**Procedure**

Tumor most likely will arrive fresh, and may have a request for frozen section diagnosis. Ideally, all tumors will also be procured for tumor bank purposes. Process each ovary as described below.

**Handling/Description**

a) Malignant Ovarian Neoplasm

1. Remove the affected adnexa if still attached to uterus
2. **Weigh** the entire mass, measure in 3 dimensions, examine the external surface for evidence of rupture, adhesions, tumor excrescences (**ink the capsule/ovarian surface where sections are to be taken** in order to evaluate for the presence or absence of surface involvement or previous rupture on microscopic review)
   1. Yes, it will be hard to get ink to stick. However, it’s helpful if you at least attempt to ink the surface in suspicious areas! Under the microscope, we often can’t tell what is on the surface versus intracystic.
3. Open the mass: note the type of contents (serous, mucoid, purulent, and other unusual features), percentage of solid versus cystic composition, hemorrhage, necrosis, papillations, **excrescences (including what percent of the internal lining is involved)**, and/or calcifications.
4. Examine the external surface of the associated fallopian tube, residual ovary, and uterus for involvement by tumor (excrescences, nodules, papillations, etc.)
5. Identify and measure evidence of a residual ovary, if present

b) Uterus, uninvolved ovary, and fallopian tubes: As described above  
  
c) Omentum

1. Weigh and measure, including descriptions and dimensions of gross tumor involvement
2. Bread-loaf, looking for gross evidence of tumor involvement
   1. Sometimes lesions can be identified visually, sometimes they can be identified by texture

**Sections**

a) Tumor:

1. One section of tumor for each centimeter of largest tumor diameter, concentrating on solid areas, areas adjacent to necrosis, excrescences, and surface nodules or adhesions

b) Uterus, uninvolved ovary, and fallopian tubes:

1. Submit representative samples of any nodules with adjacent normal tissue for comparison.
2. Submit distal fallopian tube in relationship to the tumor (and, as with all fallopian tubes, submit the entire distal/fimbriated end and a few representative cross-sections of tube)

c) Omentum

1. If NO gross lesion is identified
   1. Submit **at least 5 cassettes** (at least 10 pieces of tissue from different regions of the omentum)
      1. We bill 88309 for omentectomy for neoplastic cases, so we would like to do a thorough job of assessing for microscopic omental disease (stage IIIa).
      2. Please see PMID 25760907 for further details.
2. If gross tumor is present
   1. Submit 1-2 representative sections of tumor
      1. The most important point for staging is whether the macroscopic disease is greater than or less than 2 cm in greatest dimension