Chapter 4: Cut-Up and Reporting Guidelines

Applied Anatomy

Neck

Figure 4.3

• A. LN from levels I–IV (at least)

Specimen Handling and Reporting guidelines

Head and Neck (SCC and Other Types of Carcinoma)

Main resection (general)

• Measure (mm) max. depth and Ø of tumour. Tumour depth is measured from the lumenal surface (extrapolated to the level of the surrounding, uninvolved, surface if there is ulceration).

Oesophageal Tumours (incl. Siewert & Stein Type 1 AdenoCA)

Resections micro

• Serosal surface involvement (NB: only the gastric part will have a serosa)

Gastric Carcinoma (incl. Siewert & Stein Types 2 & 3 AdenoCA)

(with this)

Gastric Carcinoma (incl. Siewert & Stein Type 3 AdenoCA and some Type 2)
Chapter 11: Alimentary Tract

Oesophagus

Glandular Dysplasia

- Management: indefinite early → (3 month) re-endoscopy after Rx

Chapter 17: Gynaecological

Corpus Uteri

Aspects of Corpus Carcinoma

- d/dg G3 endometrioid vs. udiff. CA which has solid sheets of medium–large cells (± rhaboid), lacks glandular or squamous differentiation, has <10% of cells +ve for NE markers and a variable % +ve for CK & EMA.

Malignant Smooth Muscle Tumours

- Requires all 3 of the following:
- Malignancy can be confidently diagnosed if all 3 of the following are present:

Ovaries

Serous Tumours

- More recent grading defines two biological subtypes: Low grade: mild atypia, few mitoses (<13/10 hpf), no necrosis; High grade: marked atypia with mitoses >12/10 hpf, usu. with multinucleated GC & necrosis

Bibliography


Index of General Terms

(Replace this)
granuloma (continued))
icolitis 143–5, 147, 148
(with this)
granuloma (continued)
in colitis 143–5, 147, 148

(Replace this)
histiocytoid haemangioma 318
(with this)
histiocytoid haemangioma 318
(should be placed just after ‘histiocytic infiltrates’)

Index of Molecules

(This entry)
cortisol 275
(should be placed just after ‘Copper’)

p.404: SUBSTITUTION

p.404: SUBSTITUTION and CHANGE OF POSITION

p.417: CHANGE OF POSITION