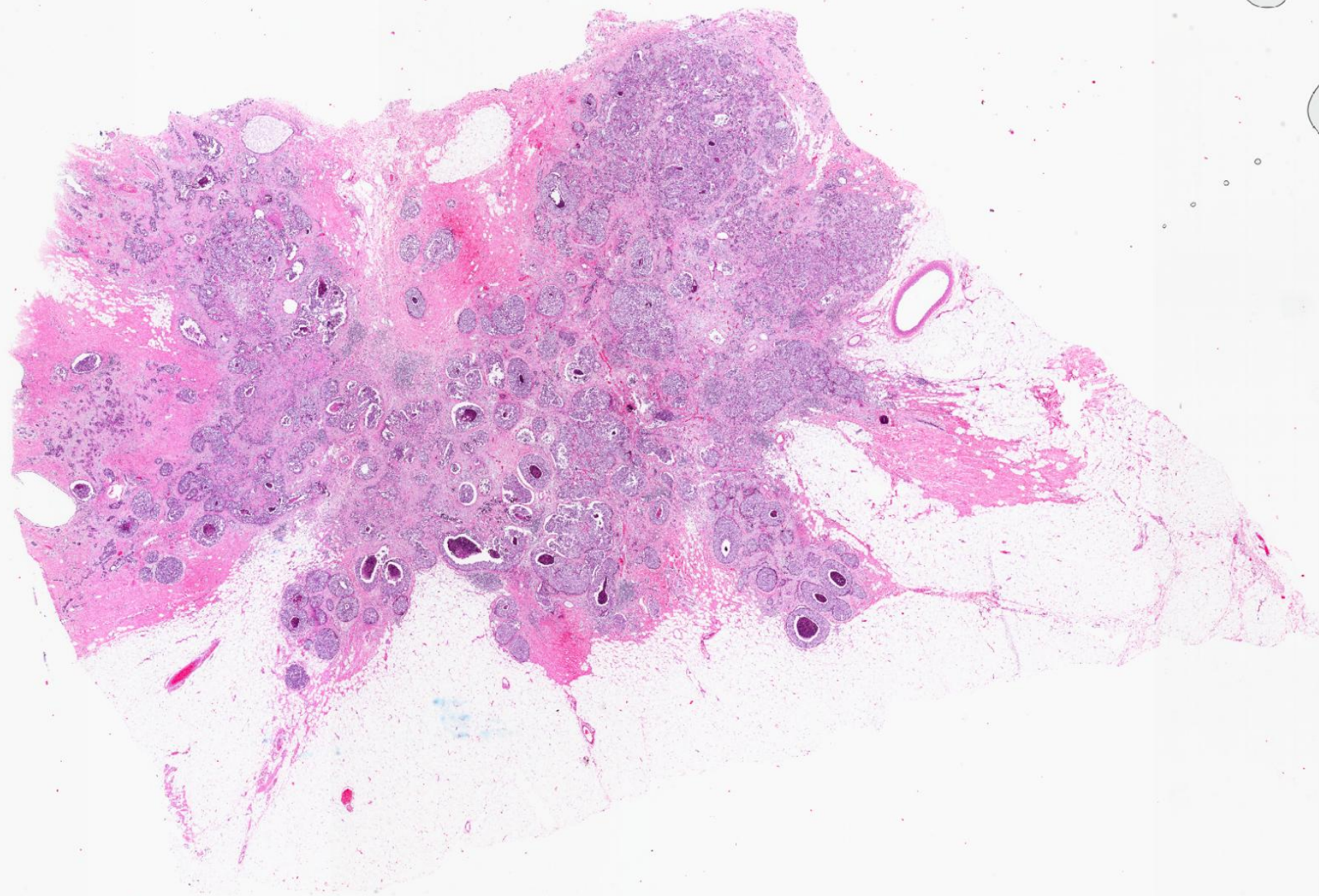
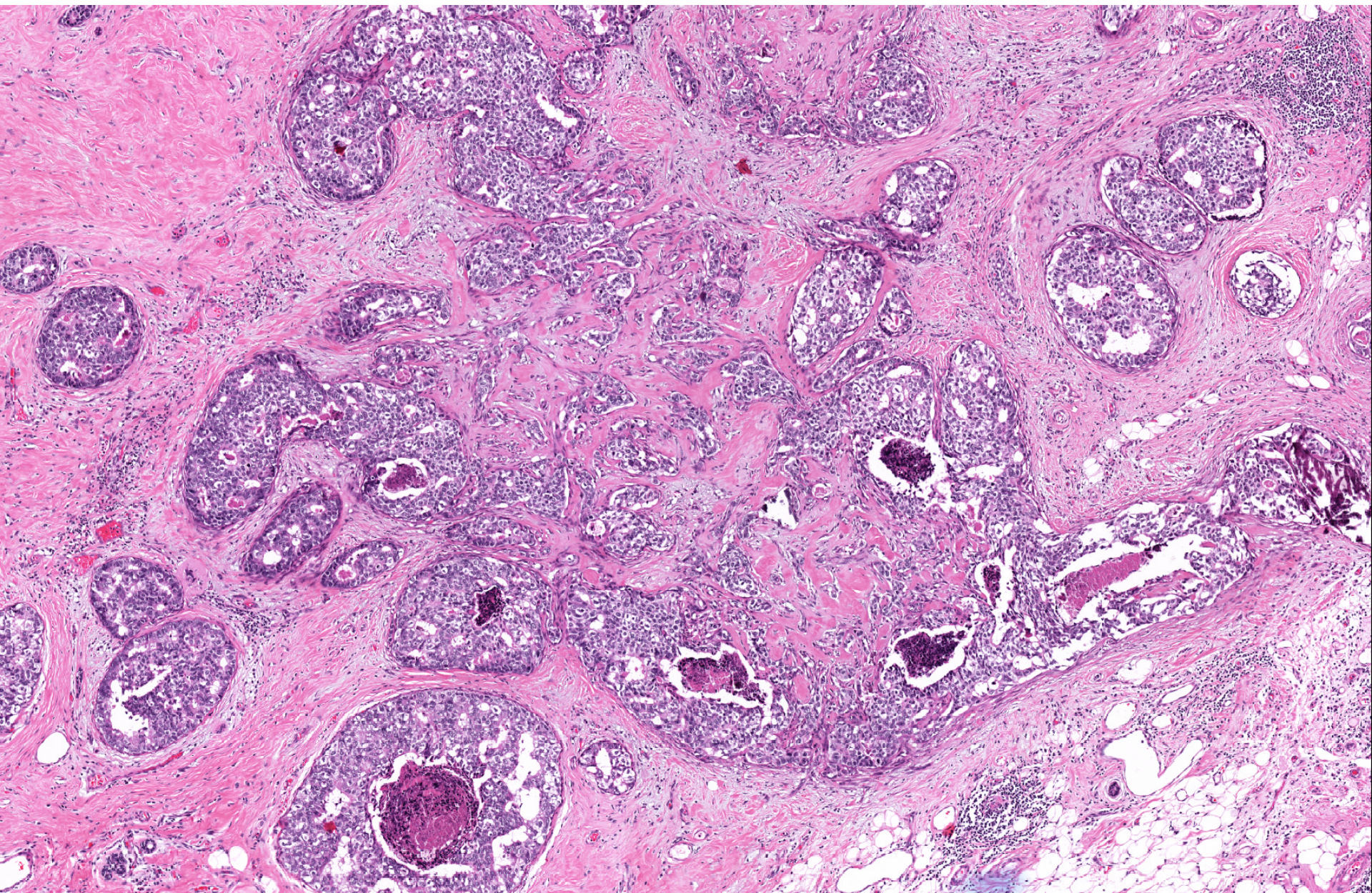


