

Ovary, Tumor

(6.4 Ovary, Tumor); Created November 3rd, 2019 by Jeremy Deisch, MD; edited January 24th, 2020 by Jeremy Deisch, MD

SAMPLE DICTATION

(Labeled: ____, ____; ____) Received ____ is a __ gram, __ x __ x __ cm [mass/cyst] with an attached __ x __ cm fallopian tube. The residual ovary measures __ x __ x __ cm [or no residual ovary is identified].

Major pathologic finding(s): The cyst is received [intact, deflated], and contains __ mL of [serous/mucinous/hemorrhagic] fluid. The cyst wall averages __ cm in thickness. Surface [nodules/excrescences] are present, the largest is __ cm. The inner cyst lining is smooth **OR** shows [firm/soft/tan/yellow/papillary] excrescences, the largest is __ cm.

OR

The ovarian parenchyma is replaced by a __ x __ x __ cm mass with a [smooth/nodular/glistening/tan] surface [describe whether mass is intact or fragmented]. The cut surface is [smooth/solid/multicystic/firm/soft/tan/red].

Other findings: Fallopian tube paratubal cysts, lesions in residual ovarian parenchyma

Specimen Handling: (RS, ____ caps) Ink Key: ____ (ink outer surface of thin-walled cysts to identify as external; ink in this case does not indicate margin). **SEE-FIM protocol followed**: Yes/No/NA

SUGGESTED SAMPLING

Very variable, depending on findings and size/complexity of lesion. Below are the items that must be sampled

- Surface lesions (1-3 caps, depending on how many are present)
- Cyst wall and excrescences if present
- Solid tumor sections including all areas of varying gross appearance
- **HOW MANY CAPS - (see “Additional Considerations” below)**
- Follow SEE-FIM protocol for fallopian tube sectioning in all ovarian tumor cases (see protocol below)

STAGING CRITERIA (AJCC 8TH EDITION)

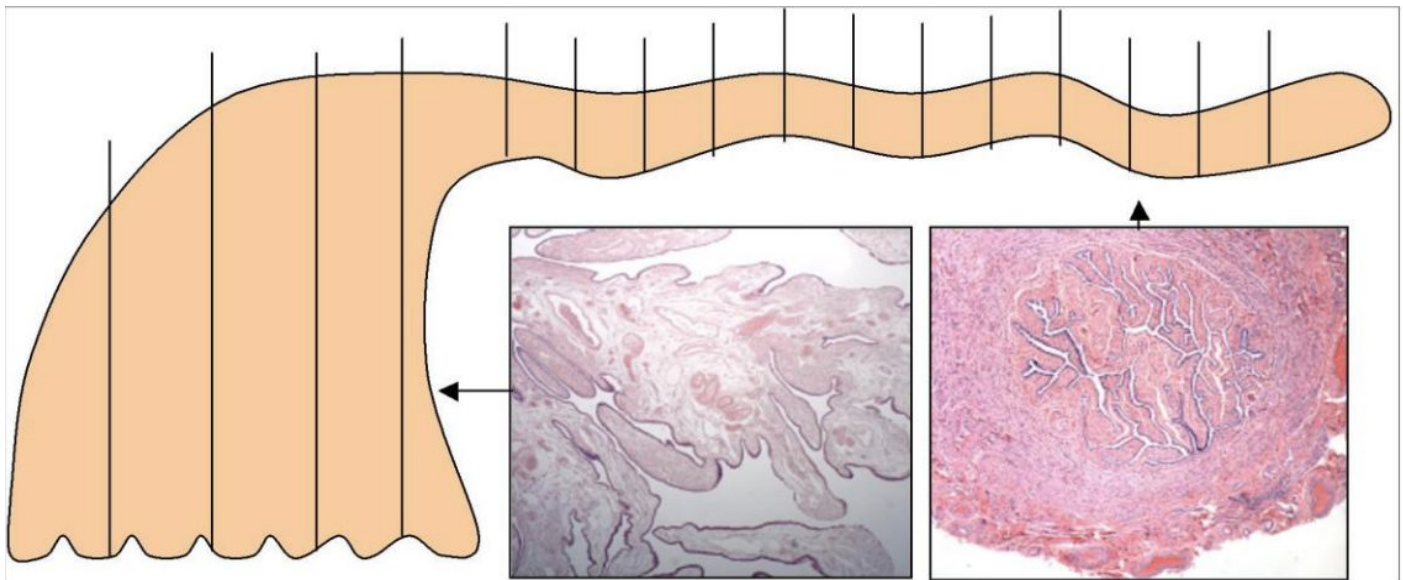
- Staging of tubo-ovarian carcinoma is relatively complex, based upon the following factors
 - Number of sites involved: One ovary/tube versus more than one site
 - Tumor capsular rupture prior to or during surgery
 - Status of pelvic washings (benign vs. positive for malignant cells)
 - Peritoneal deposits below pelvic brim (pT2) or above pelvic brim (pT3)
 - Metastasis to retroperitoneal lymph nodes (pT3); *unusual to have lymph node status listed as a criteria for pT staging*

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ADDITIONAL CONSIDERATIONS

- Determining the number of sections to submit is complex, but consideration of several factors are helpful in guiding tissue sampling of ovarian tumors in the gross room
 - **RFS diagnosis:**
 - Benign or Malignant RFS diagnoses: *Limited sampling*
 - Borderline RFS diagnosis: *Extensive sampling*
 - **Tumor heterogeneity:**
 - Tumors with smooth cyst walls or homogeneous solid cut surface: *Limited sampling*
 - Tumors with complex cystic structures, variable excrescences, or heterogeneous cut surfaces: *Extensive sampling*
 - **Limited sampling: 1 section per cm of largest tumor size**
 - **Extensive sampling: 2 sections per cm of largest tumor size**
- The SEE-FIM protocol (Protocol for **Sectioning and Extensively Examining the FIM**briated end of the fallopian tube) should be followed in all cases with tubo-ovarian carcinomas. This protocol increases the sensitivity for detected intratubal precursor lesions that are not grossly apparent.
 - The entire fimbriated end and ampulla are sectioned at 2-3 mm intervals and entirely embedded (on average generating six sections per case as opposed to two sections in classic restricted sampling) - See diagram below...



- See following link for primary reference: [Crum CP, Drapkin R, Miron A, et al. The distal fallopian tube: a new model for pelvic serous carcinogenesis](#)