

| | |
|---|--|
| TITLE: NCZ-R-AP-0022 Breast - Prosthesis and Capsulectomy Excision from patients with suspected BIA-ALCL Grossing | Doc #: NCZ-R-AP-0022 (Orig ID: 86837) |
| Section: Management System\PLM\Anatomical Pathology\Surgical Pathology and Autopsy\Gross Room\Gross Examination and Dissection of Surgical Specimens\System-Organ Specific Section\Breast\ | Version: 1.0 Current |
| Document Owner: AP Pathologist - Breast | Effective Date: 9/16/2020 |
| Final Approval: Dr. Laurette Geldenhuys | Review Date: |

DISCLAIMER: This document is approved for use within the Nova Scotia Health’s Central Zone (Central Zone) Pathology and Laboratory Medicine facilities ONLY. No liability will be assumed for its use outside the Central Zone. Any organization wishing to use this resource should carefully assess their specific needs before incorporating this document in whole or part. If any part of this document is used, Central Zone’s Pathology and Laboratory Medicine requests that applicable credit is included in the reference listing.

Purpose

This procedure provides instructions for grossing **Breast – Prosthesis removal and Capsulectomy from Patient with Suspected Breast Implant Associate Lymphoma (BIA-ALCL)** in conjunction with the AP Gross Room Grossing Procedure Doc # 30321.

Abbreviations and Definitions

AP – Anatomical Pathology
 PLM – Pathology and Laboratory Medicine
 PAPR – Powered Air Purifying Respirator

Safety Precautions

Standard laboratory precautions apply. Refer to the Pathology and Laboratory Medicine Safety Manual #11957 and/or site specific Hazard Assessments with respect to hazard controls.

PAPR’s must be utilized for the grossing procedure due to formalin hazard.

Handle specimen requisition with clean gloves.

Requisitions bloodied or contaminated in any way upon receipt in the laboratory, after opening a specimen, or during grossing refer to PLM Contaminated Requisitions and Forms Procedure Doc # 50500.

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

Procedure

1. Special Instructions

| Step | Action |
|------|---|
| 1.1 | A specimen photograph must be taken. |
| 1.2 | Notify a Breast Pathologist if there is a clinical concern for breast implant associated lymphoma (BIA-ALCL). |
| 1.3 | If specimen has been submitted fresh, it may be appropriate to contact the surgeon to determine with extent of the capsulectomy (complete vs partial), review imaging and identify areas suspicious of lymphoma. |
| 1.4 | Sample suspicious area(s) for lymphoma protocol. Refer to AP Lymph Node Biopsy (Excision of Whole Node or Incisional Biopsies) - Lymphoma Protocol Grossing Procedure Doc #16894 (Lymph node biopsy for lymphoma protocol). |
| 1.5 | If there is effusion fluid in the fresh specimen, extract it with a syringe and triage as above (unless a sample of effusion fluid was previously collected by the surgeon for Cytopathology and/or flow cytometry). |
| 1.6 | Breast implants should be retained in their labeled specimen containers in a secure place in the laboratory for 5 years. |

2. Dissection/Opening

| Step | Action |
|------|--|
| 2.1 | <ul style="list-style-type: none"> - Orient specimen - If the specimen has been oriented, use coloured inks to mark specific margins. - Pin to a board and fix in 10% formalin overnight. |
| 2.2 | Take photographs of specimen and breast implant |

3. Description

| Step | Action |
|------|---|
| 3.1 | Note prosthesis - weight, diameter, thickness |
| 3.2 | Note manufacturer's identification, serial numbers, if present |
| 3.3 | Indicate number of lumens |
| 3.4 | Describe contents of lumens (viscous gel or watery fluid, colour of contents) |
| 3.5 | Note whether prosthesis is intact or ruptured |

| | |
|------|--|
| 3.6 | Describe exterior surface (texture, color) |
| 3.7 | Describe type of capsulectomy specimen: partial, complete (en bloc), intact, fragmented |
| 3.8 | Describe capsule: dimensions, appearance |
| 3.9 | Describe and measure any distinct lesions, areas of capsular rupture, appearance of the luminal surface, presence of effusion (state if fluid was sampled and for what purpose). |
| 3.10 | Describe all grossly evident masses |

