Ovary, Tumor

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 serous carcinomas (see 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 is 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 **S**ectioning and **E**xtensively **E**xamining the **FIM**briated end of the fallopian tube) should be followed in all cases with tubo-ovarian serous carcinomas (not borderline tumors). 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…
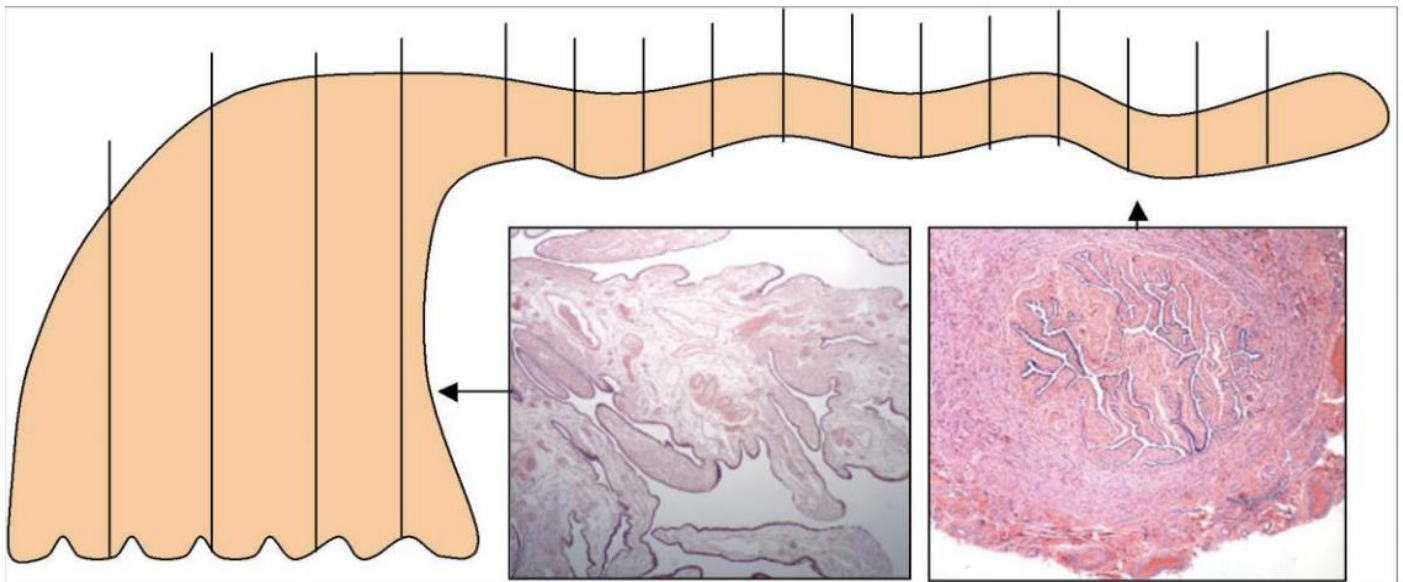
- See following link for primary reference: Crum CP, Drapkin R, Miron A, et al. The distal fallopian tube: a new model for pelvic serous carcinogenesis