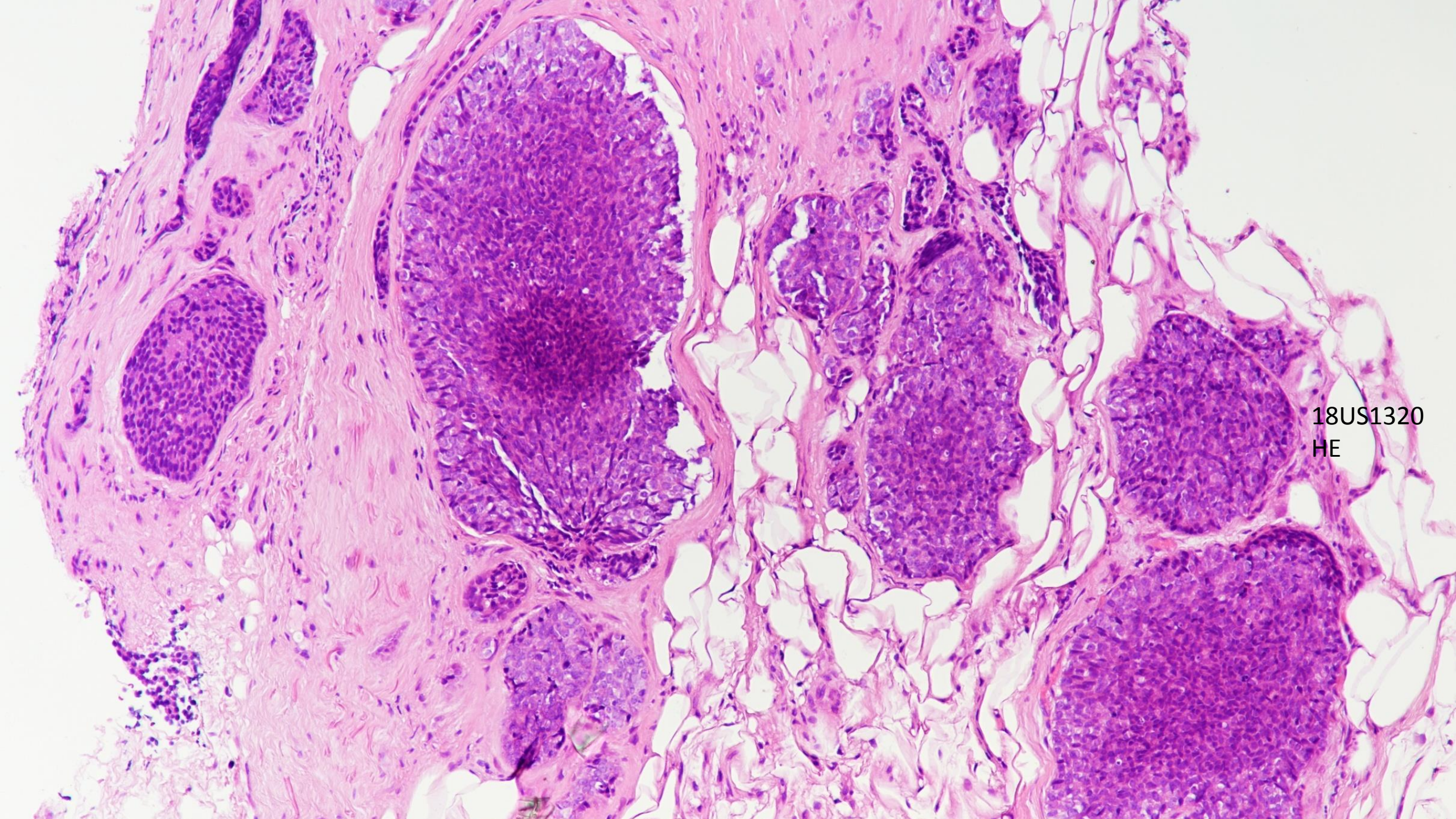
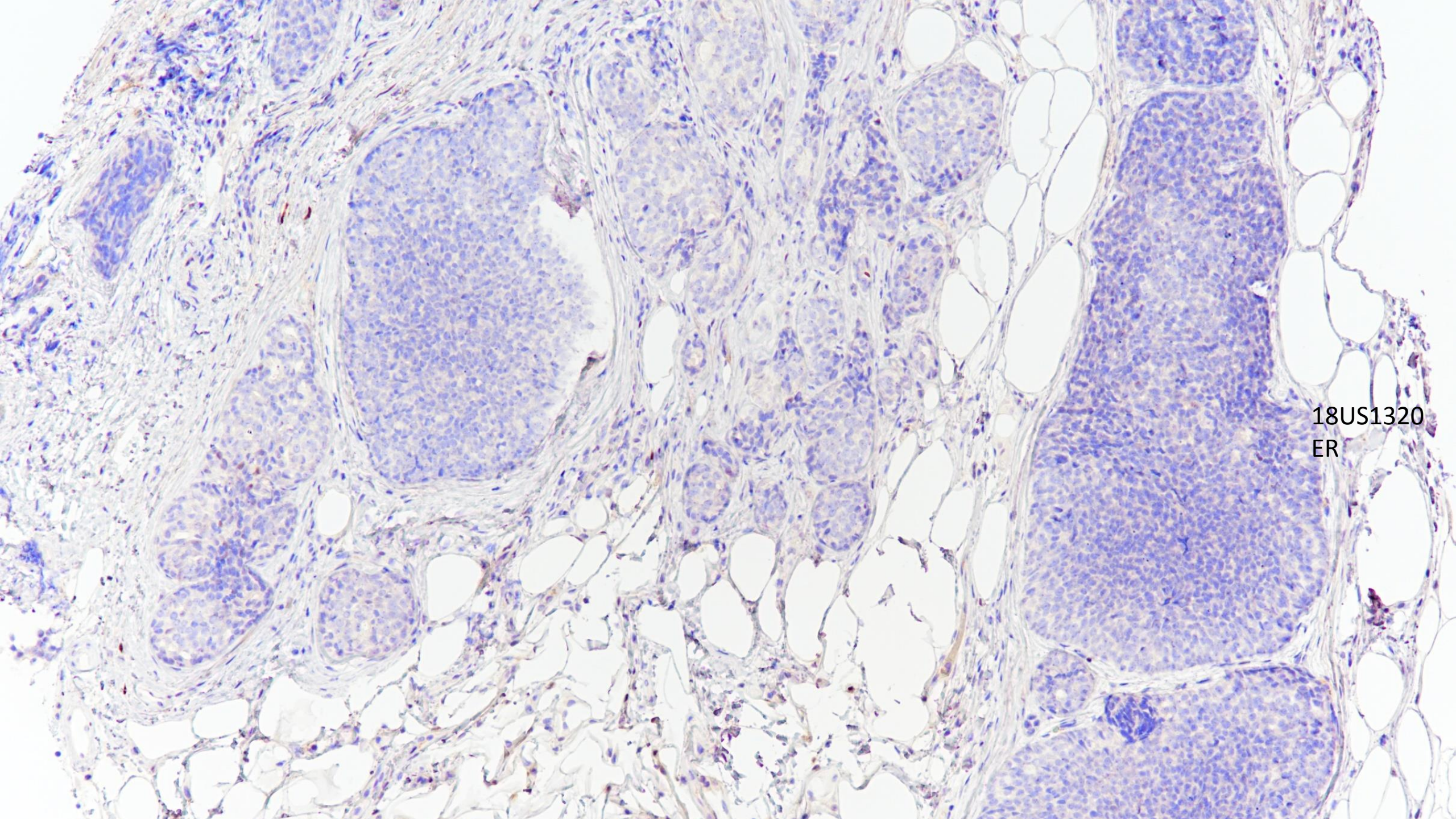


Brief clinical history case 3

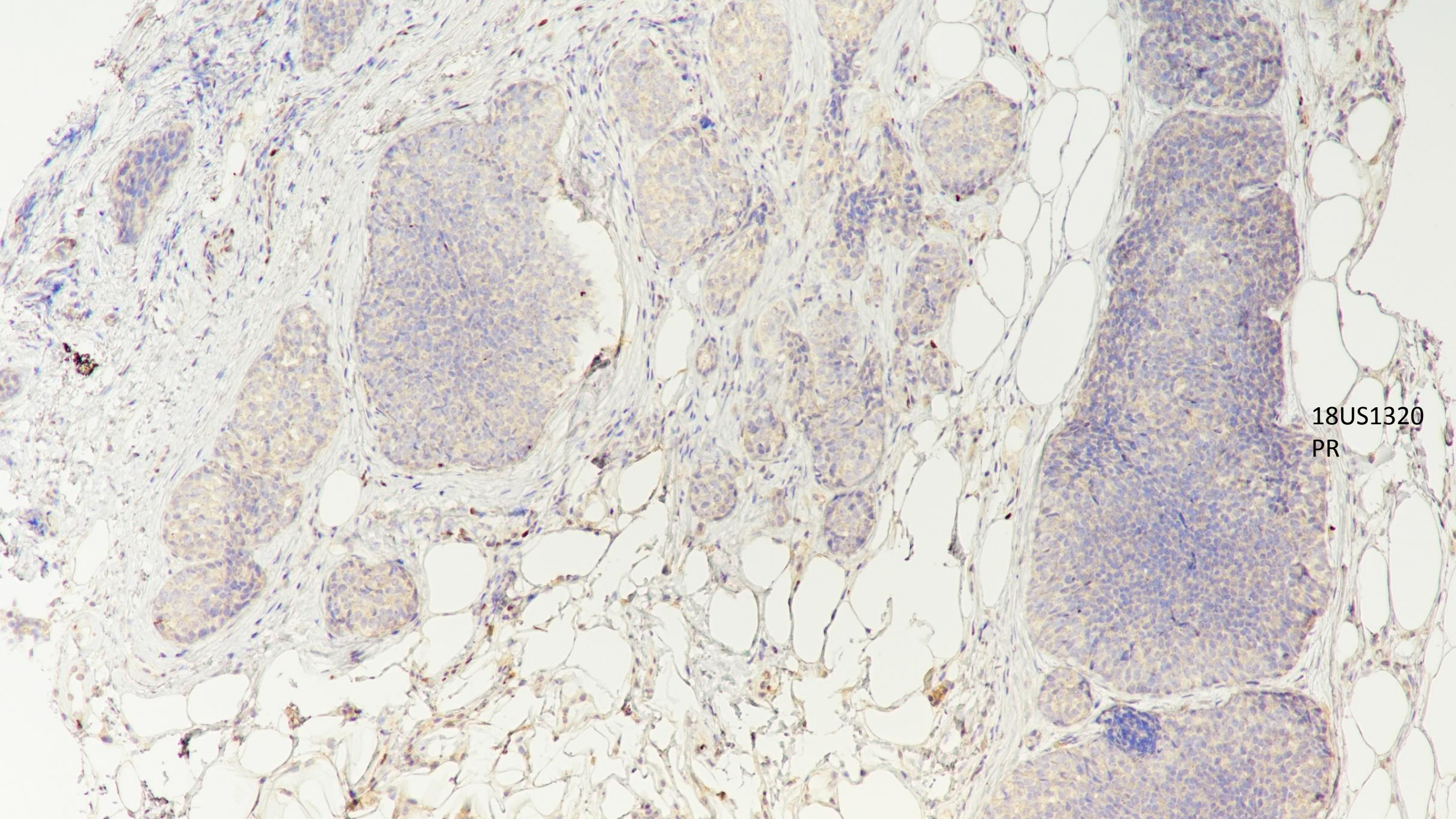
- A 72 year old female, with right breast calcification and breast mass.
- Biopsy was done.
- 18US1320



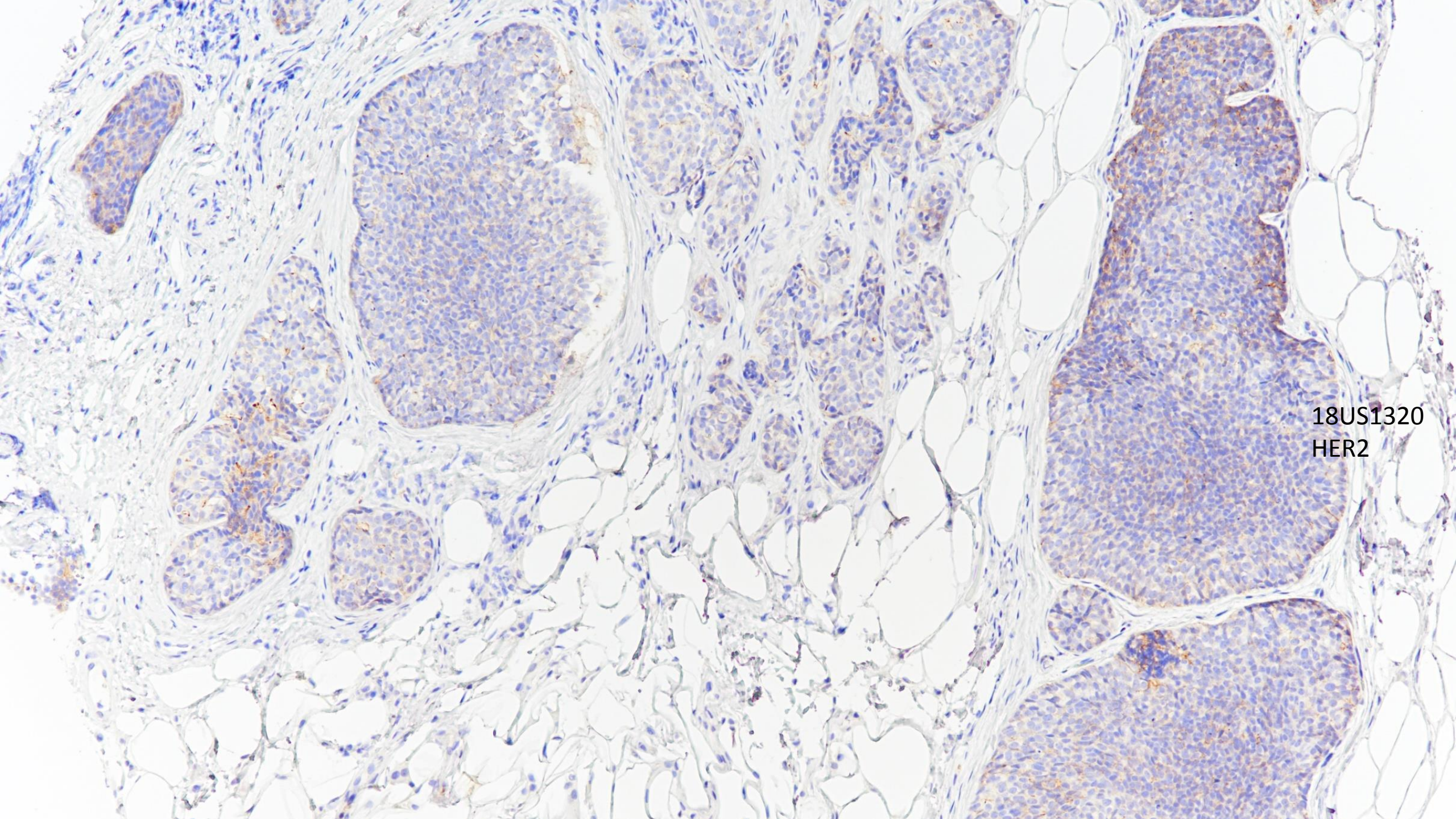
18US1320
HE



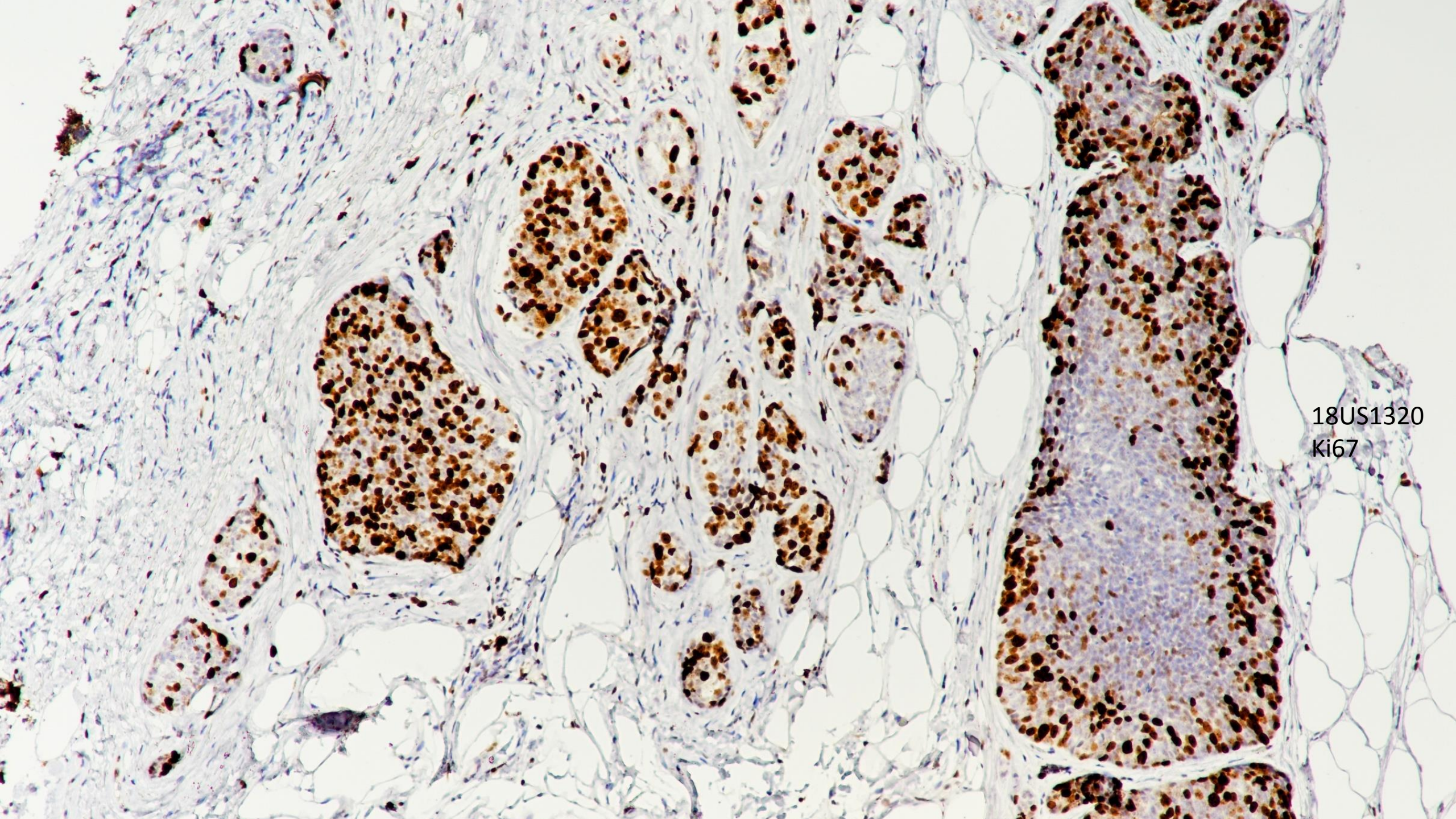
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ER



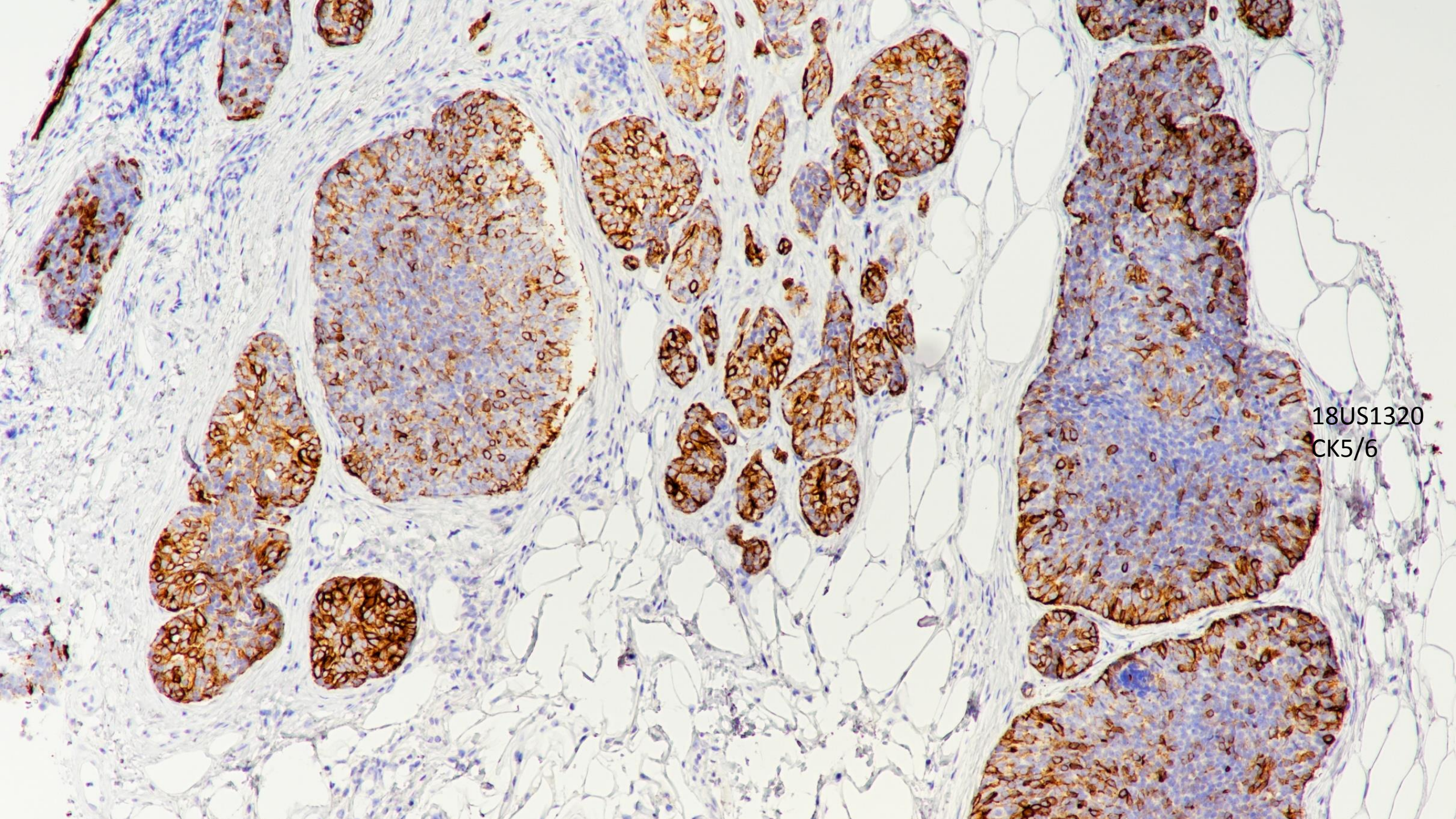
18US1320
PR



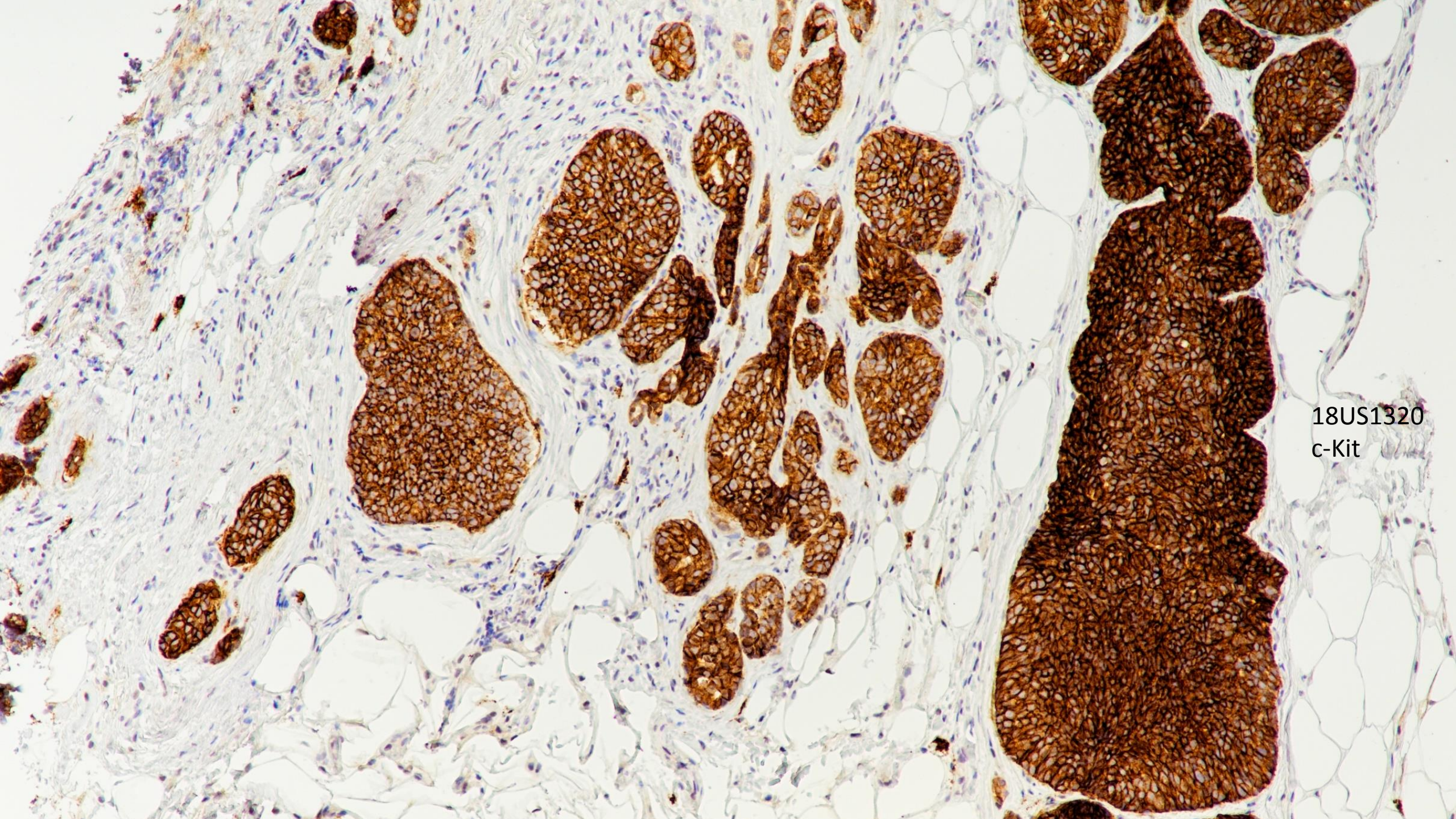
18US1320
HER2



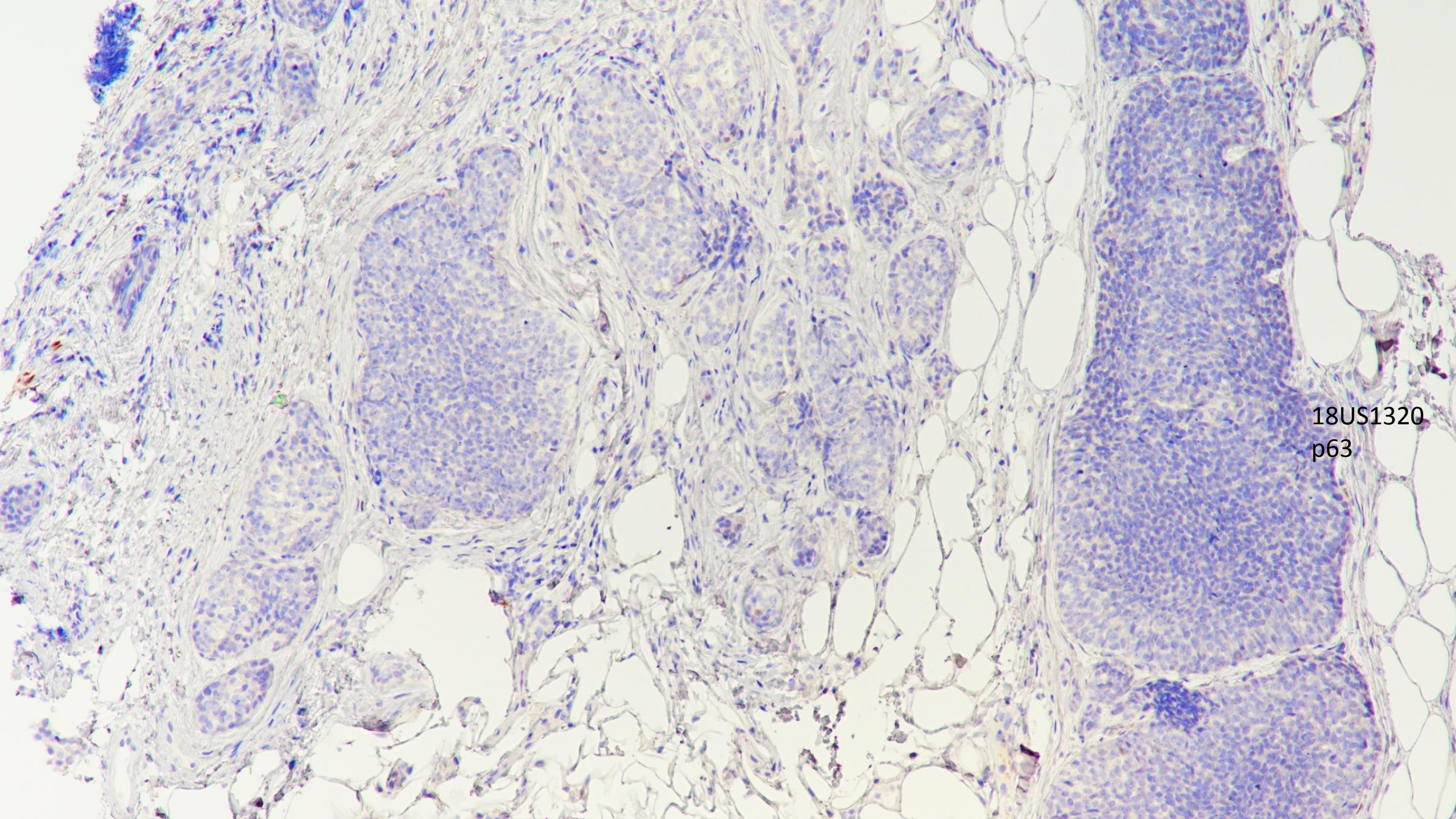
18US1320
Ki67



18US1320
CK5/6



18US1320
c-Kit



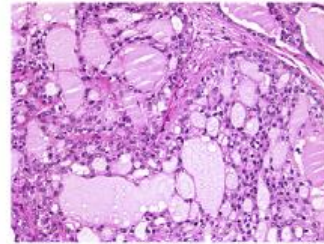
18US1320
p63

Adenoid cystic carcinoma

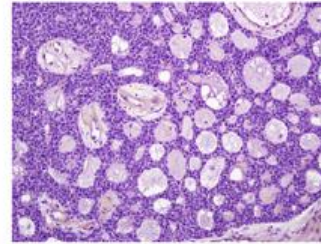
- <0.1% breast carcinoma
- Similar to other organs histologically
- Formed by epithelial and myoepithelial cell types arranged into tubular-trabecular, cribriform, and solid architecture
- Luminal cells: round nuclei and eosinophilic cytoplasm, surround true gland lumina PAS + neutral mucin
 - positive for CK7, CK8/19, CD117 but ER-, PR- and HER2-
- Basaloid cells: central oval nuclei and scant cytoplasm, and form pseudolumina (intraluminal stromal invaginations)
 - positive for basal CK, myoepithelial cell markers, vimentin and EGFR
- Both luminal and myoepithelial cells were negative for ER, PR and HER2
- Showed gene expression profile of basal like breast cancer BUT distinct genomic aberrations
- Display recurrent t(6;9)(q22-23;p23-24) translocation which generates fusion transcripts involving MYB and NFIB genes in >90% cases
- Low grade malignant tumor generally cured by simple mastectomy

Histological types of TNBC

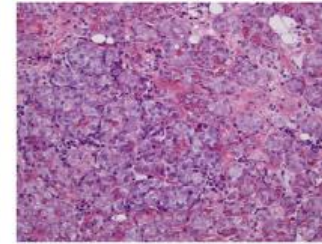
Low-grade TNBCs



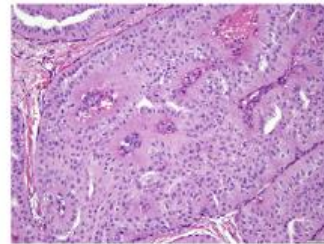
Secretory carcinoma
ETV6-NTRK3 fusion gene
ETV6 rearrangements



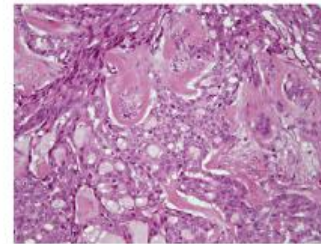
Adenoid cystic carcinoma
MYB-NFIB fusion gene
MYBL1 rearrangements



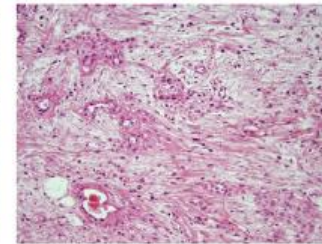
Acinic cell carcinoma
~*TP53* and ~PI3K pathway mutations



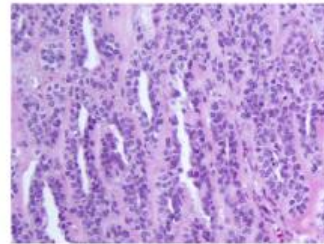
Solid papillary carcinoma with reverse polarity
IDH2/ TET2 and PI3K pathway mutations



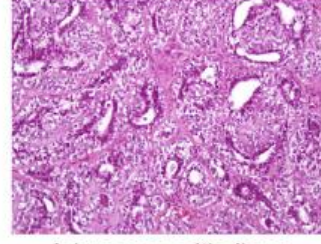
Mucoepidermoid carcinoma
MAML2 rearrangements



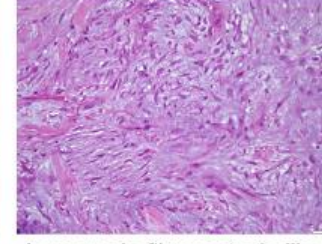
Low-grade adenosquamous MBC



Polymorphous carcinoma*
PRKD1 E710D mutations
PRKD1/2/3 rearrangements

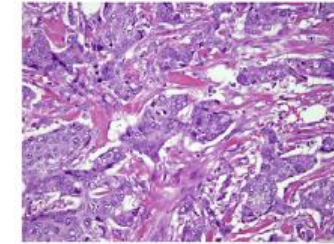


Adenomyoepithelioma
HRAS^{Q61} + PI3K pathway mutations

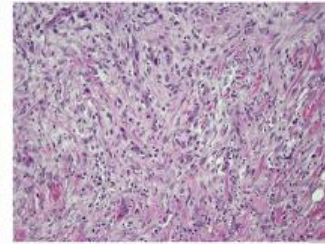


Low-grade fibromatosis-like MBC

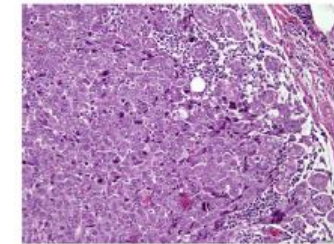
High-grade TNBCs



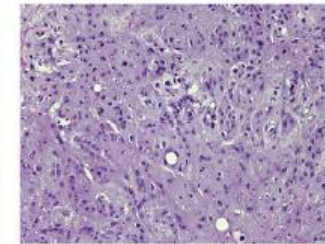
Grade 3 invasive ductal carcinoma



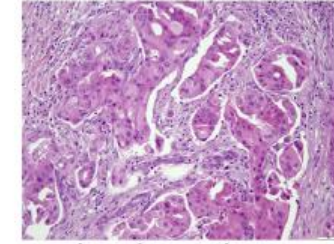
Spindle cell MBC
~*TP53*, >PI3K and >Wnt pathways mutations



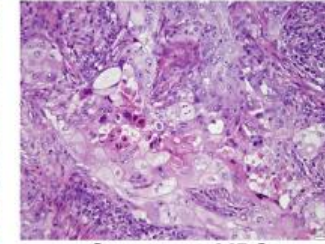
Medullary carcinoma
~*TP53* mutations



Chondroid MBC
~*TP53*, >PI3K and >Wnt pathways mutations



Apocrine carcinoma
<*TP53* and >PI3K pathway mutations



Squamous MBC
~*TP53*, >PI3K and >Wnt pathways mutations

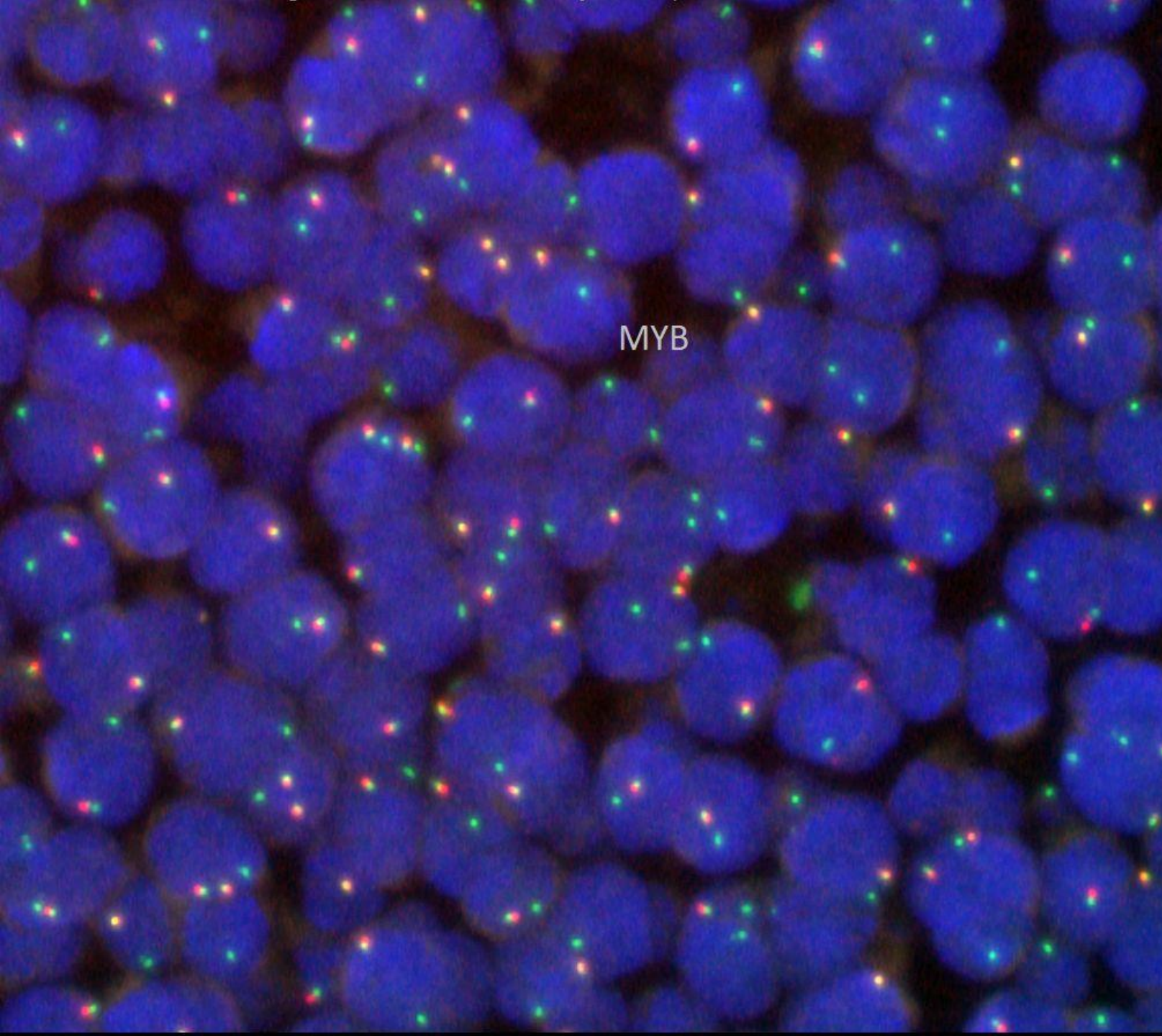
Progression to high-grade TNBC

Table 1 Reported Prevalence of ER and/or PR Positivity, HER2 Positivity, and TN Phenotype in Breast Neoplasms Consistently of or Enriched for the TN Phenotype

Neoplasm	ER and/or PR positivity, %	HER2 positivity, %	TN phenotype, %	Reference(s)
MGA and AMGA	0	0	100	7,9,10
Carcinoma with apocrine differentiation	0–24	10–55	38–90	23,24
Carcinoma with medullary features	0–14	0–27	64–100	25,26
Metaplastic breast carcinoma	3–9	3–10	85–94	27,28
Acinic cell carcinoma	0–20	0	80–100	29,30
Adenoid cystic carcinoma	0–15*	0	85–100	31,32
Secretory carcinoma	0–45*	0	65–100	33,34
Mucoepidermoid carcinoma	0	0	100	35
Low-grade fibromatosis-like metaplastic carcinoma	0	0	100	36,37
Low-grade adenosquamous carcinoma	0	0	100	38
Solid papillary carcinoma with reverse polarity	50*	0	50	39

*The cases of solid papillary carcinoma with reverse polarity, secretory carcinoma, and adenoid cystic carcinoma reported as ER-positive most often had low levels of ER expression in 1% to 10% of tumor cells.^{32,39}

AMGA, atypical microglandular adenosis; ER, estrogen receptor; HER2, human epidermal growth factor receptor 2; MGA, microglandular adenosis; PR, progesterone receptor; TN, triple negative.



MYB

18US1776-3 for MYB break-apart FISH.

Isolated green signal (corresponding to 5' end of MYB gene) was observed in majority of nuclei.