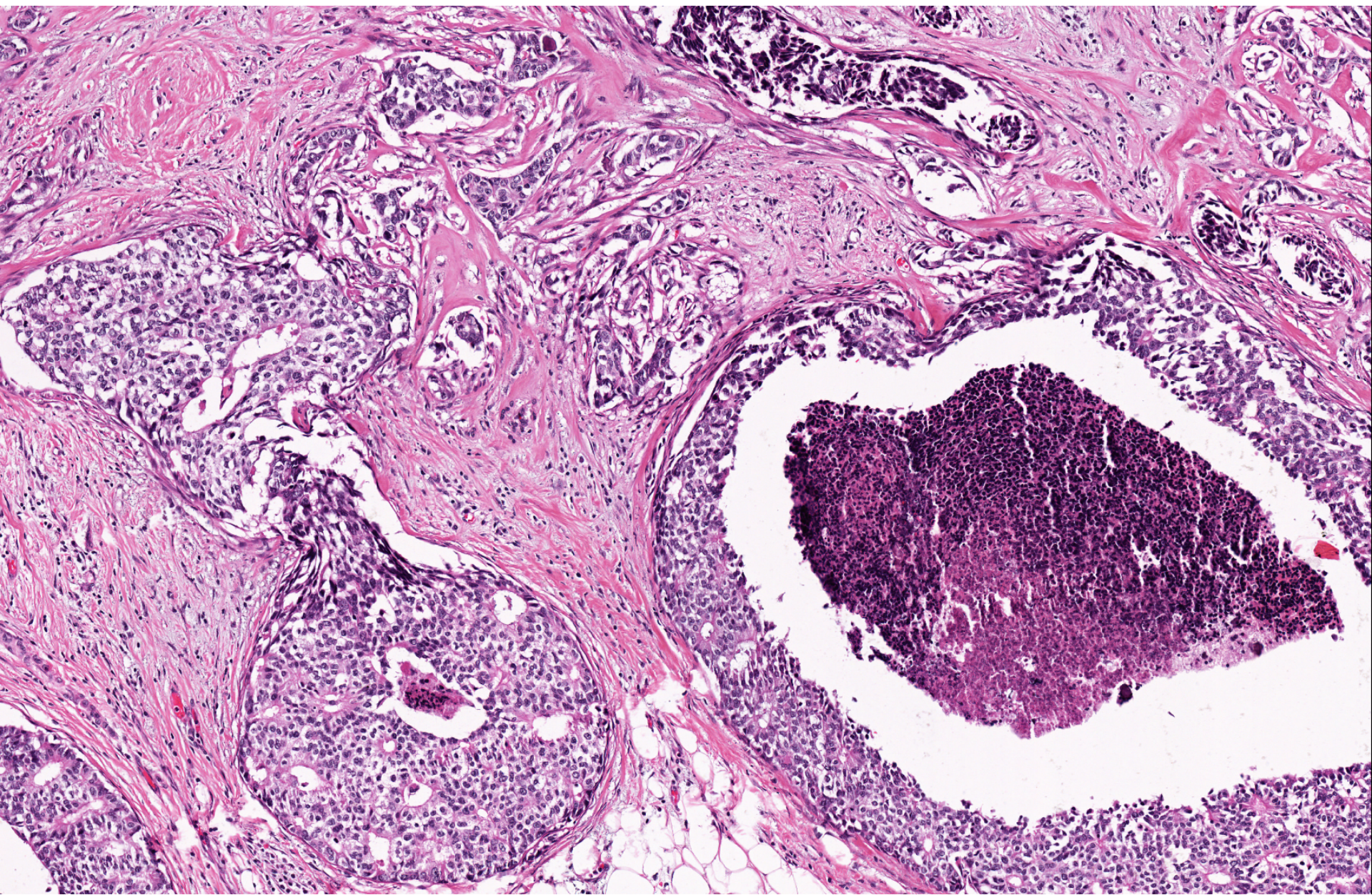
- Set B.5
- 51 year old Chinese woman was found to have screen detected bilateral ductal carcinoma in situ on core biopsies.
- She opted for bilateral mastectomy.
