

## Head and Neck Pathology Grossing Guidelines

### Do not cut any HN specimens unless you are fully oriented anatomically

- Orient by anatomic structures (oral tongue, junction of buccal/gingival mucosa, alveolar ridge, angle of jaw, hard palate, etc)
- For mandibulectomies/maxillectomies, please ask for help if unsure
- Ink resection margins
- Describe all abnormalities: size (*staging cutoffs: 2 cm, 4 cm*), location, extent, depth (*staging cutoffs: 0.5 cm, 1 cm*), distance to margins
- Sample all margins (if grossly close, e.g. 1 cm, submit perpendicular section; otherwise submit a shave of the margin closest to tumor)
- Sample tumor:
  - Show relationship to peripheral/deep margins
  - Show maximum depth of invasion
- Specimens containing mandible or maxilla:
  - Bone margins
  - Sections of bone adjacent to tumor or gross involvement of bone
- Diagrams and gross photos are appreciated

**Specimen Type:** GLOSSECTOMY (total/partial)

### **Gross Template:**

Labeled with the patient's name (last name, first name), medical record number (#), designated "\*\*\*\*", and received [*fresh/in formalin*] is a [*partial/total*] glossectomy measuring \*\*\* x \*\*\* x \*\*\* cm. [*Describe orientation provided*]. The mucosa is remarkable for [*describe lesion – location, size, distance from margins*]. Sectioning reveals the lesion has a [*describe cut surface of lesion*] and \*\*\* cm maximum thickness. The lesion measures \*\*\* cm from the deep resection margin [*indicate extent of lesion*].

The remaining mucosal surface is [*smooth, pink, glistening, unremarkable*]. Representative sections are submitted [*describe cassette submission*].

**Cassette Submission:** 8-10 cassettes

- Sample all margins
- One cassette per 1 cm of lesion
  - Show maximum depth of invasion
  - Show relationship to peripheral/deep margins
- One cassette of unremarkable tissue