

BREAST PATHOLOGY GROSSING GUIDELINES

THINGS TO CONSIDER:

- A. Please review relevant medical history (including outside reports) and indication for surgery PRIOR to grossing any breast case. Any oncologic surgery must adhere to ischemic and formalin fixation guidelines (see below) and grossed appropriately.
- B. It may be helpful to document/diagram/photograph biopsy sites, procedure locations, and/or any unusual specimens for grossing.

FORMALIN FIXATION

Due to CAP-recommended guidelines for ER and HER2/neu (including FISH) tumor testing, as much as possible, specimens should be placed in formalin within one hour after the time of surgery or biopsy (collection time). Furthermore, the breast tissue should be in contact with formalin for at least 6 hours, not to exceed 72 hours.

Specimen Type: GENDER DYSPHORIA

Procedure:

1. Weigh in aggregate if fragmented
2. Measure (aggregate)
3. Document number of portions lined with skin (check for skin lesions/scars)
4. Describe cut surfaces (masses, cysts, %fibrous and %fatty tissue)

Gross Template:

MMODAL COMMAND: "INSERT REDUCTION" – for unoriented cases (most situations)

It consists of multiple yellow-tan portions of fibroadipose tissue measuring [*measure in three dimensions*] cm in aggregate. The specimen weighs [***] grams in aggregate. [*All/ Provide # of portions****] of the portions are surfaced with [*tan unremarkable/describe lesion if present****] skin. Sectioning reveals [*yellow-tan cut surfaces/describe****]. The tissue consists of [*give percentage****] tan-yellow adipose tissue and [*give percentage****] white fibrous tissue. No lesions or masses are grossly identified. Representative sections are submitted in cassettes [***].

[*INSERT INK KEY FOR GYNECOMASTIA CASES/SEE GROSS MANUAL – OTHERWISE DELETE THIS SENTENCE*]

MMODAL COMMAND: "INSERT SKIN SPARING MASTECTOMY" – for oriented cases

It consists of a [*weight in grams****] g, oriented mastectomy specimen with sutures indicating [*describe orientation/short -superior****]. The specimen measures [***] cm (medial - lateral) x [***] cm (superior-inferior) x [***] cm (anterior - posterior). There [*is/is no****] axillary tail present. A Faxitron image is taken to reveal [*comment on calcifications and presence/absence of biopsy clip(s)****].

BREAST PATHOLOGY GROSSING GUIDELINES

The specimen is serially sectioned from medial to lateral into [***] levels. The retro areolar area is located in level [***]. Sectioning reveals a [*describe lesion/ill-defined area of fibrous tissue in three dimensions****]. The [*lesion/fibrous area*] is located in levels [***]. A [*indicate shape of clip****] clip is identified in level [indicate level and if inside/outside of mass***]. The lesion measures [***] cm from anterior, [***] cm from posterior, [***] cm from medial, [***] cm from lateral, [***] cm from superior, [***] cm from inferior, and [***] cm from the [*retro areolar/nipple****].

The remainder of the uninvolved parenchyma consists of [*give percentage****] white-tan fibrous tissue and [*give percentage****] yellow-tan adipose tissue. The lateral aspect is palpated and [*number of lymph nodes/no****] lymph nodes are identified.

[*All identified lymph nodes are submitted in their entirety and representative sections of the remaining specimen are submitted/ The lesion is entirely submitted and representative sections of the remaining specimen are submitted/ Representative sections are submitted****].

Total Ischemic Time: [*time in formalin minus collection time****] minutes

Total Formalin Fixation Time: [*collection time to 3am (Monday-Thursday) or 2am (Friday)****] hours

INK KEY:

Blue	Superior
Green	Inferior
Purple	Medial
Yellow	Lateral
Orange	Anterior
Black	Deep

[*insert cassette summary****]

Cassette Submission: 3-4 cassettes with two sections in each cassette (more if gross abnormality identified). Include skin with at least one section. If specimen is just breast skin you may submit one cassette of three representative cross sections.

A1 Fibrous tissue and skin

A2-A4 Fibrous tissue