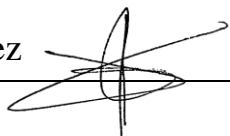


## BREAST LUMPECTOMY (NON-ORIENTED)

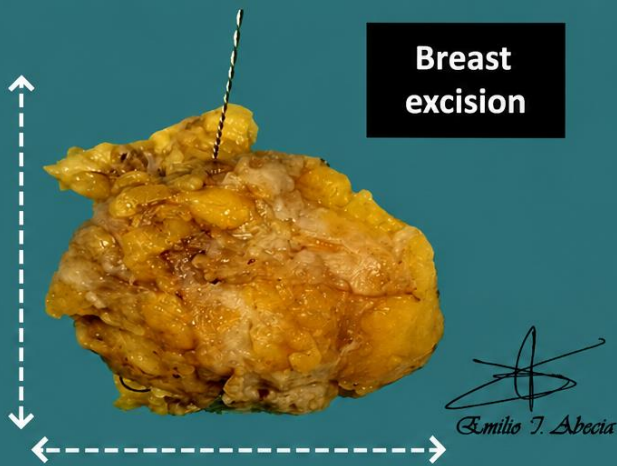
1. Labelled as UOQ / UIQ / LIQ / LOQ of the right / left breast, a lumpectomy specimen measuring XXX cm is received, without orientation provided.
2. Externally, no remarkable features are identified // the specimen is traversed by a localisation wire through the anterior surface // a skin ellipse measuring X cm is identified.
3. The surgical margins are inked and the localisation wire is removed.
4. The specimen is serially sectioned, yielding a total of X slices. On inspection, slice X shows a lesion measuring XXX cm, located X cm from the surgical margin.
5. The lesion is heterogeneous / homogeneous, with well / poorly defined borders, whitish in colour, and of firm / indurated consistency / etc.
6. In the remaining parenchyma, a tumour marker clip is identified / not identified // a secondary lesion is identified in slice X, measuring X cm and located X cm from the surgical margin // the cut surface alternates between adipose and fibrous appearing areas.
7. Representative sections are submitted as follows:
  - A1: lateral margin, perpendicular sections (“cross-shaped”).
  - A2: representative section from slice 2.
  - A3: representative section from slice 3.
  - A4 - A7: one complete section from slice 4.
  - A8 - A9: opposite margin, perpendicular sections (“cross-shaped”).

### TO CONSIDER

- Breast-conserving surgical specimens without spatial orientation (in contrast to quadrantectomies), generally performed for previously diagnosed breast carcinoma (with or without prior treatment).
- Prompt fixation in formalin following surgery is recommended for optimal tissue processing and immunohistochemical staining quality.
- Clinical reports and imaging studies should be reviewed before dissection to assess for BRCA mutation status, neoadjuvant therapy, potential multifocality / heterogeneity, presence of marker clips, etc.
- Ink the external surface of the specimen, serially section, and describe the lesion including its distance to the margins.
- If more than two lesions are identified (multifocal disease), both lesions should be described and measured, and the distance between them documented.
- Submit representative sections:
  - Always submit the lateral margins perpendicularly (“cross-shaped”).
  - If the lesion involves multiple tissue slices or multifocality is present, consider submitting the specimen entirely.
  - If the lesion is small and/or well localised, it is recommended to attempt complete submission of the lesion and adjacent tissue slices.
  - If a skin ellipse is present, submit a representative section.
  - Specimens from BRCA patients or post-neoadjuvant therapy cases should be submitted entirely.
- It is useful to document the specimen sampling with a diagram or photograph.
- Indicate whether marker clips are present.



## Breast excision



1. Weigh and measure the specimen
2. Describe external surface
3. Describe surgical margin
4. Serially section the specimen; localise and measure the lesion, and its distance to margins
5. Describe cut surface of the lesion
6. Describe remaining parenchyma (state if a marker is present)
7. Include representative sections

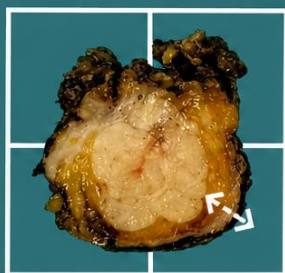
Lateral margin

Specimen not orientated spatially

Lateral margin



A8 - A9

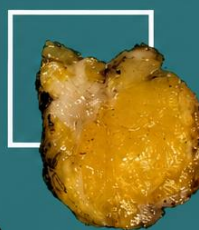


A4 - A7

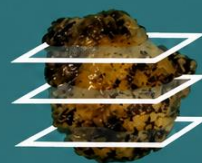


A3

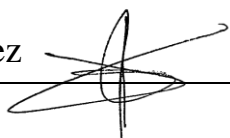
Area of fibrosis



A2



A1



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## DISCLAIMER

The image and text are provided for illustrative purposes only. The tissue sections submitted and the description provided will depend on the individual specimen characteristics, the clinical diagnostic suspicion, the experience of the dissector, and the institutional guidelines of the laboratory.

This document has been translated from the original Spanish version using AI-based tools. The text may contain typographical errors or inaccurate translations.

