

BREAST QUADRANCTECTOMY

1. A quadrantectomy / lumpectomy designated as upper outer quadrant (UOQ) / upper inner quadrant (UIQ) / lower inner quadrant (LIQ) / lower outer quadrant (LOQ) of the right / left breast, measuring XXX cm, is received.
2. Externally, no remarkable features are identified // the specimen is traversed by a localisation wire through the anterior surface // an ellipse of skin measuring X cm is present // a superficial lesion measuring XX cm with X characteristics is identified.
3. The surgical margins are inked as follows: blue at the 12 o'clock margin, yellow at the 3 o'clock margin, green at the 6 o'clock margin, orange at the 9 o'clock margin, red anteriorly, and black posteriorly / and the localisation wire is removed.
4. The specimen is placed on the X surface and serially sectioned from X o'clock to X o'clock, yielding a total of X slices.
5. On inspection, slice X shows a lesion measuring XXX cm, located X cm from the surgical margin.
6. The lesion is heterogeneous / homogeneous, with well-defined / poorly defined borders, whitish in colour, and of firm / indurated consistency / etc.
7. 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 shows alternating adipose and fibrous areas.
8. Representative sections are submitted as follows:

1st Example (Post-neoadjuvant breast quadrantectomy):

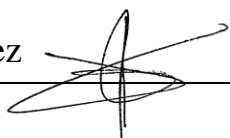
- A1 - A2: posterior margin, "cross-shaped" sections.
- A3 - A4: 2nd slice from 12 o'clock to 6 o'clock.
- A5 - A7: 3rd slice from 12 o'clock to 6 o'clock.
- A8 - A11: 4th slice from 9 o'clock to 3 o'clock and from 12 o'clock to 6 o'clock.
- A12: entirety of 5th slice.
- A13 - A14: anterior margin, "cross-shaped" sections.

2nd Example (Breast quadrantectomy for papillary carcinoma):

- A1 - A2: 12 o'clock margin, "cross-shaped" sections.
- A3 - A5: 2nd slice from 9 o'clock to 3 o'clock.
- A6 - A9: 3rd slice from 9 o'clock to 3 o'clock.
- A10 - A13: 4th slice from posterior to anterior and from 9 o'clock to 3 o'clock.
- A14 - A15: 6 o'clock margin, "cross-shaped" sections.

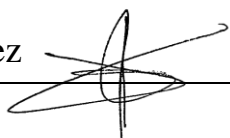
3rd Example (Breast quadrantectomy for ductal carcinoma):