- This section is from the left breast.



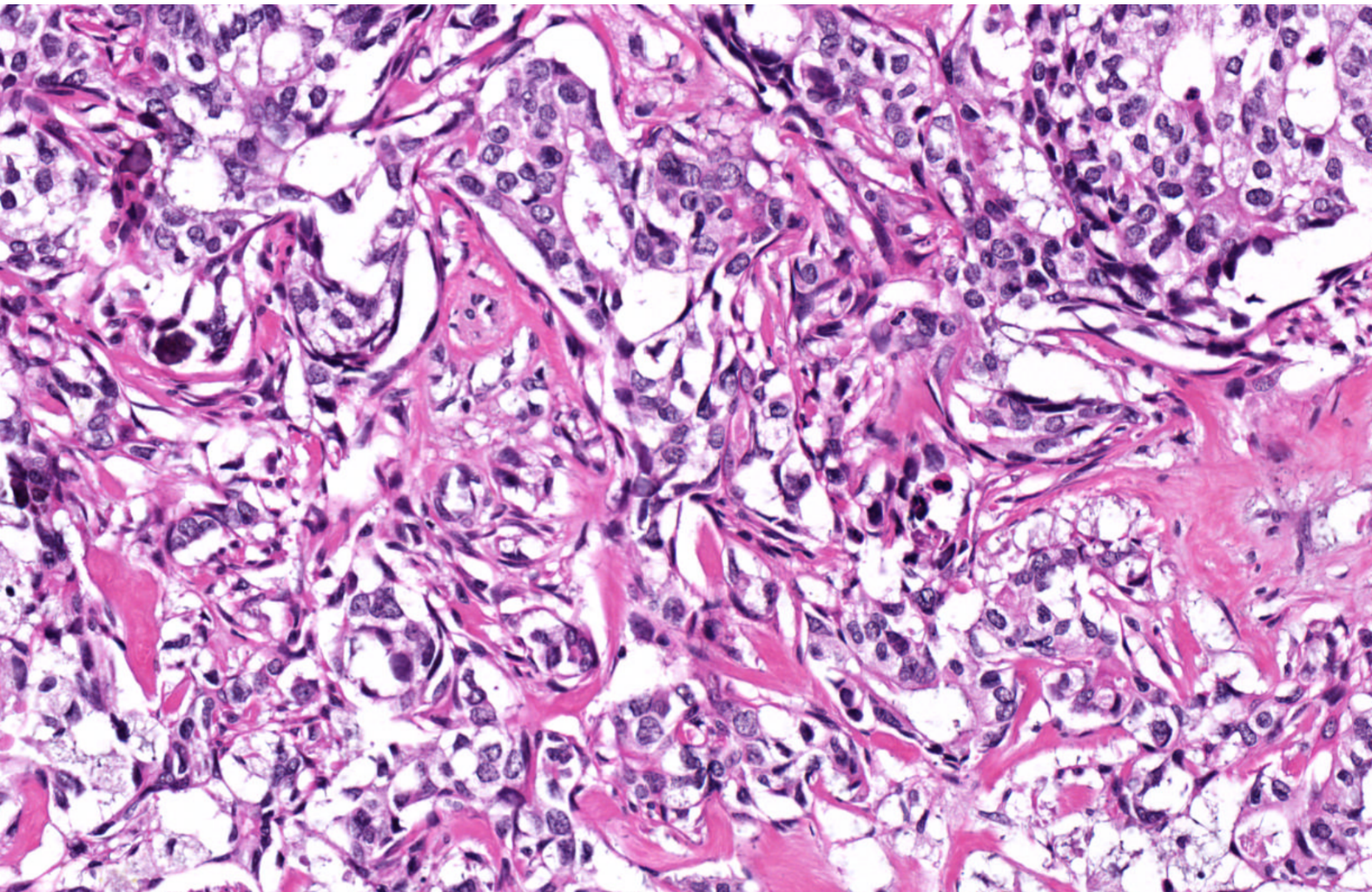




