Alberta Health Services

# Laboratory Bulletin

**Date:** **March 2, 2015**

**To:** **South Zone West Gynecologists**
**South Zone West Pathologists**
**Gross Room Staff, Chinook Regional Hospital**

**From:** **Dr. B. Popma**

**Re:** **Gross Processing of Fallopian Tubes – South Zone West**

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**Key Messages:**

- Fallopian tubes from women with known BRCA1 or BRCA2 mutations, or known high grade serous carcinoma of the ovary or peritoneum, must be extensively sampled according to the SEE FIM protocol. ( Section and Extensively examine the FIMbriated end of the fallopian tube). The fimbriated end is longitudinally sectioned and submitted in total, and the entire length of the tube is serially sectioned and submitted in total. This may require up to 10 cassettes for each tube.
- Fallopian tubes submitted from all other fallopian tubes are submitted by a "modified SEE FIM" protocol. The fimbriated end is bisected and submitted in total, one cross section from the mid portion of the tube, and one from the corneal portion. This can be done in 1 or 2 cassettes for each tube.

**Why this is important:**

- Important clinical information will ensure the correct processing of fallopian tubes when clinically indicated, without causing extra work and use of resources when not necessary.

**Action Required:**

- Physicians are asked to make a note in the clinical history on the pathology requisition if a patient is known to have a BRCA mutation, so that the gross room staff and the pathologists will process the tubes properly.
- The SEE FIM protocol will only be followed if this information is provided.
- All other tubes will be processed by a modified SEE FIM protocol.

**Reference:**

Lester, S. C.: Manual of Surgical Pathology, third edition, 2010
Dr. M. Duggan, Gynecologic Pathologist, Calgary Lab Services

**Inquiries and feedback may be directed to:**

Dr. Barbara Popma, Pathologist, 403-388-6153
Sanowar Hossain, Pathology Scientist, 403-388-6062

**This bulletin has been reviewed and approved by:**

Dr. Barbara Popma, AHS Zone Clinical Department Head (Co-Lead) Laboratory Medicine, South Zone