GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

Specimen Type: RIGHT HEMICOLECTOMY (for tumor)

Procedure:

1. Measure length and range of diameter or circumference of terminal ileum and colon.
2. Measure length and diameter of appendix. Measure width of mesoappendix.
3. Describe external surface, noting color, granularity, adhesions, fistula, discontinuous tumor deposits, areas of retraction/puckering, induration, stricture, or perforation.
4. Open the bowel longitudinally along the tenia coli, while trying to avoid cutting through the tumor.
5. Measure any areas of luminal narrowing or dilation (location, length, diameter or circumference, wall thickness), noting relation to tumor.
6. Describe tumor, noting size, shape, color, consistency, appearance of cut surface, % of circumference of the bowel wall involved by the tumor, depth of invasion through bowel wall, and distance from margins of resection (radial/circumferential margin, mesenteric margin, closest proximal or distal margin).
    a. If the tumor is in a peritonealized portion of the bowel (e.g. ascending colon), then the serosal surface over the tumor needs to be inked. If tumor grossly puckers the serosa, one or more perpendicular sections must be taken to show the relationship of the tumor to the inked serosal surface).
    b. Evaluate the mesenteric root margin (vascular supply) and measure the distance of tumor to the margin.
7. Describe the appearance of uninvolved mucosa.
8. Describe the size, appearance and location of any additional lesions such as polyps.
9. Dissect mesenteric and pericolorectal adipose tissue for lymph nodes. Note range of size and appearance of cut surface of lymph nodes.

Gross Template:

MMODAL COMMAND: INSERT RIGHT HEMICOLECTOMY

It consists of a right hemicolectomy specimen. The terminal ileum measures [***] cm in length and ranges from [*smallest to largest****] cm in open circumference and is in continuation with a [***] cm in length x [***] cm in open circumference segment of colon. The attached omentum measures [*measure in three dimensions****] cm. The mesenteric fat extends up to [***] cm from the terminal ileum. The pericolic fat extends up to [***] cm from the bowel wall. The attached appendix measures [***] cm in length x [***] cm in diameter [*if appendix is absent or surgically absent, indicate this. If there are sutures (representative of prior surgical procedure), note this in your gross and remove next sentence****]. The mesoappendiceal fibroadipose tissue extends [***] cm from the appendix.

The serosa is remarkable for [*describe adhesions, full-thickness defects (perforations or enterotomies*)***]. The mucosa of the [*describe location, colon, cecum, terminal ileum****] is remarkable for a [*describe lesion: size (__ x __ cm), shape (e.g. polypoid, ulcerated, fungating), color, consistency (e.g. soft, firm, friable)****]. The lesion involves [***]% of the circumference of the bowel [*describe obstruction or strictures caused by lesion****] Sectioning of the lesion reveals a [*describe color,*

*consistency, white-tan and firm****] cut surface. The lesion [*is grossly superficial, extends into the bowel wall, extends through the bowel wall into the fibroadipose tissue (for GISTs or serosa-based lesions indicate layers of bowel wall involved and any associated mucosal ulcertation)****] The lesion has a maximum depth of [***] cm. The lesion measures [***] cm from the proximal margin, [***] cm from the distal margin, [***] cm from the [*radial margin/mesenteric****] margin. [*Please ask for margin determination if needed****]*

The remainder of the serosa is [*tan, smooth, glistening, and unremarkable* or *describe any additional lesions****]. The remainder of the mucosa is [*tan, glistening, folded, and unremarkable* or *describe any additional lesions****]. The unremarkable bowel wall measures [***] cm in thickness. The appendiceal serosa is [*tan, smooth, glistening, and unremarkable* or *describe any additional lesions/perforations****]. The appendiceal mucosa is [*tan, glistening, folded, and unremarkable* or *describe any additional lesions****]. The appendix has a [***] cm luminal diameter and a [***] cm wall thickness. Multiple lymph nodes are identified, ranging from [*smallest to largest****] cm in greatest dimension.

All identified lymph nodes are entirely submitted. [*The lesion/mass is entirely submitted (if applicable, otherwise skip to next sentence)****]. Gross photographs are taken. Representative sections of the remaining specimen are submitted.

INK KEY:
Black radial margin overlying lesion
Blue serosa overlying lesion

[*insert cassette summary****]

Cassette Submission: 15-20 cassettes

- Proximal (ileal) resection margin, shave
  - Perpendicular if close to tumor
- Distal colonic resection margin, shave
  - Perpendicular if close to tumor
- Mesenteric/radial resection margin
  - Perpendicular section with nearest approach to tumor
  - OR a shave if tumor is far away
- One cassette per 1 cm of tumor (OR at least 5 sections of tumor OR if small enough, entirely submit)
  - Show maximum depth of invasion
  - Show nearest approach to serosal surface
  - Show relationship to unremarkable mucosa
  - Show relationship to any contiguous or adherent organs
- If the resection is for a large adenomatous **polyp with no gross invasion**
- entirely submit
- Sampling any additional pathology in the gross description (ulcers, polyps, etc.)
- Representative sections of unremarkable colon in one cassette
- Representative sections of unremarkable ileum in one cassette
- Appendix- 2 cross sections and longitudinally bisected tip in 1-2 cassettes
- Submit all lymph nodes identified (at least 12 lymph nodes are suggested for colorectal carcinoma)

- Note: If no tumor is grossly identified, and instead an area of ulceration or scar is present (which is often the case for carcinomas status post

neoadjuvant therapy), then the entire ulcer or scar area needs to be submitted.