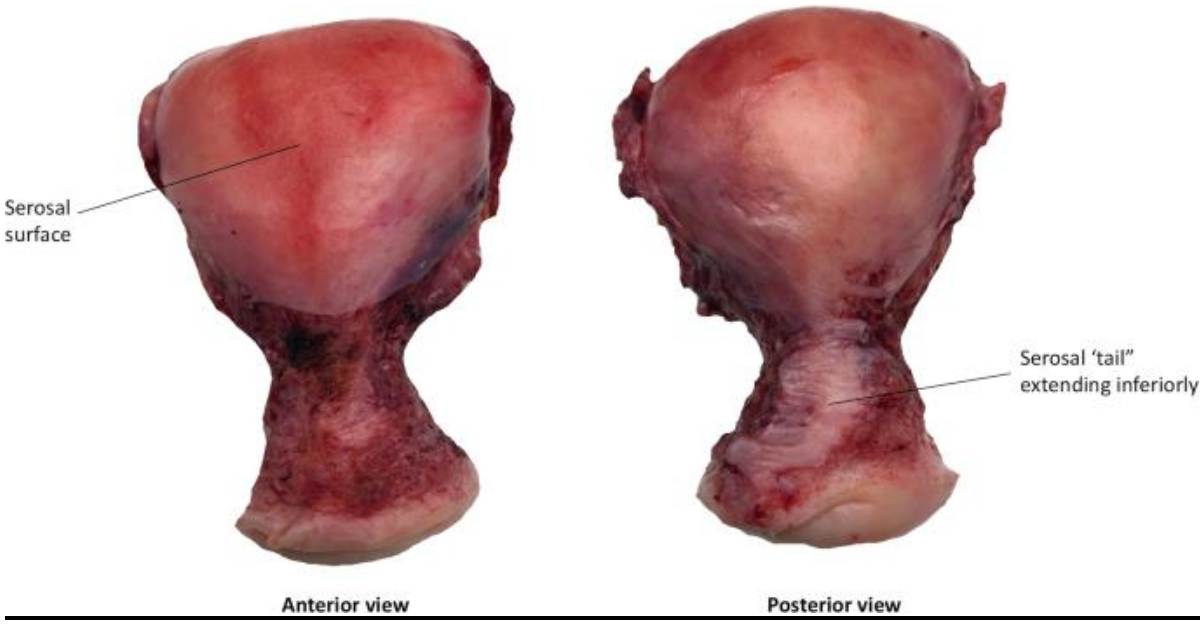
# Gynecologic Pathology Grossing Guidelines

**Specimen Type**: TOTAL HYSTERECTOMY and SALPINGO-OOPHRECTOMY (for TUMOR)

**Orientation:** The reflection is higher and blunter on the anterior surface where the posterior surface will extend further down to more of a point




**Gross Template**:

**MMODAL COMMAND**: "INSERT CANCER UTERUS"

It consists of a [*weight****] gram [*intact/previously incised/disrupted****] [*total/ supracervical hysterectomy/ total hysterectomy /bilateral salpingectomy /bilateral salpingo-oophorectomy****]. The uterus 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 endometrial cavity measures [***] cm in length and up to [***] cm in width. The endometrium measures [***] cm in average thickness. The myometrium ranges from [smallest to largest***] cm in thickness. The right ovary measures [*measure in three dimensions****] cm. The left ovary measures [*measure in three dimensions****] cm. The right fallopian tube measures [***] cm in length [*with/without****] fimbriae x [***] cm in average luminal diameter. The left fallopian tube measures [***] cm in length [*with/without****] fimbriae x [***] cm in average luminal diameter.

The serosa is [*pink, smooth, glistening, unremarkable****]. The endometrium is tan-red and remarkable for a [*** x ***] cm [*white-tan and friable lesion/polyp****] located in the [*anterior/posterior uterine corpus/fundus****]. The mass extends [*less than/greater than****] 50% into the myometrium. The mass involved [***] cm of the wall where the wall measures [***] cm in thickness. The mass [does/does not***] involve the lower uterine segment and measures [***] cm from the cervical mucosa. The myometrium is [*tan-pink, remarkable for trabeculations, cysts, leiomyoma (list subserosal, intramural, or submucosal****]. [*Sectioning reveals a white-tan and whorled cut surface with no areas of hemorrhage, necrosis, or calcification****] The right and left fallopian tubes are [*grossly unremarkable, remarkable for adhesions, show evidence of prior tubal ligation****]. The cervix is [*grossly unremarkable, presence of Nabothian cysts, lesions****]. The right and left ovary are [*unremarkable, show atrophic changes, describe presence of lesions****].

No additional lesions or masses are grossly identified. [*The lesion is entirely submitted/Representative sections are submitted****].

**INK KEY:**
Black Right paracervical soft tissue
Blue Left paracervical soft tissue

**CASSETTE SUMMARY:**
[***] Anterior cervix
[***] Anterior lower uterine segment
[***] Posterior cervix
[***] Posterior lower uterine segment
[***] Left parametrium, shave
[***] Right parametrium, shave
[***] [anterior uterine corpus/mass***]
[***] [posterior uterine corpus/mass***]
[***] [mass to uninvolved endometrium***]
[***] Representative right ovary
[***] Representative left ovary
[***] Representative right fallopian tube
[***] Representative left fallopian tube

## Cassette Submission:

- **Endometrial hyperplasia**: 12-15 cassettes
    - Anterior cervix
    - Posterior cervix
    - Anterior uterine corpus, full thickness
    - Posterior uterine corpus, full thickness
    - 1 section of fundus
    - Anterior/posterior uterus
        - If previous material revealed only simple or cystic hyperplasia, submit sections of endometrium, including one full thickness section of uterine wall (3 from each wall).
        - If previous material revealed complex or atypical simple or complex hyperplasia, submit entire endometrium, including one full thickness of anterior uterine wall and one full thickness of posterior uterine wall
    - Right fallopian tube and right ovary (include fimbriae)
    - Left fallopian tube and left ovary (include fimbriae)
- **Malignant conditions (endometrial carcinoma)**: 15-20 cassettes
    - Shave and submit right and left parametrial margins if tumor is > 1cm from margins. Submit perpendicular section of parametrial margins if tumor is < 1cm from margin.
    - Anterior cervix
    - Posterior cervix
    - 2 sections of anterior uterine corpus, full thickness (showing greatest depth of invasion)
    - 2 sections of posterior uterine corpus, full thickness (showing greatest depth of invasion)
    - 1 section of uterine fundus with and without lesion
    - Tumor with relationship to unremarkable endometrium

- Anterior lower uterine segment full thickness, perpendicular
- Posterior lower uterine segment full thickness, perpendicular
- Right and left fallopian tube
  - 2 cross sections and fimbriated end
- Right and left ovaries
  - Representative sections if grossly unremarkable
  - If ovaries are large and cyst-filled, submit representative sections according to Ovary neoplasm and cyst gross manual page
- Submit all lymph nodes (if present)

- **Malignant conditions (high grade serous carcinoma, suspected or confirmed diagnosis)**:
  - **NOTE:** It may be difficult to distinguish between high-grade serous carcinoma of endometrial and tubo-ovarian origin.
    - **Endometrial serous carcinoma** may present with adnexal mass(es). Extensive omental involvement is not often seen in these cases. Often though, there may be an endometrial precursor lesion, so one must thoroughly sample the endometrium.
    - **Tubo-ovarian serous carcinoma** may have a microscopic fallopian tube mucosal lesion. If the lesion is grossly identified, representative sections of tumor in relationship to tubal epithelium should be submitted. If a lesion is not grossly identified, submit entire fallopian tube using SEE-FIM protocol.
      - 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 per the SEE-FIM protocol.

