

### M3 Surgical Pathology Introductory Experience Objectives in Detail

#### **Understand specimen processing including accessioning, grossing, histology, immunohistochemistry, case sign-out and intraoperative section analysis and storage**

Intraoperative consultation	Submission of a specimen from the OR for immediate diagnosis
Intraoperative gross consult	Analyzed grossly (ex: margin assessment) <10 minutes, no tissue wasted, ~\$40
Intraoperative frozen consult	Analyzed microscopically (ex: margin assessment, lymph node status) ~20 minutes, uses considerable tissue, ~\$200
Grossing	Select tissue based upon what is needed to guide clinical management and to assess items in synoptic reports/staging and national guidelines
“Tissue for disposal”	Almost no tissue is for disposal, often <i>incorrect</i> OR documentation
Gross only	Examine a specimen grossly without submission for microscopic examination (ex: medical device, teeth, fat from liposuction)
Routine processing	Submit tissue and create Hematoxylin& Eosin (purple/pink) slide to be examined by light microscopy
Biopsy	~ 6 hours in histology processor ~ 24 hour <i>minimum</i> total for pathology report turnaround time
Resection	~9 to 13 hours in histology processor ~ 48 hour <i>minimum</i> total for pathology report turnaround time
Immunohistochemistry	Use of antibody to a specific protein, visualized by light microscopy (most commonly brown color) Adds ~1-2 days to turnaround time
Specimen storage minimums	Remnant tissue not submitted for histology: 2 weeks after case signed out Paraffin tissue blocks: 10 years Slides: 10 years

#### **List information needed on the pathology requisition**

Patient identifiers, relevant clinical history, prior cancer diagnoses, history of chemotherapy and/or radiation, surgical impression, surgical procedure

#### **Describe how to submit a surgical pathology specimen for routine processing, intraoperative consultation and lymphoma work-up**

Routine processing	Small bx should be sent in formalin Large specimens may be sent dry
Intraoperative consult	Small bx should be sent dry/on saline moistened Telfa pads ( <u>NOT in saline</u> ) Large specimens should be sent dry
Lymphoma work-up	Should be sent in saline, RPMI or dry ( <u>NOT in formalin</u> )

#### **Explain limitations of surgical pathology**

Tissue sampling, specimen mix-up, tissue artifact, unclassifiable tumors

#### **Participation**

Specimen grossing	Observe/assist sectioning of gross specimen
Intraoperative consultation	Observe/practice grossing and cryo-sectioning of intraoperative consult
Histologic slide preparation	Observe/practice sectioning paraffin embedded tissue