Eastern Health

FAX TRANSMISSION

TO: Dr Paul Neil FROM: Judy

FAX: 634-9162 PAGES:

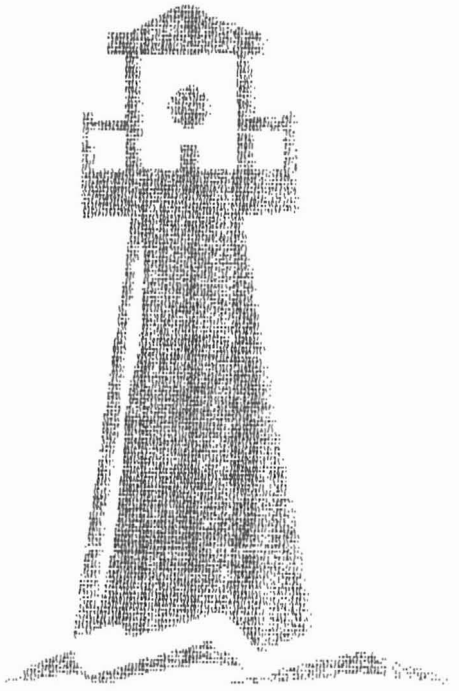
SUBJECT: DATE May 31-07

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

COMMENTS:

As requested

St. Clare's Mercy Hospital
Pathology Office
154 LeMarchant Road, St. John's, NL, Canada A1C 5B8
T:709-777-5493 • F: 709-777-5178
www.easternhealth.ca



Procedure	**DUCTAL CARCINOMA IN-SITU REPORTING**
Patient Name:	_____
Surg. Path. No.	_____
Site:	- Right - Left
Procedure:	- Biopsy - Mastectomy - Needle Localization Biopsy - Other (Specifiy)
DCIS Type:	- Cribriform - Solid - Micropapillary - Papillary - Solid - Comedo
Nuclear Grade:	- 1/2/3
Necrosis:	- Present - Absent - punctate - comedo
Size:	- _____cms
Maximum Extent on a single slide:	- _____ cms
Number of slides involved	- _____

Paget's Disease of Nipple	- present - Absent
RESECTION MARGINS	Uninvolved - Distance to closest (relevant) Margin ----------mm (specify margin) Involved(at the margin)- specify margin(s) ---------- (eg that is inferior, medial, etc
Microinvasion: Invasion < / =1mm	- focal(one microscopic focus) - Extensive (several microscopic foci) - YES - NO
Calcification:	- YES - NO
Associated benign changes	
Referenc –	- **NHS 2005.** 6th. Edition AJCC Manual

++++++++ Eastern Health City Hospitals	St. John's, Newfoundland & Labrador (2006)	
Revision # (1)	Issue Date:	Date Effective:
Originator: Dr. Bibi Naghibi	Department: : Pathology	

Pathology Procedures Manual		
Section: Anatomic Pathology / Grossing Protocols		**Number 09. SP. 215**
Title: Breast needle core biopsies - standardized grossing		**Page:** 1 of 1
Issuing Authority (s):		
Terry Gulliver, Laboratory Program Director	Nebojsa Denic, MD, Clinical Chief	

PURPOSE

Standardized handling of specimens in the pathology laboratory may lead to better patient outcomes.

In order to sample breast masses, for diagnosis or for pre-operative planning, needle core biopsy is carried out. The sample can be taken from a palpable mass or be radiologically guided.

PROCEDURE

- State the patients name, MCP number and anatomical location of the specimen.
- State whether the specimen is received fresh, in formalin, or in a cassette.
- State whether the biopsies are standard thin-gauge biopsies or vacuum assisted biopsies.
- State the number of cores and the length of each core
- Lay each core flat in the cassette.
- Up to 5 standard biopsies or two vacuum assisted biopsies may be placed in each cassette.
- 2 sponges can be placed into the cassette to hold the biopsies flat.
- Four levels are ordered.
- A separate cassette maybe used for each lesion or core with or without calcifications.
- Specimens should be in formalin for at least 3 hours and for no more than 8 hours (see fixation protocol).

