

BREAST PATHOLOGY GROSSING GUIDELINES

THINGS TO CONSIDER:

- A. Please review relevant medical history and indication for surgery PRIOR to grossing any breast case. It may be helpful to document/diagram prior biopsy site and/or procedure locations for grossing.
- B. Notify the Lymphoma Service if a capsulectomy is performed for an implant-associated lymphoma.

FORMALIN FIXATION

Capsulectomies performed for an implant-associated lymphoma require timely determination for a lymphoma work-up (e.g., for flow cytometry or B5 fixation). If this is not needed, the specimen should be processed as described below.

Specimen Type: IMPLANTS/EXPANDERS/PROSTHESIS with and without CAPSULE **Procedure:**

1. Photograph all implants/expanders and indicate defects with probe
2. Weigh, measure
3. Document if intact, ruptured (measure size of tear), or deflated
 - a. If NO defect identified please include “no defects are identified upon applying pressure” in gross description
4. Silicone vs saline; surface of implant- textured/smooth
5. Describe attached capsule if present (measure, describe inner lining, and presence of calcs)
6. Dictate any medical inscriptions
7. **Log into Gross Only log** book as specimen may have medico-legal implications

Gross Template:

MMODAL COMMAND: “INSERT IMPLANT”

It consists of a [weight***] g, [measure in three dimensions ***] cm [intact/disrupted/deflated***] implant. Upon applying pressure, [no/if defect present give size in maximum dimension***] defects are identified. The specimen includes the following medical inscription: “[list inscription exactly***]”. The external surface is [textured/smooth***]. There is no adherent tissue present. A gross photograph is taken. The specimen is for gross examination only.

MMODAL COMMAND: “INSERT IMPLANT CAPSULE”

It consists of a [weight***] g, [measure in three dimensions***] cm [intact/disrupted/deflated***] implant. Upon applying pressure, [no/if defect present give size in maximum dimension***] defects are identified. The specimen includes the following medical inscription: “[list inscription exactly***]”. The external surface is [textured/smooth***]. Additionally present within the specimen container is a [give three dimensions and describe tissue received***]. Sectioning reveals [pink-tan cut surface/areas of

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*calcification/any nodules***]. A gross photograph is taken. Representative sections of the soft tissue are submitted in [describe cassette submission***].*

Cassette Submission: Up to two cassettes of adherent soft tissue.

- Log specimen into gross only log book

Specimen Type: IMPLANT with CAPSULE FOR IMPLANT-ASSOCIATED LYMPHOMA

Procedure:

1. Aspirate any remaining effusion for cytologic examination
2. Open transversely on posterior aspect of specimen, if oriented
3. Open longitudinally superior to inferior until capsule lies open and flat
4. Carefully remove, photograph, and document implant as above
5. Submit any floating material or material attached to implant in cassette
6. Pin and fix capsule overnight in 10% NBF
7. Ink the external surface of capsule in 6 colors (standard color key)
8. Submit 2 sections (on edge) from each aspect for a total of 12 sections

Jaffe ES, et al. Best Practices Guideline for the Pathologic Diagnosis of Breast Implant-Associated Anaplastic Large-Cell Lymphoma. J Clin Oncol. 2020 Apr 1;38(10):1102-1111. doi: 10.1200/JCO.19.02778. Epub 2020 Feb 11. PMID: 32045544; PMCID: PMC7106983.