**Purpose**

The lumpectomy follows a diagnosis (FNA, needle core or excisional biopsy) and it can preserve much of the appearance and sensation of the breast. It is less invasive than a mastectomy, so the recovery time shorter and easier. There is a somewhat higher risk of developing a local recurrence after lumpectomy, but recurrence can be treated successfully with mastectomy since the breast cannot safely tolerate additional radiation. This is true for either a recurrence of the same cancer or for a new cancer.

**Procedure**

* Try to read the patients radiography findings in MiChart before you attempt to gross!
* Make sure orientation is correct, if not, contact the surgeon immediately.
* Look at the radiographs and try to orient the specimen spatially to see where the area of concern will be in relationship to the wires.
* Weigh and measure the specimen
* Measure if there is attached skin
* If there is a/are wire(s), dictate where they enter into the specimen
* Dictate to load the Standard breast inking template or BRINK template (see below):
* Anterior - yellow, posterior - black, superior - blue, inferior - green, medial - red and lateral - orange.
* Pat the surfaces dry before applying the ink. When applying the ink, think of the specimen as a rectangle or cube
* Apply the ink to the entire same surface as the sutures. And the opposing ink color to the surfaces opposite of the sutures. After putting ink on all of the surfaces, pat the specimen dry again, apply acetone and dry it a third time.
* Section the tissue along the same way the wire is penetrating or perforating the specimen. Do not try to cut through the wire, this will damage your blade and not do anything to the wire. Do not pull them out the same way they were inserted; this will tear the tissue. Gently push the localization wire through the specimen-make sure the barb exits. When you are able to grasp it with the forceps, pull it through and out of the specimen. Put the wire in the sharps container.
* Look to find an area that corresponds to the radiograph, including tumor, biopsy site changes, calcifications or biopsy markers.

If you find any lesions, measure them in three dimensions and the distance to each margin. Describe what they look like on the cut surface (stellate, spiculated, solid, etc.). If you have more than one lesion, describe them in an order, such as lesion #1, lesion #2 etc. Be sure to measure distances to each other and their respective margins.

* If you do not see or feel an area, you may have to submit all of the fibrous tissue or entire specimen. Please ask a PA or faculty member for help.
* Follow grossing template for BELUMP

**BELUMP= Lumpectomy:**

Part #:\_\_\_\_\_\_ “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”

Specimen Type: Lumpectomy

Localization: \_\_ [Wire, Double wire, Magseed, None]

Post–Neoadjuvant Therapy: \_\_ [Yes/No]

Weight: \_\_grams

Orientation: \_\_

Measurements: \_\_ cm medial to lateral; \_\_ cm superior to inferior; \_\_ cm anterior to posterior

Inking code: Deep surface= black; anterior= yellow; superior=blue; inferior=green; medial=red; lateral =orange

Preoperative Images Available: \_\_ [Yes/No]

Intraoperative Images Available: \_\_ [Yes/No]

Sectioning: from \_\_ to \_\_

Total number of slices: \_\_

Specimen/Slices sent for Faxitron/X-Ray: \_\_ [Yes/No]

Specimen mapping/photos taken: [Yes/No]

Lesions Identified: \_\_[Yes/No]; Number of lesions: \_\_ Number of clips:\_\_\_Magseed\_\_\_[Yes/No]

Lesion 1: \_\_ (describe)

Size \_\_

Slices: \_\_ to \_\_

Clip Information: Shape\_\_\_\_, Slice#\_\_\_; Magseed slice #

Grossly evident biopsy site: [Yes/No], Slice# \_\_

Distance of lesion 1 from margins:

\_\_ cm from superior

\_\_ cm from inferior

\_\_ cm from medial

\_\_ cm from lateral

\_\_ cm from deep/posterior

\_\_ cm from skin/anterior

Lesion 2: \_\_ (repeat items listed for lesion 1, if applicable)

Distance between lesions 1 and 2: \_\_ cm (if applicable)

The remainder of the uninvolved parenchyma consists of [\_\_] % tan, yellow adipose tissue and [\_\_] % white fibrous tissue.

COMMENT:

Cassette Summary:

Date/Time excised: \_\_

Date/Time into formalin: \_\_

Cold ischemia time: # minutes

Fixative: 10% buffered formalin

Fixation time: # hours, # minutes [filled out by transcription]