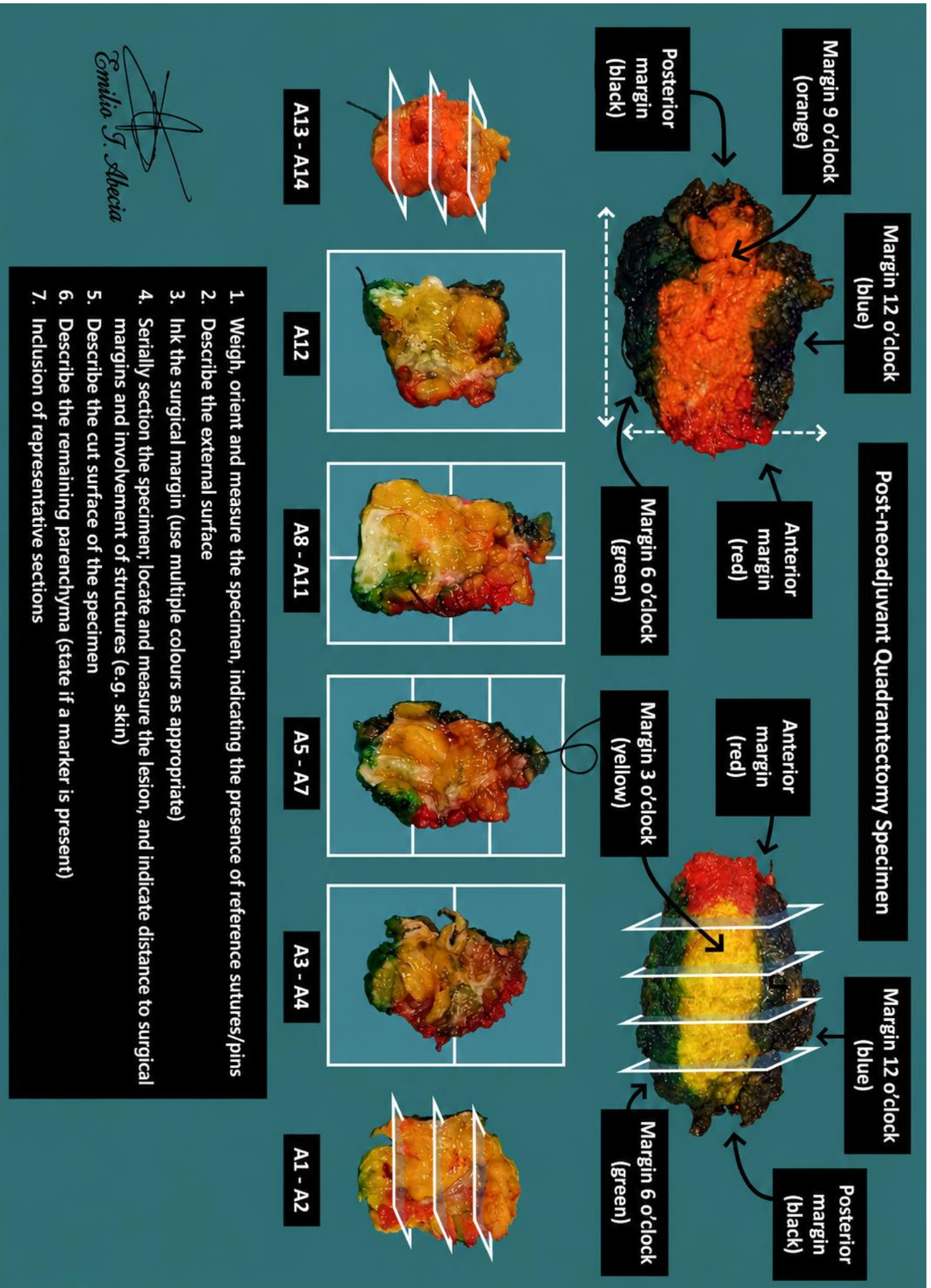
- A1 - A2: 3 o'clock margin, "cross-shaped" sections.
- A3 - A6: 2nd slice from posterior to anterior and from 12 o'clock to 6 o'clock.
- A7 - A10: 3rd slice from posterior to anterior and from 12 o'clock to 6 o'clock.
- A11: representative section from 4th slice.
- A12 - A13: 9 o'clock margin, "cross-shaped" sections.



