

SPECIMEN HANDLING

- **Specimens with primary ophthalmologic pathologic diagnoses**
 - For specimens in which the primary diagnosis requires ophthalmologic subspecialty expertise (e.g., globes for primary intraocular tumors, cornea), both the grossing and histologic evaluation of the ocular specimen must be performed at the FMO by the ophthalmic pathologist. In particular, for globes with **primary intraocular** tumors, the approach to grossing is very specific and detailed, and improper grossing can impair proper tumor analysis.
 - For multiple part complex specimens with primary intraocular tumors (e.g., primary uveal melanoma with additional specimens for margins, lymph node biopsy/dissection, etc), only the specimen(s) requiring ophthalmic subspecialty expertise for grossing/sign-out need to be sent to the FMO. In the above example, the lymph nodes and soft tissue margins can be grossed and slides read at LLUMC. The globe with the primary tumor would be sent to the FMO to be grossed and slides read at the FMO by the ophthalmic pathologist. The grossing staff would put a case note indicating which specimens were sent to the FMO, as well as a hold to indicate to the pathologist that an additional specimen is pending. The LLUMC pathologist will release a preliminary report with the available findings, and the final and synoptic reports will be completed at a later date by the ophthalmic pathologist. Please note that there is no need to hold the slides at LLUMC, as the pending ocular specimen(s) may be delayed due to scheduling.
- **Specimens with eyes secondarily involved by extra-ocular tumors**
 - For specimens with secondary ocular involvement by tumor (e.g. the eye is involved by a locoregional squamous cell carcinoma), there is no need to submit for ophthalmic subspecialty grossing or processing at the FMO. In these cases, a detailed description of the tumor, including specifics about the relationship of the tumor to the globe, are sufficient for tumor staging. Pertinent gross details and sampling guidelines include...
 - Dictate dimensions of globe and optic nerve
 - Dictate distance of tumor to palpebra, orbital soft tissues, globe, and optic nerve
 - Submit histologic section(s) demonstrating tumor closest to globe
 - Submit histologic section(s) demonstrate area of gross tumor involvement of globe
 - Submit one complete cross section of globe (midsagittal plane through iris)
 - Submit one cross section (shave) of optic nerve margin
 - The need for ophthalmic pathologist consultation is determined by the LLUMC pathologist based upon histologic findings
- As per above guidelines, for specimens containing eyes, consult with the IQ pathologist to determine if submission for ophthalmic pathology gross/histologic consultation is indicated. They will assist in determining if the neoplastic process is a primary intraocular tumor, or if the eye is secondarily involved.