

## Gynecologic Pathology Grossing Guidelines

**Specimen Type:** TOTAL HYSTERECTOMY (for CERVICAL tumor)

**Gross Template:**

**MMODAL COMMAND:** "INSERT CERVICAL CANCER"

It consists of a [*weight\*\*\**] gram [*intact/previously incised/disrupted\*\*\**] [*total/supracervical hysterectomy and bilateral salpingectomy, hysterectomy and 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 cervical cuff extends up to [*\*\*\**] cm anteriorly and [*\*\*\**] cm posteriorly from the cervix. The endometrial cavity measures [*\*\*\**] cm in length, up to [*\*\*\**] cm wide. 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 cervical mucosa is remarkable for a [*lesion / defect associated with prior procedure site which extends \*\*\* into the cervix\*\*\**] located in the [*anterior/posterior aspect\*\*\**] extending from [*\*\*\**] o'clock to [*\*\*\**] o'clock, which measures [*measure in two dimensions\*\*\**] cm in surface area. Sectioning of the lesion reveals a [*describe cut surface, white-tan\*\*\**] and with a maximum depth of [*\*\*\**] cm. The lesion measures [*\*\*\**] cm from the inked paracervical soft tissue margin. The lesion [*does/does not\*\*\**] extend into the vaginal cuff. The lesion [*does/does not\*\*\**] extend into the lower uterine segment[*If extension into LUS, document the distance the lesion extends into LUS\*\*\**]. The lesion [*does/does not\*\*\**] extend into the uterus. [OR document if no residual tumor is grossly identified"\*\*\*]

The uterine serosa is [*pink, smooth, glistening, unremarkable/has adhesions\*\*\**]. The endometrium is [*tan-red, unremarkable, describe presence of lesions/polyps\*\*\**]. The myometrium is [*tan-yellow, remarkable for trabeculations, cysts, leiomyoma-(location, size)\*\*\**]. The right and left ovary are [*unremarkable, show atrophic changes, describe presence of lesions\*\*\**]. The right and left fallopian tubes are [*grossly unremarkable, remarkable for adhesions, show evidence of prior tubal ligation, etc\*\*\**]. 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

[*insert cassette summary\*\*\**]

**Cassette Submission:** 20-25 cassettes

- Right parametrial margin, shave
- Left parametrial margin, shave
- Remaining right parametrial tissue
- Remaining left parametrial tissue
- Anterior vaginal cuff margin
- Posterior vaginal cuff margin
- **Cervix with and without tumor**
  - o **Show closest approach to inked soft tissue margin**
  - o **If no gross tumor or no gross residual tumor, amputate the cervix and submit cervix in a clockwise fashion, by quadrants (12-3:00; 3-6:00; 6-9:00; 9-12:00)**

## Gynecologic Pathology Grossing Guidelines

- 12:00 Anterior cervix
- 6:00 Posterior cervix
- **LSIL, HSIL or prior conization**: submit entire cervix, sequentially by quadrants. Confirm with attending prior to submitting if this will require many cassettes
- Anterior and posterior lower uterine segment
- Uterine fundus
- Right and left fallopian tube
  - 2 cross sections and bisected fimbriated end
- Right and left ovary
  - Representative cross sections if uninvolved
- All lymph nodes, if present

### Reference

Parra-Herran C, Malpica A, Oliva E, Zannoni GF, Ramirez PT, Rabban JT. Endocervical Adenocarcinoma, Gross Examination, and Processing, Including Intraoperative Evaluation: Recommendations From the International Society of Gynecological Pathologists. *Int J Gynecol Pathol*. 2021;40(Suppl 1):S24-S47. doi:10.1097/PGP.0000000000000745

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7969178/pdf/pgp-40-s024.pdf>