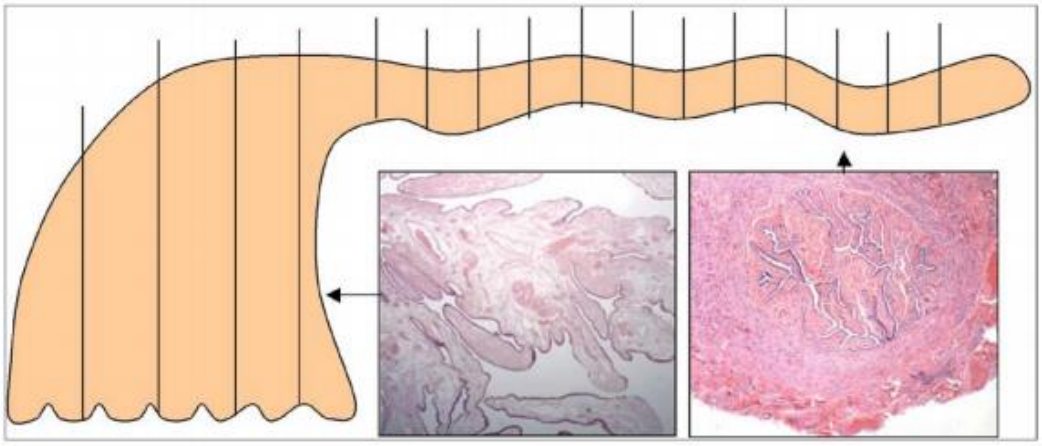


**Figure 1. Protocol for Sectioning and Extensively Examining the Fimbriated End (SEE-FIM) of the Fallopian Tube.** This protocol entails amputation and longitudinal sectioning of the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae. The isthmus and ampulla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

- **Malignant conditions (cervical carcinoma)**: 20-25 cassettes

- Submit entire cervix (in clock wise manner: 12-3:00; 3-6:00; 6-9:00; and 9-12:00)
- Keep vaginal cuff intact if present
- Anterior lower uterine corpus segment full thickness
- Posterior lower uterine corpus segment full thickness
- 1 section of uterine fundus
- Anterior uterine full thickness
- Posterior uterine full thickness
- Entirely submit both fallopian tubes
- Entirely submit both ovaries
  - If ovaries are large and cyst-filled, submit representative sections
- Submit all parametria

-**Cervical neoplasia (in situ or invasive):**

- **LSIL, HSIL or prior conization**: submit entire cervix, sequentially by quadrants. Confirm with attending prior to submitting if this will require many cassettes
- Measure distance from exocervix to vaginal resection margin and section latter in simple and radical hysterectomy specimens. Shave the entire inked vaginal cuff margin and submit in 4 cassettes (12:00 – 3:00, 3:00 – 6:00, 6:00 – 9:00 and 9:00 – 12:00).
- In radical hysterectomy specimens, ink surgical margins of parametrial and paracervical tissue and section entire right and left parametrial tissue.
- In radical hysterectomy specimens process cervix as in first bullet point if tumor is small, or if a large bulky tumor, selectively section tumor, at least 3 sections, and define depth of invasion and its relation to the surgical margins which have been inked.
- Section deep surgical margin anteriorly and posteriorly in relation to location of bladder and rectum, and label as such.
- Sections of parametria.
- Sections of distal vaginal and surgical deep margins to show the closest relationship between the tumor and these margins.
- Sections of lower uterine segment and fundus to evaluate tumor spread.
- Section of uninvolved endometrium and myometrium, as described under "benign disease".
- Section of all lymph nodes, if present.

-**Stromal Neoplasm/Sarcoma:**

- Submit at least 1 section of tumor per cm tumor diameter.
- Sections of adjacent and remote endometrium.
- Sections of adjacent myometrium to determine extent of invasion and possible serosal spread.
- Section of lower uterine segment and cervix nearest to tumor to determine possible spread.
- Section of vaginal margin.
- Section entire left and right parametrial tissue.

-**Gestational Trophoblastic Tumor:**

- Multiple sections of trophoblastic tumor

- Section to demonstrate deepest invasion into myometrium (note this in the gross dictation as well, if possible)
- Submit fresh material for Cytogenetic analysis and DNA ploidy by flow cytometry. Both require RPMI tissue medium.