Note: Calcifications can dissolve if left in formalin for more than 24 hours.

Pathology Procedures Manual	
Section:	**Number: DRAFT 1**
Title: Breast, Sentinel Node, Lymph Node	**Page:** 1 of 1
Issuing Authority (s):	

Policy	
Procedure	Upon receipt in the operating room, the lymph nodal tissue is dissected away from fat. Lymph nodes are sliced at 2 – 3 mms, maximizing exposure to the subcapsular sinus. Lymph node touch preps of all cut surfaces can be made and reported (at the discretion of the pathologist). The lymph node is submitted in total for frozen section (if frozen section has been requested by the surgeon) and examined at three levels. Two further levels of each block are cut for permanent section with an intervening slide kept for immunohistochemical staining if needed (i.e. all H & E stained slides are negative). **References:** Proceedings of the Consensus Conference on the Role of Sentinel Lymph Biopsy in Carcinoma of the Breast, April 19-22, 2001, Philadelphia, Pennsylvania, CANCER, May 15, 2002; 94 (10); 2542-51 Clinical practice guidelines for the care and treatment of breast cancer: 13. Sentinel lymph node biopsy, CMAJ 2001; 165(2): 166-73

Eastern Health City Hospitals	**St. John's, Newfoundland & Labrador (2006)**	
Revision # (1)	**Issue Date:**	**Date Effective:**
Originator: Beverley Carter	**Department:**	

Pathology Procedures Manual	
Section: Anatomic Pathology/Grossing Protocols	**Number:**
Title: Cancer Lumpectomy Specimen (breast conserving surgery)	**Page:** 1 of 2
Issuing Authority (s):	

Purpose	To identify a palpable mass, describe the size, consistency, growth pattern and distance from margins. This will provide information regarding further therapy.
Definitions (if applicable)	A primary biopsy that is performed without needle wire localization or a history of nipple discharge, usually performed to excise a palpable mass.
Procedure	- State the patient's name, MCP number and anatomical location of the biopsy. - State whether the biopsy is received fresh or in formalin. - State whether it is oriented or un-oriented. - State the size in "cm" of the breast biopsy in three dimensions. - If oriented, describe the orienting sutures and ink the six margins in different colored ink, describe which margin corresponds to the specific color. - If unoriented - Bread loaf specimen at 5.0 mm immediately on arrival in laboratory. - Submit in 10% buffered formalin within 30 minutes and fix no more than 24 hours. - Describe the lesion; include size (in 3 dimensions), consistency, growth pattern, and necrosis. - Describe distance of the lesion from the six margins. - If multiple lesions are present, their relationship to each other is noted. - Submit at least 3 cassettes of the tumor. Include adjacent benign breast tissue as internal control for IHC staining. - Submit all tissue into 2-4 mm slices for paraffin blocks. - If there are multiple lesions, a section of tissue between these lesions is submitted. - If a gross lesion is not evident, submit at least 10 cassettes (or at least 1 cassette per cm.) This should include most fibrous areas rather than pure adipose tissue. - If Ca-in situ is found, the entire specimen is submitted. - Perpendicular sections of the closest approach of suspicious lesions to all oriented margins are submitted. Up to 12 cassettes (or 2 sections from each of the six margins) may

Pathology Procedures Manual	
Section: Anatomic Pathology/Grossing Protocols	**Number:**
Title: Cancer Lumpectomy Specimen (breast conserving surgery)	**Page:** 2 of 2
Issuing Authority (s):	

Procedure (cont'd)	be submitted. Margins may be included in the same cassette with a section of the lesion. - Gross description will include the cassette number and its corresponding marginal location. - If there is additional fibrous parenchyma not previously included, submit this in one cassette. If skin is present, one section should be submitted. - If the entire specimen is not submitted, state the estimated percentage of the lesion and the total specimen that has been submitted for histological examination.
References (if applicable)	Lester "Manual of Surgical Pathology" pp 130-132

Canned text needle core biopsy reporting (BCBR)

