Principles of Gross Dictation

Your purpose in gross dictation is three-fold:

1. To reproduce in the reader's mind a clear image of what was received for study, and what the relevant features are.
2. To include all of the gross observations that are relevant to clinical staging and management of the patient.
3. To include description that makes clear the context of microscopic sections (e.g., for margins, are they radial or tangential, how do individual sections relate to the tumor and/or margin, etc.).

Excess verbosity often obscures the essential features of a description. Clarity and brevity (or succinctness) are twin goals.

- For small biopsies such as needle biopsies and or most GI biopsies, a simple description will generally suffice, such as...

  "Received in formalin are two needle cores of soft tan tissue, about 0.8 and 1.2 cm long."

For larger specimens a more organized approach is necessary. Overall structure should be roughly as follows, with examples given for some representative cancer resections:

Overall description of what is received
This sets the stage for what follows, so that the reader has a clear description of what kind of specimen was received, and where the action is likely to be, without having to read the whole description first.

Examples:
"Received is a composite resection consisting of left kidney with tumor, spleen, adrenal gland and a portion of colon." (give dimensions of each)

"Received is a radical nephrectomy specimen weighing 585 grams, measuring 12 x 12 x 5 cm, and including kidney with tumor, perinephric fat, adrenal gland and ureter."

"Received is a 52 cm long resection of right colon with mesentery, appendix, and a 5 cm length of terminal ileum."

Principle details of importance
This includes things like tumor size, distance of tumor from the relevant margin or margins, status of the capsule, dilation or stenosis, extent of involvement of included structures by tumor. For non-tumor specimens the description will generally need to document whatever aspects are evident as to why the specimen was removed (intussusception, infarction, subpleural bulla of the lung, atresia of the bowel, etc.)

Example:
"In the upper pole of the kidney is a 4 x 3 x 3 cm rubbery tumor mass that extends to the renal capsule and abuts but does not penetrate the overlying Gerota's fascia. Tumor does not involve the renal vein or any of the hilar structures. There is no gross evidence of invasion into the renal sinus soft tissues."

Other important details

This would typically include things such as other details essential for staging, what the cut surface of the tumor looks like, evidence of prior surgery, whether lymph nodes are present, and descriptions of incidental tissues that are also included, such as overlying skin ellipse, incidental appendix, adrenal gland or spleen, etc.

Example:

> "The cut surface of the tumor is rubbery tan, with focal hemorrhagic necrosis. The surrounding kidney shows normal structure except for moderate thinning of the cortex to about 0.5 cm thick. Five apparent lymph nodes are recovered the renal hilum, and appear grossly benign. The renal pelvis, 11 cm length of ureter, and renal vein appear normal, with no involvement by tumor.

Avoid duplicative and unnecessary verbiage

Instead of "the cut surface of the tumor is tan to reddish in color and of a soft consistency", say "the cut surface of the tumor soft and tan to red."

Say what you mean, and mean what you say

If you have two needle cores of biopsy material, say you have two needle cores that <u>are</u> 0.8 and 1.2 cm long. Don't say you have two needle cores <u>ranging</u> from 0.8 to 1.2 cm. Or don't say you have multiple needle cores if there are only two. Count them, unless there are very many, such as over 6.

Note: For needle cores, a diameter and a weight are generally unnecessary, as essentially all needle cores are less than 0.1 cm in diameter [except for occasional bone cores], and needle cores will always weigh less than 1 gram. If they are otherwise, of course, you can specify.