

Brain, Tumor Resection

(9.2 Brain_Resection_Tumor); Updated August 9th, 2019 by Jeremy Deisch, MD

SAMPLE DICTATION

(Labeled: ____, ____, ____; ____) Received ____ are multiple fragments of white and tan gelatinous tissue fragments and clotted blood measuring _ x _ x _ cm in aggregate.

Specimen Handling: (RS / TE, ____ caps)

SUGGESTED SAMPLING

1-10: Totally embedded (see below)

STAGING CRITERIA (AJCC 8TH EDITION)

- N/A - Brain, spinal cord, and peripheral nerve tumors are graded but are not staged

ADDITIONAL CONSIDERATIONS

- If there is a generous volume of unfixed tumor, save a small portion of fresh tumor in the -70 degree freezer; this is often useful for protocol eligibility and future studies.
- The gross description of brain tumors is generally not helpful. Both the background brain tissue and the tumors tend to be gelatinous and soft, and necrosis is generally not grossly appreciable.
- In brain and spinal cord tumors, margins are never assessed. However, in resection of skull tumors, there is often a disc of cranium that is resected around the tumor. If possible, the peripheral edges of this disc and the overlying pericranial soft tissues should be assessed for margin status.
- Always totally embed (TE) specimen if it can fit in 10 caps or fewer. If there is tissue remaining after 10 caps, submit one cap per cm of remaining tissue.
- Never do “touch preps” on brain specimens. Glia is latin for “glue”, and these cells seldom stick to the slide as they are sticking to themselves. Smears are useful, however, as they force the cells to separate, allowing visualization of their cellular processes.