PREAMBLE

High quality immunohistochemical and molecular analysis can only be performed on adequately fixed tissue. Centrally located tumours in large specimens may be inadequately fixed unless the specimen is opened and the tumour exposed directly to formalin in a timely manner. The following policy and procedure is intended to ensure uniform adherence to quality standards for large surgical specimens received after normal working hours in the Division of Anatomical Pathology.

1. This policy only applies to specimens with a known or suspected malignancy.
2. This policy only applies to large specimens, which is defined as a specimen received after any of the following procedures:
   a. Gynecology
      i. Hysterectomy with or without bilateral salpingo-oophorectomy.
   b. Gastrointestinal
      i. Colectomy (partial, total)
      ii. Whipple’s procedure
      iii. Total mesorectal excision (TME)
      iv. Gastrectomy
      v. Esophagectomy
      vi. Liver resections (segmental hepatectomy, lobectomy)
   c. Head and neck
      i. Laryngectomy
      ii. Thyroid resection (hemithyroidectomy, lobectomy, total thyroidectomy)
      iii. Hemiglossectomy
      iv. Salivary gland tumors
   d. Lung/thoracic
      i. Lobectomy
      ii. Pneumonectomy
      iii. Anterior mediastinal resection
   e. Genitourinary
      i. Cystectomy
      ii. Nephrectomy
   f. Breast
      i. Lumpectomy
      ii. Mastectomy
g. Soft tissue  
  i. Deep soft tissue/retroperitoneal masses

3. When feasible, the goal of this policy is to limit cold ischemic time to a maximum of 1 hour.

4. The gross room staff will be responsible for opening all large specimens until 17:00 from Monday through Friday.

5. The operative schedule available online via the TOH intranet provides a list of all regularly scheduled operative procedures. The specimens expected to arrive in the gross room throughout the day can be derived from this list. A Pathologist Assistant (or designate) will notify the Resident on call at 16:30 of any outstanding specimens. The Resident on call will then attempt to locate any outstanding specimens and will when possible, help expedite the transfer of the specimen to the gross room.

6. For late additions to the operative schedule (cases added to the operative schedule after 16:30), it is the responsibility of the surgical team to page the Resident on call if the case involves a suspected or known malignancy. The Resident will then be responsible for reviewing the case with the surgical team and if deemed necessary, receiving and opening the specimen.

7. For procedures performed on weekends or statutory holidays, it is the responsibility of the surgical team to page the Resident on call if the case involves a suspected or known malignancy. The Resident will then be responsible for reviewing the case with the surgical team and if deemed necessary, receiving and opening the specimen.

8. The specimen should be opened in accordance with the P&P specific for that specimen type (available on the shared W-drive).

REVISION HISTORY

Original document:

<table>
<thead>
<tr>
<th>Issue Date</th>
<th>Author(s)- (name &amp; title)</th>
<th>Approved by (name &amp; title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-12-10</td>
<td>Dr. Jason Wasserman</td>
<td>Dr. D. Banerjee, Regional Head of AP</td>
</tr>
</tbody>
</table>

Revisions:

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Revised by</th>
<th>Synopsis of Change</th>
<th>Approved by (name &amp; title):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REVIEW HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Printed Name (reviewer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-12-22</td>
<td>Dr. S. Islam, Director, Residency Training Program</td>
</tr>
</tbody>
</table>