Genitourinary Grossing Guidelines

**Specimen Type:** CYSTOPROSTATECTOMY

**Comment:** The non-serosal surface of the bladder should be inked (black - right; blue – left) and the entire prostate gland should be inked (yellow - anterior midline; red – posterior midline; black - right; blue – left). Then, a vertical incision should be made anteriorly from the dome of the bladder to just above the prostate. The bladder is inspected and photographed (fresh) if an interesting lesion is present. If sufficient amount of lesion is present, then the tissue procurement team should be contacted. After procurement (or if there is no mass lesion present), the specimen should be fixed in formalin overnight .The urinary bladder and prostate should be processed at the same time.

**Gross Template:**
Labeled with the patient’s name (**), medical record number (**), designated “***”, and received [fresh/in formalin] is a(n) [intact/disrupted/previously incised] cystoprostatectomy measuring *** x *** x *** cm in greatest overall dimensions. The bladder measures *** x *** x *** cm. The right ureter measures *** cm in length x *** cm in diameter. The left ureter measures *** cm in length x *** cm in diameter. The prostate weighs *** grams and measures *** cm (lateral left - lateral right) x *** cm (apex - base) x *** cm (anterior - posterior). The prostatic urethra is patent and measures *** cm in length x *** cm in average diameter. The right seminal vesicle measures *** x *** x *** cm . The left seminal vesicle measures *** x *** x *** cm. The right vas deferens measures *** cm in length x *** cm in diameter and the left vas deferens measures *** cm in length x *** cm in diameter.

The bladder is opened along the anterior aspect to reveal a *** x *** cm [mass- (papillary, solid, flat), ulcer, area of fibrosis] located in the [trigone, dome, right/left lateral wall, anterior wall]. The mass [involves/does not involve] the [right and/or left] ureteral orifices. Sectioning reveals the mass has a [describe cut surface-hemorrhage, necrosis] and a *** cm maximum thickness. The mass [is grossly superficial, extends into the bladder wall, extends into the pericystic fibroadipose tissue, extends into the prostatic parenchyma] and measures *** cm from the inked soft tissue margin and *** cm from the prostatic urethral margin.

The remaining bladder mucosa is (unremarkable, edematous). The prostate is serially sectioned from base - apex into *** transverse levels to reveal [diffuse periurethral nodularity, prominent nodules, fibrosis, lesion, extension of bladder mass]. The [prominent nodule/lesion] area is located in the [left/right, anterior/posterior, central/peripheral] aspect and measures *** cm from the capsule. The seminal vesicles and vasa deferentia are grossly unremarkable. [Number] lymph nodes are identified ranging from *** - *** cm in maximum dimension. Representative sections are submitted [describe cassette submission]. Gross photographs are taken.

**Ink key:**
Black            right
Blue              left
Yellow           midline anterior prostate
Genitourinary Grossing Guidelines

Red midline posterior prostate

**Cassette Submission:** 20-25 cassettes
- Ureteral resection margins (en face)
- Urethral resection margin (perpendicular)
- Vasa deferentia margins (en face)
- Lesion
  - Lesion with relationship to ureteral orifices and adjacent bladder mucosa
  - Full-thickness sections of lesions at maximal depth of invasion – in relation to nearest soft tissue margin
- Two representative sections each of uninvolved mucosa (two sections in one cassette if possible)
  - Anterior wall
  - Posterior wall
  - Trigone
  - Dome
  - Left lateral wall
  - Right lateral wall
  - Longitudinal section of each ureteral orifice
- Representative cross sections of ureters
- All lymph nodes
- Prostate
  - Apical margin (perpendicular sections)
  - Bladder neck area (not true margin)
  - 4 cassettes of posterior quadrants (level 2 + level 4)
  - 2 cassettes of anterior quadrants (level 3)
  - Include sections to contain prostatic urethra
  - Include section to contain seminal vesicles (right and left)
    and vasa deferentia
- **Note:** If other adjacent organs, such as rectum, are present, submit sections showing relationship of tumor to these structures. Otherwise, one to two representative sections of these structures is enough.