

# Bladder/Prostate “Chips” (TURP/TURBT)

(5.8 TURP\_TURBT); Updated November 8th, 2018 by Jeremy Deisch, MD

## SAMPLE DICTATION

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(Labeled: \_\_\_\_, \_\_\_\_, \_\_\_\_; \_\_\_\_ ) Received (*fresh/in formalin*) is a \_\_ x \_\_ x \_\_ cm, \_\_ gram aggregate of rubbery tan tissue fragments

Specimen Handling: (RS / TE, \_\_\_\_ caps)

## SUGGESTED SAMPLING

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- For TURP specimens:
  - For specimens 12 grams or less: Totally embed entire specimen in six caps (TE, 6 caps)
  - For specimens > 12 grams: Submit one additional cap for each 5 grams over the initial 12 grams
    - Example: for a 22 gram TURBT specimen, submit 8 caps (6 + 2)
  - No steps or ribbons needed - use green caps
- For TURBT specimens:
  - Always totally embed the entire specimen
  - No steps or ribbons needed - use green caps

## STAGING CRITERIA (AJCC 8TH EDITION)

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- Tumors identified on TURBT/TURP specimens are not pathologically staged

## ADDITIONAL CONSIDERATIONS

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- Prostatic (TURP) procedures are typically performed for benign pathologic processes that cause urinary outflow obstruction. Occasionally, a patient with known prostatic adenocarcinoma will undergo TURP to relieve obstructive symptoms. In these cases, there is typically a large volume of tumor. Another scenario that occurs is incidental small foci of prostatic adenocarcinoma.
- Bladder tumor resection specimens (TURBT) are performed for bladder mucosal tumors. These specimens nearly always yield tumor. The rationale for always submitting the entire specimen is that further treatment is dependent on the presence or absence of stromal/muscularis propria invasion by tumor. Thus, all tissue must be examined to ensure that the greatest extent of tumoral infiltration is identified. Following TURBT, the tumor bed is often extensively cauterized at the time of procedure in an attempt to eradicate any remaining tumor.