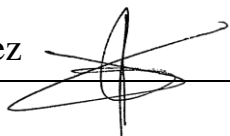
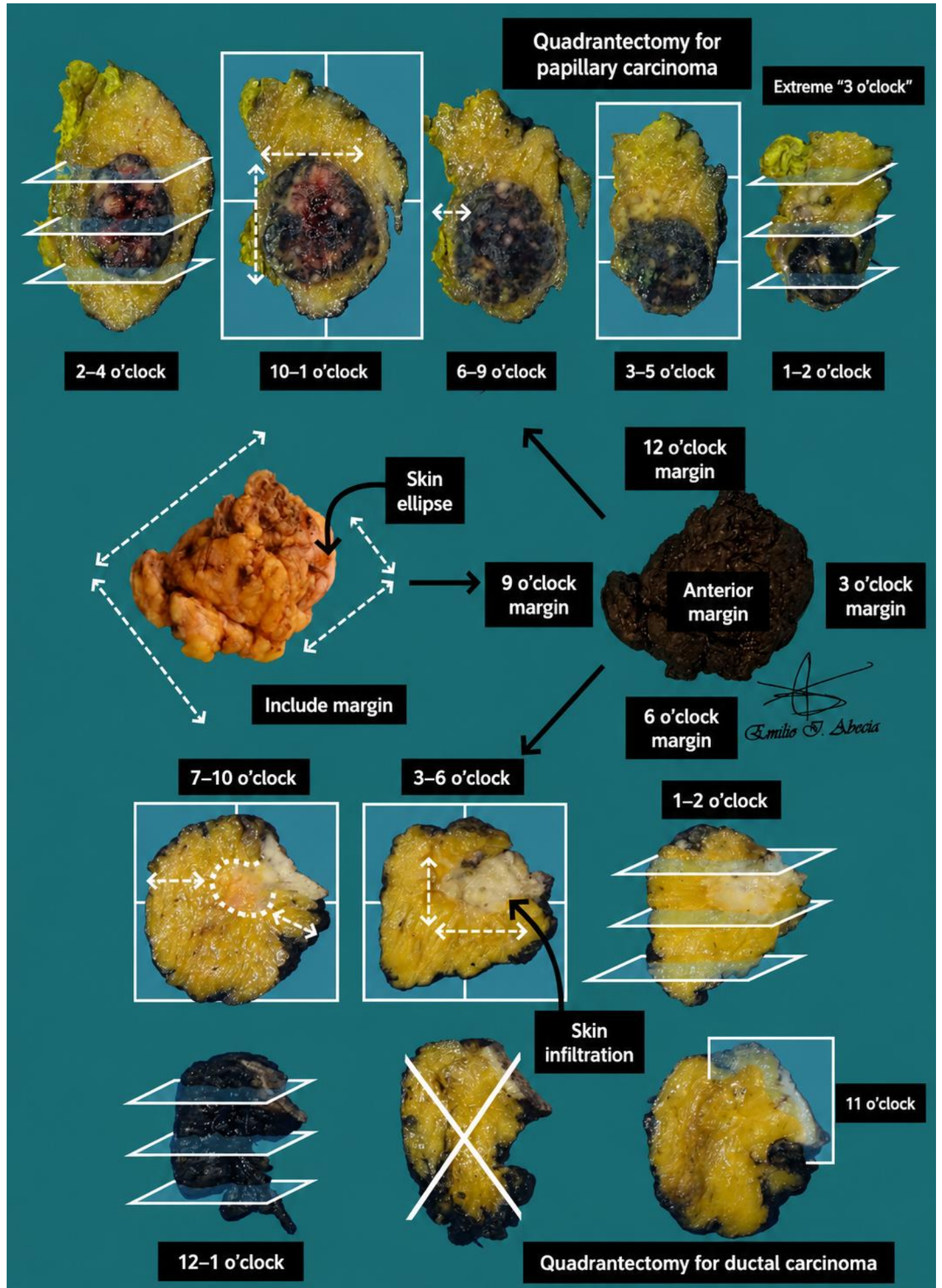
TO CONSIDER

- Spatially oriented breast-conserving surgical specimens, generally performed for previously diagnosed breast carcinoma, with or without prior treatment.
- Rapid fixation of the specimen in formalin following surgery is recommended to optimise tissue processing and immunohistochemical staining.
- Clinical reports and imaging studies should be reviewed before gross dissection to assess BRCA mutation status, neoadjuvant treatment, potential multifocality / heterogeneity, presence of marker clips, etc.
- Measure the specimen (1st: from 3 o'clock to 9 o'clock; 2nd: from 12 o'clock to 6 o'clock; 3rd: from anterior to posterior) and ink the surface according to the institutional protocol (see image).
- Serially section the specimen, identify, measure and describe the lesion, and document its distance to the margins.
- If more than two lesions are identified (multifocal disease), measure and describe both lesions and record the distance between them.
- Submit representative sections:
 - Always submit the lateral margins perpendicularly ("cross-shaped" sections).
 - If the lesion involves multiple slices or multifocal disease is present, consideration should be given to complete submission of the specimen.
 - If the lesion is small and/or well localised, complete submission of the lesion and adjacent slices is recommended (see Image III). If some sections are not submitted, care should be taken to preserve orientation in case re-embedding is required.
 - If a skin ellipse is present, submit a representative section.
 - BRCA-associated specimens or post-neoadjuvant specimens should be entirely submitted.
- It is useful to document the submitted sections with a diagram or photograph.
- Indicate the presence of marker clips, if identified.





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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.

