
ESOPHAGECTOMY

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- I. Purpose**
To provide a procedure for the dissection of an esophagectomy for a tumor or a pathologic process.
- II. Principle**
To take histologic sections to demonstrate the tumor or the pathologic process so that a diagnosis can be made microscopically by a Pathologist. All margins and all lymph nodes should be examined.
- III. Equipment**
 - 1. Ruler
 - 2. Forceps
 - 3. Scalpel
 - 4. Scissors
 - 5. Large Knife
- IV. Safety**
 - 1. PPE should be worn.
 - 2. **FORMALIN** is a known carcinogen.
- V. Supplies and Reagents**
 - 1. **10% NEUTRAL BUFFERED FORMALIN** (pH range 6.9 – 7.2)
 - 2. Black Ink
 - 3. Blue Ink
 - 4. White Distilled Vinegar
- VI. Quality Control**
All remaining tissue should be retained.
- VII. Limitations/ Notes**
The following may influence the validity of test results:
 - 1. The specimen should be fixed in formalin.
 - 2. Overnight fixation after being pinned out is optimal.

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VIII. Procedure

1. If possible, orient the specimen. A portion of the proximal stomach may be attached.
2. Measure the overall length of the specimen. Measure the diameter or the internal circumference (If necessary, give a range).
3. Trim off all staple lines by cutting as close to the staple lines as possible.
4. Ink the outside of the specimen one or two colors.
5. Use vinegar as a mordant for the ink.
6. Open the specimen on the side opposite the tumor or pathologic process.
7. Describe the specimen using a systematic approach (ex: outside to inside). Carefully inspect the outside (adventitia) and the mucosa.
8. Describe the tumor or pathologic process (size, shape, color, & consistency) and its relationship to both the proximal and distal margins and the squamocolumnar junction (GE junction). Include a measurement from the epicenter of the mass to the squamocolumnar junction (GE junction).
9. Serially section the wall in the area involved by the tumor or the pathologic process and describe its thickness and the layers of the wall that are involved.
10. Measure the distance between the pathologic process and the outer aspect of the specimen.
11. Describe any other grossly identifiable abnormalities.
12. Measure the uninvolved wall of the specimen.
13. Complete a thorough lymph node search and submit all identifiable lymph nodes.
 - A. For untreated specimens, a minimum of 7 lymph nodes should be found. If 7 lymph nodes are not found, submit an additional 10 cassettes of fat.
 - B. Treated specimens with history of chemoradiation have no lymph node minimum. It is at the discretion of the assigned pathologist to decide on further action (i.e. submitting more fat).
14. Measure all lymph nodes by giving a range in size (from smallest to largest). If a lymph node is larger than 0.5 cm, bisect, trisect, or serially section it and describe the cut surfaces.
15. Submit shave sections of all margins (proximal and distal). If the tumor or pathologic process approaches the margin, take perpendicular sections at that margin which may also include the tumor or pathologic process.
16. Submit sections of the tumor or pathologic process including sections that demonstrate the deepest point of invasion and the adjacent uninvolved tissue.
17. If possible, submit sections of the tumor or pathologic process and the squamocolumnar junction (GE junction).
18. If the squamocolumnar junction (GE junction) is away from the tumor or pathologic process, take a full thickness representative section of it.
19. Sample any other grossly identifiable abnormalities.
20. Submit full thickness representative sections of the uninvolved wall.
21. Submit all identifiable lymph nodes.
22. Load on appropriate large processor to allow for adequate fixation.

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IX. References

Hruban RH, Westra, WH, Phelps, PH, & Isacson, C: Surgical Pathology Dissection An Illustrated Guide, New York, NY, Springer-Verlag Inc., 1996.

Lester, SC: Manual of Surgical Pathology, New York, NY, Churchill Livingstone, 2001.

X. Authorized Reviewers

1. Medical Director, Anatomic Pathology
2. Chief, Surgical Pathology

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Document Control

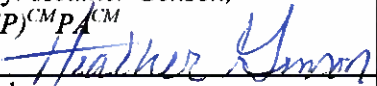

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Reviewed by: (Signature)	Date	Revision #	Modification	Related Documents Reviewed/ Updated
<i>Ali-Reza Armin, MD</i>	12/10/2008	r00		
<i>Anne R. Tranchida, PA(ASCP)</i>	10/20/2009	r00		
<i>Ali-Reza Armin, MD</i>	10/20/2011	r00		
<i>Ali-Reza Armin, MD</i>	4/3/2013	r00		
<i>Mitval B. Amin, MD</i>	2/14/2015	r00		
<i>Zhenhong H. Qu, MD</i>	3/19/2015	r00		
<i>Kurt Bernacki, MD</i>	10/27/2017	r00		
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