Macroscopic description of omentum (Required)

Reason/Evidentiary Support

Three dimensions of the omentum should be provided in the pathology report to document the size of the specimen received for pathological examination. This may be useful in certain scenarios to direct the need for further surgery. For example, if initially only an omental biopsy was performed, further surgery may be undertaken to remove the remainder of the omentum. The size of the specimen is also helpful to determine the extent of sampling for histologic examination. No standardized guidelines have been developed for sampling omental specimens in cases of ovarian carcinoma or borderline tumours. However, in the setting of a grossly involved omentum, submitting 1 block for histologic examination is probably sufficient.\(^1,2\) In patients who have received neoadjuvant chemotherapy, where histological assessment of tumour response to therapy is recommended (see Note 17 RESPONSE TO NEOADJUVANT THERAPY), examination of 4-6 blocks of omentum is suggested. For grossly negative omental specimens the sampling recommendations are variable – sampling of 3-5 blocks is recommended in one study,\(^2\) other studies suggest 1 block for every 67 mm of maximal dimension of omentum\(^3\) or at least 1 block for every 20 mm of maximum omental dimension.\(^3\) Taking 4-6 blocks in cases where the omentum is grossly negative in patients with an ovarian carcinoma or borderline tumour is recommended.

The size of the largest tumour deposit should be recorded in the pathology report. This is critical for determining the pathological stage. Microscopic tumour which is not grossly evident, macroscopically evident tumour <20 mm, and macroscopically evident tumour >20 mm, correspond to FIGO stages IIIA2, IIIB, and IIIC, respectively (FIGO 2014).\(^4\)

References: