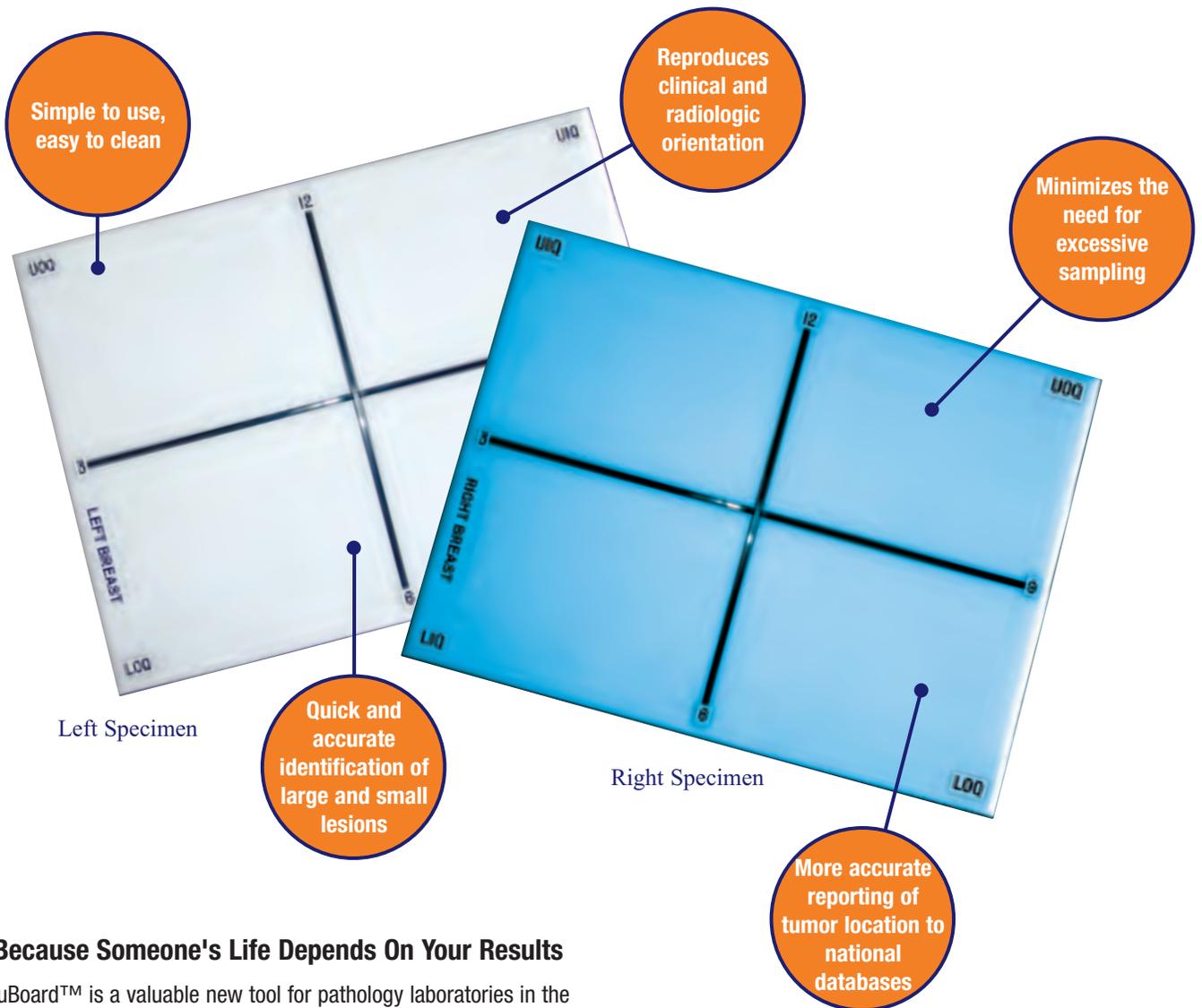




AccuBoard™ Grossing Board System



...Because Someone's Life Depends On Your Results

AccuBoard™ is a valuable new tool for pathology laboratories in the high-stakes battle against breast cancer. Developed by David Pinkhasov, AccuBoard™ standardizes the orientation of mastectomy specimens in the lab, ensuring consistent, repeatable views.

**If Your Setup Isn't Consistent,
Then Your Results Won't Be Either**

More Consistency, Less Errors

A Message From The Creator

The pathologic assessment of mastectomy specimens is required for an accurate evaluation of histologic subtype, extent, adequacy of the clean surgical margin, aggressiveness, biological characteristics and the potential to respond to certain therapies.



David Pinkhasov PA, PhD,
Department of Pathology,
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Medical Center

Tumor size is getting smaller due to early detection, but the localization of such small tumors may be extremely difficult in un-oriented specimens.

Current lab tools and methodology do not provide a consensus guideline for orientation of mastectomy specimens. Surgical pathology manuals show two different ways of orienting a specimen based on the surgeon's orientation stitch, the shape of skin ellipse and the axillary tail. Some authors recommend orienting the specimen obliquely (Schmidt, Rosai), whereas others recommend a horizontal orientation (Lester).

Inaccurate orientation can prevent efficient and timely identification of the tumor.

