

Date: February 16, 2011

To: Edmonton Zone
Physicians and Surgeons, Nursing and Laboratory Directors and Managers

From: Anatomical Pathology, Edmonton Zone

Re: Collection and Handling of Tissue Submitted for Suspect Lymphoma

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Messages:

- Lymph node excision is the preferred specimen for suspect lymphoma.
- Lymph node needle core biopsy is not recommended for superficial, surgically accessible nodes.
- Small biopsies, suspicious for lymphoma, should be submitted to Anatomical Pathology in 10% Formalin. Do not split the sample for lymphoma protocol. This applies to needle core biopsies and small (less than one (1) centimetre) lymph node excision samples. However, tissue for culture should continue to be submitted fresh by the clinician as per the appropriate microbiology protocol and container.
- Larger excised nodes should be split and portions submitted in 10% Formalin and for lymphoma protocol as well as other ancillary studies if required.

Specimen Type:

- Open lymph node biopsy, whenever possible, is preferred.
- For deep lymph nodes, not easily biopsied in an open manner, a large gauge needle core biopsy is acceptable. Please note that needle core biopsy specimens may be non-diagnostic and a nodal excision will be subsequently required.
- Fine needle aspiration is not a preferred method for the primary diagnosis of lymphoma, but it can be used cost-effectively for diagnosing relapses of lymphoma.

Submission of the Biopsy Specimen to the Laboratory:

- Please refer to “Clinician Guidelines for the Submission of Tissue for Suspect Lymphoma” located at: <http://www.albertahealthservices.ca/2371.asp>

Why this is important:

- These recommendations aim to provide timely, cost-effective and optimal pathologic work-up for patients with suspected lymphoid malignancies.
- Diagnostic work-up of lymphoid malignancies requires the use of a variety of expensive ancillary studies. It is a complex, sub-specialized practice area and requires assessment of nodal architecture, best seen with nodal excision, for accurate diagnosis.

For additional questions contact:

- Cross Cancer Institute, Surface Marker Lab (780) 432-8587

This bulletin has been reviewed and approved by: Dr. Robert Rennie and Dr. Raymond Lai