

## **BONE AND SOFT TISSUE PATHOLOGY GROSSING GUIDELINES**

- **NOTE:** If there are any uncertainties, or clarification is needed, **PAGE the attending pathologist**. These cases require a low-threshold to discuss and/or show the specimen to the attending pathologist.
- **Note: For Pediatric nodal and extranodal neoplasms, review the Pediatric Grossing Guidelines**
- **TAKE PHOTOS BEFORE AND AFTER SECTIONING FOR ALL SARCOMAS**
- **DO NOT PAINT INK ON LIKE BREAST SPECIMENS**

### **GROSSING GUIDELINES:**

- “See Cassette Submission”, below

### **MModal Command: “INSERT SARCOMA”**

### **Specimen Type: RESECTION**

### **Gross Template:**

It consists of a [*measure in three dimensions\*\*\**] cm soft tissue resection. [*Describe orientation if provided\*\*\**] [*describe any attached skin or attached organs if present*]

The specimen is sectioned to reveal a [*measure in three dimensions\*\*\**] cm [*yellow-tan homogenous/look for any solid/non-fatty areas\*\*\**] [*mass/nodule/lesion\*\*\**]. There [*are/are no\*\*\**] white-tan and firm areas present. [*if present give distance of area to nearest margin\*\*\**] The specimen is grossly [*\*\*\**] % necrotic. [*if necrosis is present take one section to include transition between necrotic area and viable tumor\*\*\**]

The remaining cut surfaces are [*describe remaining tissue\*\*\**]. The adjacent tissue is dissected through for lymph nodes. [*State Number\*\*\**] lymph nodes are identified. Representative sections are submitted. Gross photographs are taken. [*take photos of intact specimen AND cut surfaces – these are used for tumor board-delete this from dictation\*\*\**]

### **[INK KEY:**

Consult with attending to determine if ink is necessary, and to receive instruction on applying ink to margins. Always apply ink PRIOR to sectioning the specimen. Apply ink in a thoughtful and judicious manner to preserve anatomic relationships in vivo, which may have changed with the resection procedure, and to avoid false positive margins. **-DO NOT PAINT INK ON LIKE BREAST SPECIMENS.**

Sample ink key below:

Blue	Superior
Green	Inferior
Purple	Medial
Yellow	Lateral
Orange	Anterior
Black	Deep***]

[*describe cassette submission\*\*\**]

## **BONE AND SOFT TISSUE PATHOLOGY GROSSING GUIDELINES**

### **Cassette Submission:**

#### **1. For **NOT previously excised** liposarcoma:**

- If there is an obvious cut margin, take a section of it with ink
- If a solid/fleshy (non-fatty, possibly high grade) component is present, please describe the distance of that component from the margin or demonstrate with relationship to an inked margin.
- For extremity liposarcoma → take inked cut margins

#### **A. For tumors less than 10 cm:**

- Submit one section per 1 cm of mass/lesion
  - Show relationship to all margins
  - Show relationship to adjacent structures
  - Show relationship to overlying skin (if present)
  - Show zones of filtration
  - Submit all lymph nodes (if present)

#### **B. For tumors greater than 10 cm:**

- Submit one section per 1 cm of mass/lesion (If homogeneously fatty, submit a **maximum of 12 cassettes**)
  - Prioritize solid/non-fatty areas (such as solid, fleshy, or fibrous areas)
  - **If large portions are grossly necrotic**, describe the percentage\extent of necrosis grossly and submit only one cassette of such areas, including a transition area of viable tumor.
  - **If it is unclear if tumor is necrotic or instead is myxoid**, submit additional cassettes of these areas
  - Show relationship to all margins
  - Show relationship to adjacent structures
  - Show relationship to overlying skin (if present)
  - Show zones of filtration
  - Submit all lymph nodes (if present)

#### **2. For **previously resected/recurrent cases** or **previous diagnosis of high grade\dedifferentiated** liposarcoma:**

- **Submit 2-4 cassettes maximum**
  - Prioritize solid/non-fatty areas
  - Submit area in-between necrotic and viable areas, if applicable