4. Sectioning

| Step | Action |
|------|--|
| 4.1 | Submit representative sections of each surface without an identifiable lesion, <i>on edge</i> , in 6 cassettes (2 sections/cassette). e.g.: A1: anterior, 2 pieces, surfaces on edge A2: medial, 2 pieces, surfaces on edge A3: lateral, 2 pieces, surfaces on edge A4: superior, 2 pieces, surfaces on edge A5: inferior, 2 pieces, surfaces on edge A6: posterior, 2 pieces, surfaces on edge |
| 4.2 | Submit additional perpendicular sections of any suspicious masses with inked capsular margin(s); <i>orient the sections on edge to potentially determine extent of capsular infiltration of lymphoma cells</i> (for T stage). |
| 4.3 | Submit any fibrinoid material from the capsule which may have separated. |
| 4.4 | A specimen diagram to outline submitted sections is recommended. |

Result Interpretations

BREAST PROSTHESIS, REMOVAL (side and manufacturer): DIAGNOSIS
 BREAST PROSTHESIS CAPSULE, CAPSULECTOMY: DIAGNOSIS

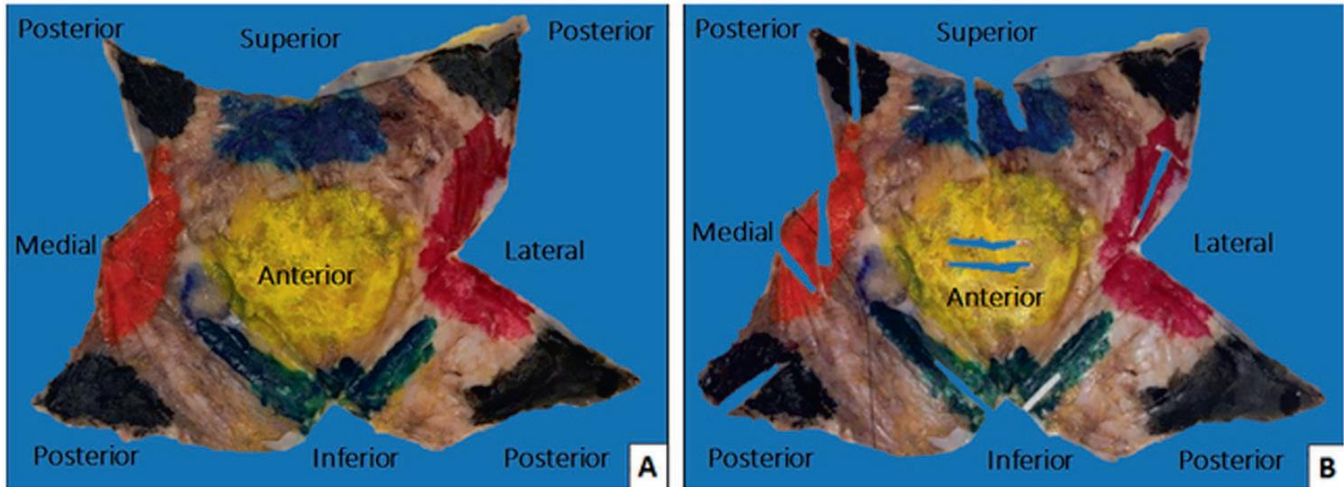
Procedural Notes

Doc#: NCZ-R-AP-0022 (Orig ID: 86837) Page 3 of 5
 The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

Uncontrolled When Printed

This diagram illustrates inking and sampling of an en bloc capsulectomy specimen.

From: Reference: Lyapichev KA et al. A proposal for pathologic processing of breast implant capsules in patients with suspected breast implant anaplastic large cell lymphoma. *Modern Pathol* 2019 doi.org/10.1038/s41379-019-0337-2.



Related Procedures and Documents

| Document Name | Document # | Location |
|---|-----------------------|----------|
| AP Gross Room Grossing Procedure | 30321 | Paradigm |
| Pathology and Laboratory Medicine Safety Manual | 11957 | Paradigm |
| PLM Contaminated Requisitions and Forms Procedure | 50500 | Paradigm |
| AP Lymph Node Biopsy (Excision of Whole Node or Incisional Biopsies) - Lymphoma Protocol Grossing Procedure | 16894 | Paradigm |

Job Aid

| Document Name | Document # | Location |
|---------------|------------|----------|
| | | |

Doc#: NCZ-R-AP-0022 (Orig ID: 86837) Page 4 of 5

The electronic copy that resides on the document control system is the valid document. Any paper document labeled **Uncontrolled** must be verified against the electronic version prior to use.

Uncontrolled When Printed



| | |
|--|-----------------------------|
| TITLE: NCZ-R-AP-0022 Breast - Prosthesis and Capsulectomy Excision from patients with suspected BIA-ALCL Grossing | Version: 1.0 Current |
|--|-----------------------------|

| | | |
|--|--|--|
| | | |
|--|--|--|

Authorship

Reference

Appendix