Breast (right, left)(needle core biopsy(ies),vacuum assisted biopsy(ies):
Calcification (present/absent/not applicable)
Main diagnosis: ()
If infiltrating carcinoma
Histologic Type ()
Largest dimension of invasive component on a single slide ()
Histologic grade()
Lymphovascular Invasion (Present/absent/equivocal)

Canned text needle core biopsy reporting (BCBR)

Breast (right, left)(needle core biopsy(ies),vacuum assisted biopsy(ies):
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Histologic grade()
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Pathology Procedures Manual	
Section: Specimen Collection and Handling	**Number: 09. SP. 105**
Title: Fixation	**Page:** 1 of 1
Issuing Authority (s):	
Terry Gulliver, Laboratory Program Director	Nebojsa Denic, MD, Clinical Chief

POLICY

Fixation is the most important step for paraffin embedded human tissues. Inadequate fixation results in impaired or unachievable subsequent staining procedures, including immunohistochemistry. Meticulously following the following standardized fixation protocol will lead to the most consistent results

It is understood that some specimens will fall outside of the policy given staffing levels and hours of operation in the laboratories of Eastern Health.

PROCEDURE

1. Ten percent buffered Formalin (4% Formaldehyde) is the fixative of choice for most tissues. Exceptions include tissue procured for flow cytometric analysis, electron microscopic examination and some molecular procedures.

2. Tissue must be placed in Formalin as quickly as possible after removal from the body and at most within 30 minutes.

3. Small biopsies should be fixed for no shorter than 3 hours and no longer than 24 hours

4. Larger specimens must be sliced into 3-5 mm slices and surrounded by volume of formalin 10 times that of the tissue as soon as possible after removal from the body

5. Larger specimens should be fixed for no shorter than 24 hours and no longer than 48 hours

6. Large specimens must be placed in appropriately sized containers such that formalin surrounds specimens on all sides. A layer of gauze should be placed above the specimen (and below if a large heavy specimen will sit on the bottom of a container)

For optimal tissue selection for immunohistochemical staining of breast cancer specimens the following steps are suggested:

- Bread loaf specimens at 5mm immediately on arrival in laboratory and after appropriate inking
- Place in 10% buffered formalin within 30 mins, out in 24-48hrs for large specimens, Needle cores out in 8 hours
- 2-4mm slices for blocks
- While alcoholic fixatives may be used (please don't) mercury and decal are no-no's
- Select block with internal control
- Pick a representative block- not the highest grade leading edge

Beverley Carter MD FRCP (C)
Anatomic Pathology
Fellow, Breast Pathology
Team Leader, Breast Pathology, St John's Hospitals of Eastern Health

Pathology Procedures Manual	
Section: Anatomic Pathology / Reporting Protocols	**Number: 09. SP. 905**
Title: Minimal Standards Of Reporting	**Page:** 1 of 1
Issuing Authority (s):	
Terry Gulliver, Laboratory Program Director	Nebojsa Denic, MD, Clinical Chief

POLICY

A standardized approach to reporting may contribute positively to patient care

PROCEDURE

The standardized report format approved by Eastern Health must be used to issue the final report. Letter format, memo format, etc. are not acceptable substitutes.

- A gross description, for each separately identified tissue specimen, must be included in each report.
- Whether "all" or "part" of the tissue has been submitted for microscopic examination should be included in the report.
- All blocks must be identified with a unique number or letter and the sites, **as precisely as possible**, from which they are taken identified.
- Drawing, photocopies, etc. may be used to augment, not replace, the printed block identification.
- The distribution of tissue for special studies (including frozen section) must be recorded.
- A microscopic description may be recorded when the pathologist deems it useful, but it need not be part of any report.
- A comment (defined as any other information, besides descriptions of cytologic and architectural features) may be placed in the report when the pathologist deems it useful but it need not be part of any report.
- The results of special and immunohistochemical stains should be listed in the report.
- Oncology reports should include all information needed for patient treatment and prognosis. Synoptic / checklist reporting is encouraged.
- The results of EM, Flow Cytometry, hormone receptor status, cytogenetic testing, etcetera, should be included in the report if at all possible. An attempt at concordance should be carried out.
- Procedures performed on the specimen, e.g. Photography, decalcification, freezing, etc. should be recorded.
- Intradepartmental and external consults should be documented. Results of external consultation should be included in an addended report.
- Suggestions for additional studies or procedures can be incorporated in the report as long as it is emphasized that they are only suggestions.
- The final diagnosis should specify the organ, site, and procedure as well as the diagnosis.

