

Endoscopic Mucosal Resection, Tumor

(4.2 Endoscopic_Mucosal_Resection); Updated October 28th, 2018 by Jeremy Deisch, MD

SAMPLE DICTATION

(Labeled: ____, ____, ____; ____) Received ____ is a ____ x ____ x ____ cm (*oriented/unoriented*) portion of tissue.

Major pathologic finding(s): A ____ x ____ x ____ cm (*nodule/mass/etc*) is identified, ____ cm from the closest [or orientation if indicated] peripheral mucosal margin and ____ from the deep margin.

Other findings:

Specimen Handling: (RS / TE, ____ caps); Ink Key: ____

SUGGESTED SAMPLING

- Totally embed specimen from one oriented (or unoriented) aspect to the opposite (e.g. “specimen totally embedded from superior to inferior”)

STAGING CRITERIA (AJCC 8TH EDITION)

- pT staging for mucosal tumors of the gastrointestinal tract are determined by maximal depth of invasion of the tumor, **not** tumor size. The deeper the tumor invades into the bowel wall or surrounding structures, the higher the grade.
- Endomucosal resections are performed when there is a high chance of negative margins following the procedure. Thus, tumors that are bulky are not surgically managed in this fashion.
- In endomucosal resection specimens, the pN stage typically cannot be assessed (“pNX”), as there is not an accompanying lymph node dissection.

ADDITIONAL CONSIDERATIONS

- The most critical step when approaching these specimens **is identifying that a particular specimen is an EMR and must be grossed as such**. Occasionally, these specimens are received without proper documentation, grossed as any ordinary GI mucosal specimen (without attention to inking, margins, orientation, etc), only to have an angry endoscopist who wants to know distance to margins.
- If any gastrointestinal mucosal specimen (most often from colon or esophageal lesions) is received **pinned, sutured**, or has any mention of “**resection**” on the requisition, the grossing personnel must process the specimen as an endomucosal resection. If a suture or other orienting mark is present but not identified on the container or requisition, contact the endoscopist prior to processing the specimen.
- Occasionally, endomucosal resections are received fragmented. In these cases, although definitive assessment of peripheral margins is typically not possible, the deep aspect should be inked and a suboptimal margin determination should be attempted.