# **Genitourinary Grossing Guidelines**

**Specimen Type:** ORCHIECTOMY (for TUMOR)

**Note**: Radical orchiectomy is the unilateral removal of testis, epididymis and spermatic cord for the surgical treatment of malignancy, usually germ cell tumors. The goal of pathologic evaluation is to determine the type and extent of malignancy.

- **Note**: Prior to sectioning the testis, it is best to obtain sections of the spermatic cord to avoid contamination by testicular tumor, which is often loose and friable.
  - Shave the spermatic cord margin while the specimen is fresh (tissue retracts after fixation and this section will be difficult to take).
  - After fixation, submit representative cross-sections of proximal, mid, and distal spermatic cord (be clear in cassette summary as to the designation of location on cord, such as "base of cord [nearest testis proper]").

# **Procedure**:

- 1. Weigh and measure the specimen.
- 2. Measure testis and the length and diameter of spermatic cord.
- 3. Ink the entire surfaces of spermatic cord and testis.
- 4. Shave the resection margin of spermatic cord (including blood vessels and vas deferens) while specimen is FRESH.
- 5. Section the spermatic cord longitudinally, look for tumor spread along the cord.
- 6. Bisect the testis parallel to the longitudinal axis of the epididymis and cut through the epididymis, identify the tumor, and photograph one half of the specimen.
- 7. Serially section the testis at 3 mm intervals parallel or perpendicular to the first plane.
- 8. Describe the tumor:
  - a. Size in 3 dimensions, demarcation, number
  - b. Color; consistency; homogeneity or lack of it
  - c. Presence of cysts, necrosis, hemorrhage, bone, or cartilage
- 9. Examine each slice carefully; look for tumor invasion into rete testis, tunica albuginea, epididymis, spermatic cord, and/or other structures.
- 10. Describe the non-neoplastic testis: stringy? atrophy? fibrosis? nodules?

### **Gross Template:**

### **MMODAL Command:** "INSERT TESTICLE TUMOR"

It consists of a [weight\*\*\*] gram, [measure in three dimensions \*\*\*] cm, [intact/disrupted\*\*\*] orchiectomy. The spermatic cord measures [\*\*\*] cm in length x [\*\*\*] cm in diameter. The tunica vaginalis is [disrupted/intact/partial/absent/etc\*\*\*]. The testis alone measures [measure in three dimensions\*\*\*] cm, and the epididymis measures [measure in three dimensions\*\*\*] cm. The tunica albuginea is [smooth and white or describe lesions present\*\*\*].

Sectioning reveals a [measure in three dimensions\*\*\*] cm lesion. The lesion has a [describe cut surface, necrosis, hemorrhage, focality \*\*\*]. The lesion [is confined to the testis, distance from rete testis, invades rete testis, invades hilar soft tissue, invades epididymis, invades the tunica albuginea, or invades the tunica vaginalis\*\*\*]. The remaining testicular parenchyma is [tan-brown and unremarkable, fibrotic or describe additional lesions\*\*\*]. [The tubules string with ease/the parenchyma does not string easily\*\*\*].

# **Genitourinary Grossing Guidelines**

No additional lesions are grossly identified. Gross photographs are taken. The lesion is submitted in its entirety [submit entire mass if it can be submitting in 10 cassettes or less\*\*\*DELETE THIS STATEMENT] and representative sections of the remaining specimen are submitted.

#### **INK KEY:**

Black Tunica vaginalis

[insert cassette summary\*\*\*]

### **Cassette Submission:** 8-10 cassettes

- Include sections of spermatic cord
  - One cassette with en face margin
    - Take this section while specimen is fresh. The cord retracts after fixation.
  - One cassette sampling proximal, mid, and distal spermatic cord. If tumor invades spermatic cord, submit a perpendicular section of tumor with involved spermatic cord
- Submit entire tumor if you can fit in 10 cassettes or fewer (CAP protocol)
  - If tumor is greater than 10cm, submit 1 block per 1cm of maximum tumor dimension
  - If tumor is multifocal, sample the additional nodules
  - Ensure sections contain tumor with interface of unremarkable testis and tunica albuginea (even away from tumor) to best appreciate lymphatic invasion
    - Sample hemorrhagic and necrotic areas
    - Sample solid/fleshy/cystic areas
- Epididymis
- Testicular hilum/mediastinum testis

