###### Purpose

To provide further details of how to gross each specific breast case.

1. **Un-oriented Excisions**
2. For fatty and non-fatty tissue – 10 blocks are recommended (focus on non-fatty tissue)
3. Small – all can be put through in 6-10 cassettes
4. If initial slides show an abnormality/neoplasm, submit more blocks per pathologist’s discretion
5. Always ink – one color
6. 1 level each
7. If fibroadenoma suspected or grossly consistent with fibroadenoma submit entirely in 5 cassettes or submit 1 block per cm.
8. **Oriented Excisions with gross lesion**
9. Small specimens – submit entirely in less than 10 cassettes
10. Large specimens
	1. If tumor is <2 cm then submit entire tumor
	2. If tumor is >2 cm, submit:
11. 4-5 cassettes of tumor or complete cross-section of tumor (largest dimension; may take multiple cassettes) +
12. One section of tumor from each involved slice (with some adjacent normal tissue to look for LVI) +
13. Section from each flanking uninvolved breast to determine size in third dimension
14. If more than 1 lesion, submit sections in between lesions
15. Submit representative sections of fibrous tissue if not already included above
16. Margins - at least 1 perpendicular section per margin closest to tumor
17. Skin - 1 representative section
18. **Oriented Excisions with no obvious lesion but clinically highly suspicious or bx-proven ADH/ DCIS**
19. Small specimens – submit entirely in less than 10 cassettes
20. Large specimens
	1. Submit entire area of calcification or radiographic abnormality and all fibrous tissue
	2. Margins – at least 1 perpendicular section per margin closest to any abnormality
	3. Skin – 1 representative section
21. **Oriented Excisions for neoadjuvent cases**
22. Small specimens – submit entirely in less than 10 cassettes
23. Large specimens
	1. Submit entire area of suspected tumor bed if <10 cassettes, otherwise submit at least 1 section per cm (at least an entire cross-section of the span of the original tumor bed should be submitted)
	2. Margins – at least 1 perpendicular section per margin closest to tumor bed
	3. Skin – 1 representative section
24. **Oriented Excisions for suspected benign disease**
25. 1 section per cm of lesion (2 sections/cassette)
26. If no gross lesion, then 10 cassettes of fibrous tissue
27. If ADH or DCIS identified on slides, then go back and submit remainder of specimen if feasible at discretion of pathologist (see above IV)
28. **Re-excisions of margins**
29. Small specimen – submit entirely if feasible (e.g. in 10 cassettes or less)
30. Large specimen – 1-2 blocks per cm of largest dimension
31. **Mastectomy for Cancer**
32. Minimum of 12 cassettes including 1 section of nipple or subareolar area, closest 3 margins to pathology, and 2 random sections per each quadrant of fibrous tissue (1 block per quadrant with 2 sections in each)
33. If tumor is 2 cm or less, submit entire tumor
34. If tumor is >2 cm, submit 1 section per cm of largest dimension of tumor/area of interest
35. **Prophylactic Mastectomy**
36. Focus on non-fatty (fibrous) tissue
37. 2 sections per cassette
38. If high risk patient (BRCA or strong family history)
	1. 4 blocks from each quadrant (2 sections per block)
	2. 1 section of nipple or subareolar area
39. If not high risk
	1. 2 blocks from each quadrant (2 sections per block)
	2. 1 section of nipple or subareolar area
40. **Reduction Mammoplasty**
41. Treat all cases the same, regardless of age
42. 2 sections per block in 6 blocks, including skin
43. **Ductal Excisions**
44. Small specimens - process the entire specimen
45. Ink one color
46. Section perpendicular to the duct (if oriented)
47. **Gynecomastia**
48. 1 block per quadrant with 2 sections in each block
49. If received in multiple fragments, treat like a reduction. (See above X)
50. **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.

Breast Grossing Standardization Committee - Summary of Categories 1-7, 2/2018

1. **Related Documents**
2. Breast Excisional Biopsy - RA.SP.PR.GR.BT.01
3. Breast Excisional Biopsy - Needle Localization - RA.SP.PR.GR.BT.02
4. Breast Excisional Biopsy - Oriented - RA.SP.PR.GR.BT.03
5. Breast - Re-Excision - RA.SP.PR.GR.BT.04
6. Modified Radical Mastectomy - RA.SP.PR.GR.BT.05
7. Simple Mastectomy - RA.SP.PR.GR.BT.06
8. Breast Reduction - RA.SP.PR.GR.BT.07
9. **Authorized Reviewers**
10. Medical Director, Anatomic Pathology
11. Chief, Surgical Pathology

##### Document Control

##### Location of Master: Master electronic file stored on the Beaumont Laboratory server under

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##### Document History

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