*"We've used
AccuBoard™ successfully
now for several years,
with great results."*

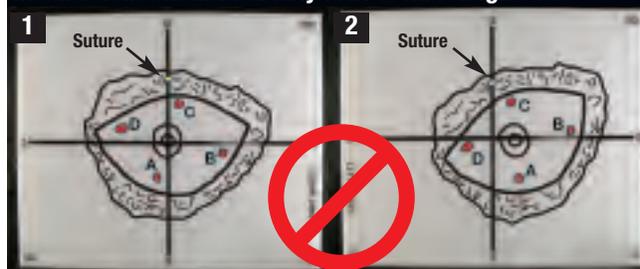
My team—all experienced laboratory professionals in a major metropolitan hospital— created AccuBoard™ because we believed a simple, straightforward and consistent approach to mastectomy specimen orientation benefits laboratories, surgeons and most importantly, patients.

Using one of the color-coded, left- or right-breast AccuBoard™ grossing boards, pathologists simply identify each breast quadrant by orienting each specimen on the clearly-marked AccuBoard based on the board markings and the orienting sutures placed by the surgeon on the specimen.

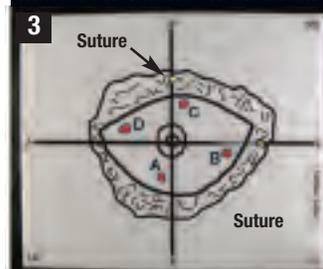
Increased awareness about breast cancer screening has resulted in the identification of tumors in patients at earlier, smaller stages than ever before. Localization of such small but malignant lesions may be extremely difficult on gross examination alone, unless the breast surgeon is able to orient the specimen in a consistent way based on identified quadrants.

AccuBoard™ virtually eliminates the confusion that can result from changes in quadrant orientation of deep margin specimens, guarantees easy localization and eliminates the mess and variability inherent in disposable cutting and mounting surfaces.

Inconsistent orientation may lead to mis-diagnosis.



More consistent orientation.



Notice the shift in location of the tumor (using a single orienting suture on boards 1 and 2), when the same specimen is oriented two different ways. Applying two orienting sutures (board 3), ensures accurate and reproducible localization of the tumor.

Mopec's AccuBoard™ Is A Two-pronged Approach To Ensure Accurate And Reproducible Localization Of Breast Tissue Tumors.

1. We recommend that the surgeon uses two orienting sutures marking the 12 o'clock and 9 o'clock margins for right breast and 12 o'clock and 3 o'clock margins for left breast. Since both clinical and radiologic evaluations refer to the location of tumor in terms of o'clock positions, the approach of marking the o'clock positions on the specimen will help pathologists localize the tumor accurately.
2. We propose using our AccuBoard™ for grossing mastectomy specimens, following the simple instructions on the next page.

AccuBoard User's Guide

1. Select either the left (white)- or right (blue)-breast AccuBoard™
2. Place specimen on appropriate color coded AccuBoard
3. After measuring the specimen, place the specimen with skin facing down and deep margin facing up.
4. Orient the specimen to match the 12 and 3 or 9 o'clock positions as marked by the surgeon.
5. Gently slide the specimen so that the nipple overlies the center of the board where two cross-lines intersect.
6. Ink deep margin before cutting 2-3 mm thin slices.
7. Palpate each of the thin slices with clean gloves for possible lesion, paying special attention to the clinical and radiological location of the tumor.
8. Submit sections from each quadrant as necessary. The sections can temporarily be placed on the AccuBoard™ in corresponding quadrants before choosing the specimen(s) for submission.
9. A paper clip can be applied to the specimens before storing them to replace any orienting sutures that may detach during dissection.



ACCUBOARD™ GROSSING BOARD SYSTEM

PART #'s

AccuBoard System

Includes (2) AccuBoard™ mastectomy boards.

Product No. BC058

Standard Features

The AccuBoard™ system consists of (2) 10" x 14", color-coded, cut- and abrasion-resistant boards that are specially manufactured from surgical-grade plastic.

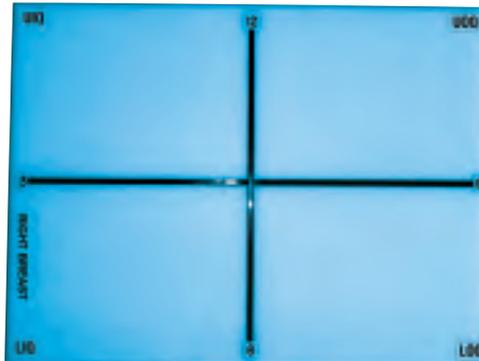
Each board features permanently imbedded, highly visible vertical and horizontal midlines. The four quadrants created by these crossed lines are labeled by quadrant: UOQ (upper outer quadrant), UIO (upper inner quadrant), LOQ (lower outer quadrant) and LIQ (lower inner quadrant). The 12, 3, 6 and 9 o'clock positions are labeled for correlation with clinical localization.

Individual replacement AccuBoards are also available. See part numbers below.

Individual AccuBoards



Left Board (White) – Product No. BC056



Right Board (Blue) – Product No. BC057

For a complete catalog detailing our products and services, please call us at 1-800-362-8491 or visit our web site at www.mopec.com.



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