**Procedure**

**GYN PATHOLOGY GROSSING LIST**

1. **ROUTINE** SPECIMENS – PA OR RESIDENT OK TO GROSS

• All bits/ curettings

• Leiomyomata

• Uterus for leiomyomata

• Uterus for pelvic pain, endometriosis, adenomyosis, pelvic organ prolapse

• Ovarian cyst excision specimens (benign), including dermoid cysts

• Ovaries/ fallopian tubes for germline mutation of gene associated with cancer susceptibility (e.g., *BRCA1* or *BRCA2* - **submit entirely**)

• *Cones (cold knife)/ LEEP specimens \**

FIRST TIME ON ROOM - RESIDENT REQUIREMENTS

*\*1ST TIME RESIDENT MUST GROSS 3 LEEPS AND 3 CONES TO GAIN PROFICIENCY.*

2. **PA OR RESIDENT OK TO GROSS WITH PA-RESIDENT COMMUNICATION** FOR RESIDENT LEARNING OPPORTUNITY AND GROSS & HISTOLOGY CORRELATION

• All new ovarian malignancy cases

• All ovaries with solid tumors or complex cysts (multiloculated, or large size)

• *Uterus with complex atypical hyperplasia or endometrioid adenocarcinoma* \*\*

• Molar gestation placentas

• Leiomyomata arising in any location other than the uterine fundus (e.g. cervix, broad ligament).

• Pregnancy-related uterine resection with or without suspected placenta accreta/ increta/ percreta

\*\**1ST TIME RESIDENT MUST GROSS AT LEAST 3 ENDOMETRIOID ADENOCARCINOMA CASES FOR RESIDENT PROFICIENCY.*

3. **RESIDENT** TO GROSS FOR GROSS & HISTOLOGY CORRELATION (WITH PA

CONSULTATION &/OR FOR PA LEARNING OPPORTUNITY)\*\*\*

• All vulvar resection specimens, including wide local excisions, partial vulvectomies, and radical vulvectomies

• Uterus for any primary uterine malignancy other than endometrioid adenocarcinoma (e.g. stromal tumors, serous/ clear cell/ mucinous tumors, sarcomas, MMMT)

• All resections of cervical carcinomas (usually radical hysterectomy) – adenocarcinomas or squamous cell carcinomas

• Fallopian tube carcinomas

• Uterus for trophoblastic malignancies (choriocarcinoma, placental site trophoblastic tumor)

• Placentas for tumor

• Pelvic exenteration/multiple pelvic organ removal for malignancy

**Guidelines for GYN service grossing**:

1. Communication is vital between resident and PA teams. If grossing issues arise, residents and PA’s must contact each other via pager or telephone.

2. For uncomplicated cases, PA-to-resident communication can be verbal only. Pictures should be taken when appropriate.

3. All major tumor specimens need to be photographed.