

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 vaginal 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)**

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- 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>