**Purpose**

To establish a procedure on how to gross gastrectomy specimens for malignant neoplasms.

**Procedure**

1. Open the specimen along its greater curvature unless the lesion is in this location; in that case, open it along the lesser curvature.
2. Take pictures of all specimens.
3. If possible, pin the stomach on Styrofoam board, and fix it overnight in formalin before sectioning.
4. Ink the surgical margins of the specimens with marker ink. Ink the serosal surface over the deepest point of tumor penetration. In general, take the sections perpendicular to the tumor.
5. Remove the omentum and palpate it for firm areas that may be metastatic tumor.
6. Dissect the lymph nodes.
7. If a splenectomy is included, dissect the hilar lymph nodes. Measure and weigh the spleen, and cut into 1 cm wide slices.

Description:

Type of resection (total or subtotal); length of greater curvature and lesser curvature. Is a duodenal cuff present? Is a distal esophageal cuff present?

Tumor characteristics: location, size (including thickness), shape (polypoid, fungating, diffuse spreading, ulcerated, mixtures, circumscribed (for stromal tumors and lymphomas) or other features), depth of invasion, pattern of invasion (expansile or infiltrative), presence of serosal involvement, status of overlying mucosa, extension into duodenum, distance from both lines of resection.

Appearance of non-neoplastic mucosa.

***Sections for Histology***

* Tumor: four sections through the wall to include the tumor borders and the deepest extent of the tumor. For intramural tumors, such as stromal tumors, take 6 sections to include all types of gross changes (see gastrectomy for GIST). For tumors that are close to the mucosa and/or ulcerated, take 2 sections of the tumor to include the mucosa closest to the tumor or the edge of the ulcer. If a carcinoma or lymphoma: non-neoplastic mucosa, close to the tumor to see the milieu in which the tumor arose: two sections. (Note the regions from which these are taken such as cardia, fundus, body, antrum, curvature and wall). These may be put in a single cassette.
* Margins: Proximal line of resection along lesser curvature: two sections longitudinally where the tumor most closely approaches the margin grossly. These may be put in a single cassette. Distal line of resection along pylorus and duodenum, if present: two sections longitudinally where the tumor most closely approaches the margin grossly. These may be put in single cassettes.
* Lymph Nodes: at least 15 lymph nodes for gastric carcinoma resections (whether or not the cancer was treated