Protocol for the Examination of Resection Specimens from Patients with Invasive Carcinoma of the Breast

Version: 1.0
Protocol Posting Date: 23/09/2024
CAP Laboratory Accreditation Program Protocol Required Use Date: 25 march

The changes included in this current protocol version affect accreditation requirements. The new deadline for implementing this protocol version is reflected in the above accreditation date.

For accreditation purposes, this protocol should be used for the following procedures AND tumor types:

Procedure	Description
Excision less than total mastectomy	Includes specimens designated excision, segmental resection, lumpectomy, quadrantectomy, and segmental or partial mastectomy, with or without axillary contents
Total Mastectomy	Includes skin-sparing and nipple–sparing mastectomy, with or without axillary contents
Tumor Type	**Description**
Invasive breast carcinoma of any type, with or without ductal carcinoma in situ (DCIS)	Includes invasive and microinvasive carcinomas

This protocol is NOT required for accreditation purposes for the following:

Procedure
Needle or skin biopsies
Primary resection specimen with no residual cancer (e.g., following neoadjuvant therapy)
Additional excision performed after the definitive resection (e.g., re-excision of surgical margins)
Cytologic specimens

The following tumor types should NOT be reported using this protocol:

Tumor Type
Ductal carcinoma in situ without invasive carcinoma (consider the Breast DCIS Resection protocol)
Paget disease of the nipple without invasive carcinoma (consider the Breast DCIS Resection protocol)
Encapsulated or solid papillary carcinoma without invasion (consider the Breast DCIS Resection protocol)
Phyllodes tumor (consider the Phyllodes tumor protocol)
Lymphoma (consider the Hodgkin or non-Hodgkin Lymphoma protocols)
Sarcoma (consider the Soft Tissue protocol)

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