REFERENCES

Standardization of the Surgical Pathology Report– 2005 – ADASP

Pathology Procedures Manual	
Section: Anatomic Pathology/ Grossing Protocols	Number:
Title: GROSSING NEEDLE LOCALIZATION SPECIMEN, NON-PALPABLE LESION	Page: 1 of 4
Issuing Authority (s):	
Policy	Image guided wire localization biopsies of the breast are performed for non-palpable lesions. It is essential the pathologist understands the nature of the specimen and handles each specimen in a way so as to provide a high quality diagnosis.
Definitions (if applicable)	

Procedure

1. Identify specimen
2. Compare specimen to specimen X-ray.
3. Entire surface of specimen must be painted.

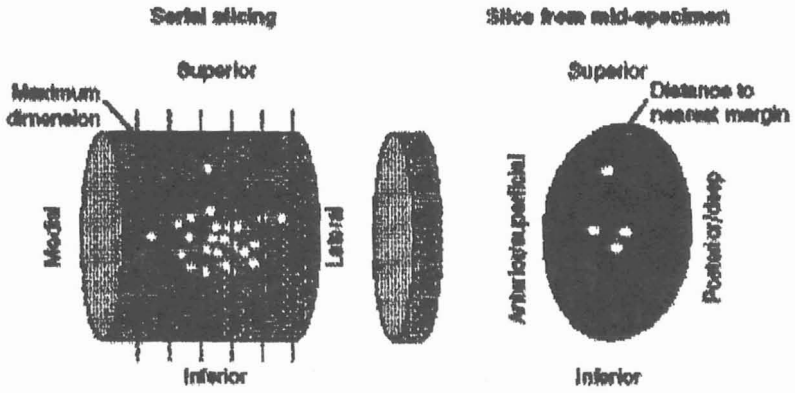
(A) If the margins are not oriented by surgeons, 2 colours, one for the mammographic area of interest and another for the rest of the specimen.

(B) If the margins are oriented use 6 colours

4. Fix with acetic acid and remove the needle.
5. Slice at 5 mm intervals to allow fixation. Do not cut through and through.
6. Fix for 24 hours approximately (see fixation protocol)

7. Specimen sampling:

(a) Slice at intervals of approximately 3 – 5 mms (usually perpendicular to the medial – lateral axis in the anterior – posterior plane).

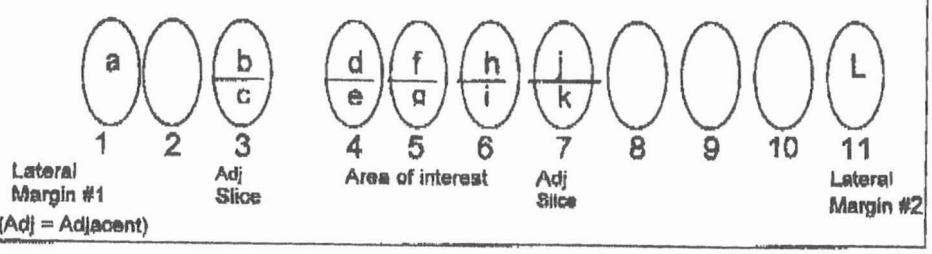


(b) Number of blocks depends on the size of specimen.

(i) For specimen 5 cm or less, submit the entire specimen

(ii) If not in toto – tissue sampling must be directed as seen in Diagram II, and any other lesion or area of fibrous tissue seen. Consider submitting a diagram.

(Diagram II)



(Adj = Adjacent)

	References: National Health Service (NHS) Breast Screening Programme – Pathology Reporting of Breast Disease Jan 2005 (NHSBS Publication No. 58)

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