Corewell Health
East Laboratory

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Related Documents:

BREAST CORES

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I. Purpose
To provide a procedure for the gross examination of a breast core biopsy specimen.

II. Principle
To submit all identifiable tissue cores so that a diagnosis can be made microscopically by a Pathologist.

III. Equipment
1. Ruler
2. Forceps
3. Blue biopsy sponges

IV. Safety
1. **PPE** should be worn.
2. **FORMALIN** is a known carcinogen.

V. Supplies and Reagents
1. **10% NEUTRAL BUFFERED FORMALIN** (pH range 6.9 – 7.2)
2. Hematoxylin

VI. Quality Control
All tissue should be submitted.

VII. Limitations/ Notes
The following may influence the validity of test results:
1. The specimen should be fixed in formalin for a minimum of 6 hours and a maximum of 72 hours.

VIII. Procedure
A. If received from ultrasound/MRI:
1. The specimen will arrive in a jar of formalin
2. Using forceps, carefully remove all cores from the container.
3. Dictate the number, the size range (smallest length to largest length in cm.), the color, and the consistency of the cores.
4. If there is more than one core, divide the specimen into at least two cassettes.
5. All cores should be inked with hematoxylin and placed between blue sponges (or filtered if very friable and smaller fragments).

6. All cassettes should have three H&E levels with 2 unstained slides after each.
7. The specimen should fix for a minimum of 6 hours before processing begins.
8. Include in the dictation the current CAP guidelines breast template including the cold ischemic time and approximate hours of fixation.
9. The cassettes should be loaded on the appropriate large processor to allow for at least 6 hours of fixation.

B. If received from radiology (Stereotactic for calcifications):

1. The specimen will arrive in a jar of formalin with cores separated or designated as containing calcifications. The cores with calcifications may be in a separate container, separated in a cassette within the container, or in a Coretainer with multiple compartments with designation(s) (i.e. marked on the lid).
2. Dictate the number, the size range (smallest length to largest length in cm.), the color, and the consistency of the cores.
3. Place the cores that have been designated by radiology as having calcifications (designated cores/compartments) in the first cassette(s). And place the remaining cores without calcifications in the remaining cassette(s). If received in a Coretainer with labeled compartments, there is no need to keep each compartment in a separate cassette. But be sure to keep the cores with calcifications separate from the other cores.
4. All cores should be inked with hematoxylin and submitted between blue sponges (or filtered if very friable and smaller fragments).
5. Include in the dictation which cassettes contain the cores with calcifications and which compartment(s) they were in.
6. Three H&E levels should be ordered on the cassettes with calcifications and the remaining cassettes without calcifications should have only one H&E level.
7. If the cores are not received previously separated or no compartments are marked by radiology, three levels should be ordered on all cassettes.
8. The specimen should fix for at least 6 hours before processing begins.
9. Include in the dictation the current CAP guidelines breast template including the cold ischemic time and approximate hours of fixation.
10. The cassettes should be loaded on the appropriate large processor to allow for at least 6 hours of fixation.

IX. References

Hruban RH, Westra, WH, Phelps, PH, & Isacson, C: Surgical Pathology Dissection An Illustrated Guide, New York, NY, Springer-Verlag Inc., 1996.

Lester, SC: Manual of Surgical Pathology, New York, NY, Churchill Livingstone, 2001.

X. Authorized Reviewers

A. Medical Director, Anatomic Pathology
B. Chief, Surgical Pathology

Document Control

Location of Master: Master electronic file stored on the Beaumont Laboratory server under S:\AP_Grossing_Manual

Number of Controlled Copies posted for educational purposes: 0

Number of circulating Controlled Copies: 1

Location of circulating Controlled Copies: Master Grossing Manual located in Surgical Pathology

Document History

Signature	Date	Revision #		Related Documents Reviewed/ Updated
Prepared by: *Anne Tranchida, PA(ASCP)*	9/21/2009	**r00**		
Approved by: *Ali-Reza Armin, MD*	10/24/2009	**r00**		
Reviewed by: (Signature)	**Date**	**Revision #**	**Modification**	**Related Documents Reviewed/ Updated**
Ali-Reza Armin,MD	10/20/2011	**r00**		
Ali-Reza Armin,MD	4/2/2013	**r00**		
Mitual B. Amin,MD	2/14/2015	**r00**		
Zhenhong H. Qu, MD	03/11/2015	**r00**		
Kurt Bernacki, MD	10/27/2017	**r00**		
Revised by: *Heather Genson, HTL(ASCP)^{CM}PA^{CM}*	10/6/2017	**r01**	Included cores previously separated by radiology	
Approved by: *Kurt Bernacki, MD*	11/9/2017	**r01**		
Kurt Bernacki, MD	10/22/2019	**r01**		
Kurt Bernacki, MD	10/20/2021	**r01**		
Jawwad Arshad, MD	3/20/2023	**r01**		
Revised by: *Heather Genson, HTL(ASCP)^{CM}PA^{CM}* Heather Genson	7/10/2024	**r02**	Updated for ultrasound vs. cores separated by radiology	
Approved by: 7/12/24		**r02**		