

Stomach, Tumor

(4.4 Stomach_Tumor); Updated 10/30/18 by Shawn Maclary, PA(ASCP)

SAMPLE DICTATION

Labeled (Last name, First name; distal stomach) Received fresh and subsequently fixed in formalin is a distal stomach including pylorus and duodenum with a suture indicating distal. The stomach is 18 cm long along the greater curvature and 8 cm long along the lesser curvature. The proximal margin is 12 cm in circumference and the pylorus is 3.8 cm in circumference. The duodenum is 1.2 cm long and 3 cm in circumference. There is attached perigastric fat extending 1 cm along the lesser curvature and 3 cm along the greater curvature. Also attached is a 14 x 12 x 1 cm portion of greater omentum. The proximal and distal margins are stapled.

At the junction of the antrum and corpus is a poorly defined mass measuring approximately 4 x 2 cm with a maximum thickness of 0.5 cm. The central mucosa is denuded and the surrounding portion of the mass is slightly heaped and firm. The cut surface is tan-white and fibrous. There is no involvement of the serosa identified. Surrounding the mass, the normal mucosa forms a stellate pattern. The mass is 8 cm from the proximal margin, 1 cm from the pylorus, and 2.2 cm from the distal margin.

Within the attached perigastric fat are 2 firm tan-white nodules both measuring 0.3 cm diameter. Multiple candidate lymph nodes are identified ranging from 0.3 to 1 cm in greatest dimension.

Ink key: Black - proximal and distal margins; green - serosa over mass

Representative sections are submitted, 20 blocks, imaged, refer to image on file in pathology for specific block locations

Block key:

- A1. Representative sections of proximal margin closest to mass
- A2-12. Blocked out mass
- A13. Pylorus
- A14-16. Entire distal margin, perpendicular sections
- A17. Omentum
- A18. Two firm perigastric fat nodules
- A19. One candidate lymph node, trisected
- A20, 21. Two differentially inked and bisected candidate lymph nodes each block
- A22-28. Intact candidate lymph nodes for count

SUGGESTED SAMPLING

- 1 block of proximal margin if > 3 cm away, more sections if closer
- 1 block of distal margin if > 3 cm away, more sections if closer (consider entirely submitting)
- 1 block of radial margin (omentum) only if invasion into omentum is identified
- 1 block of pylorus
- 1 block per cm of mass with deepest invasion, entirely submit mass in setting of neoadjuvant therapy
- 1 block of omentum
- 5+ blocks for lymph nodes, see orientation manual for proper submission of lymph nodes

STAGING CRITERIA (AJCC 8TH EDITION)

- T stage dependent on depth of invasion
- N stage is dependent on finding at least 16 lymph nodes, but submit all that are found

ADDITIONAL CONSIDERATIONS

- Open the stomach along the greater curvature when possible to avoid ambiguous margin location
- Many specimens have been clinical staged and treated with neoadjuvant chemotherapy. If masses appears densely fibrotic, it may be necessary to entirely submit in order to microscopically assess % treatment effect