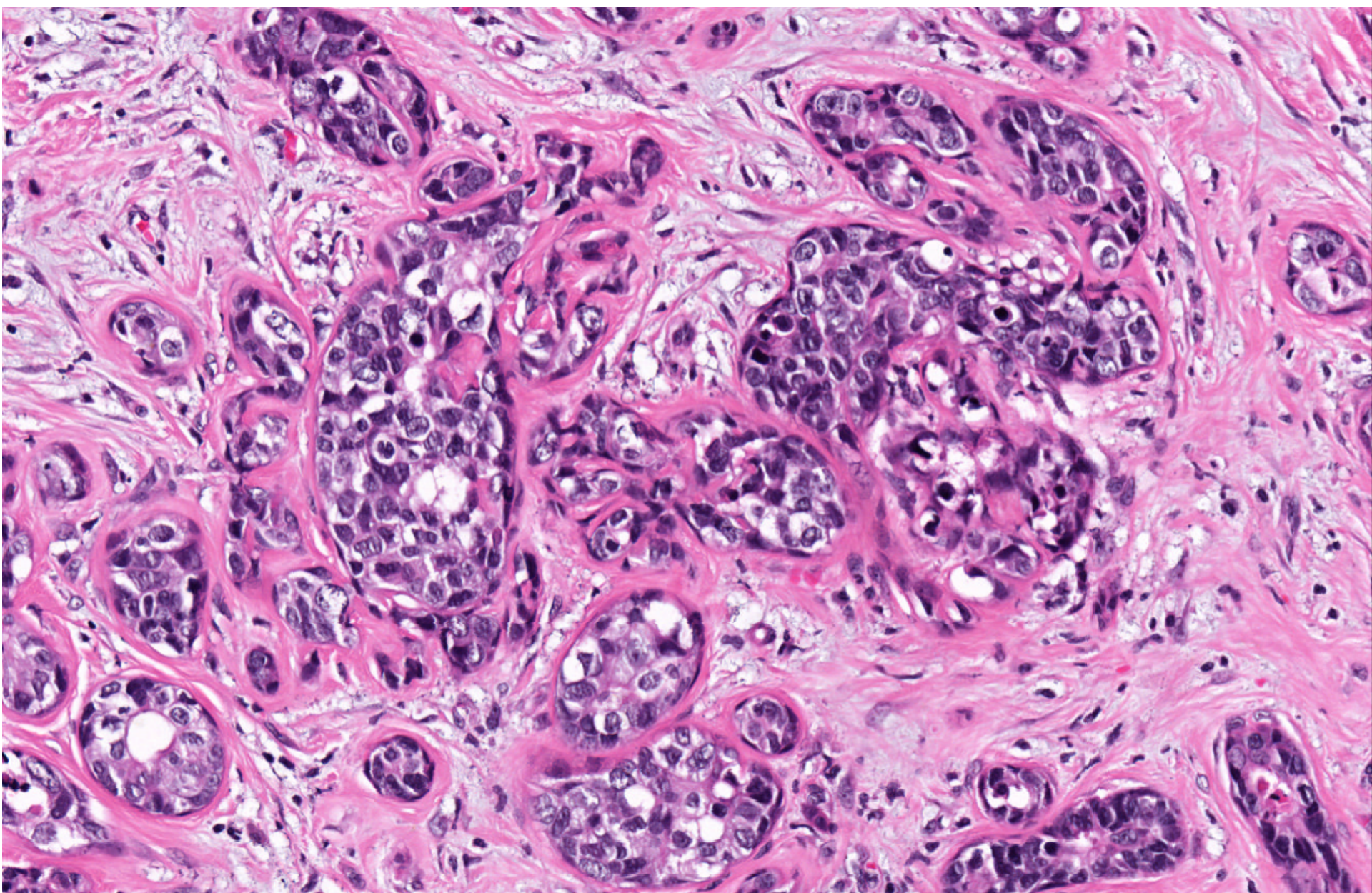




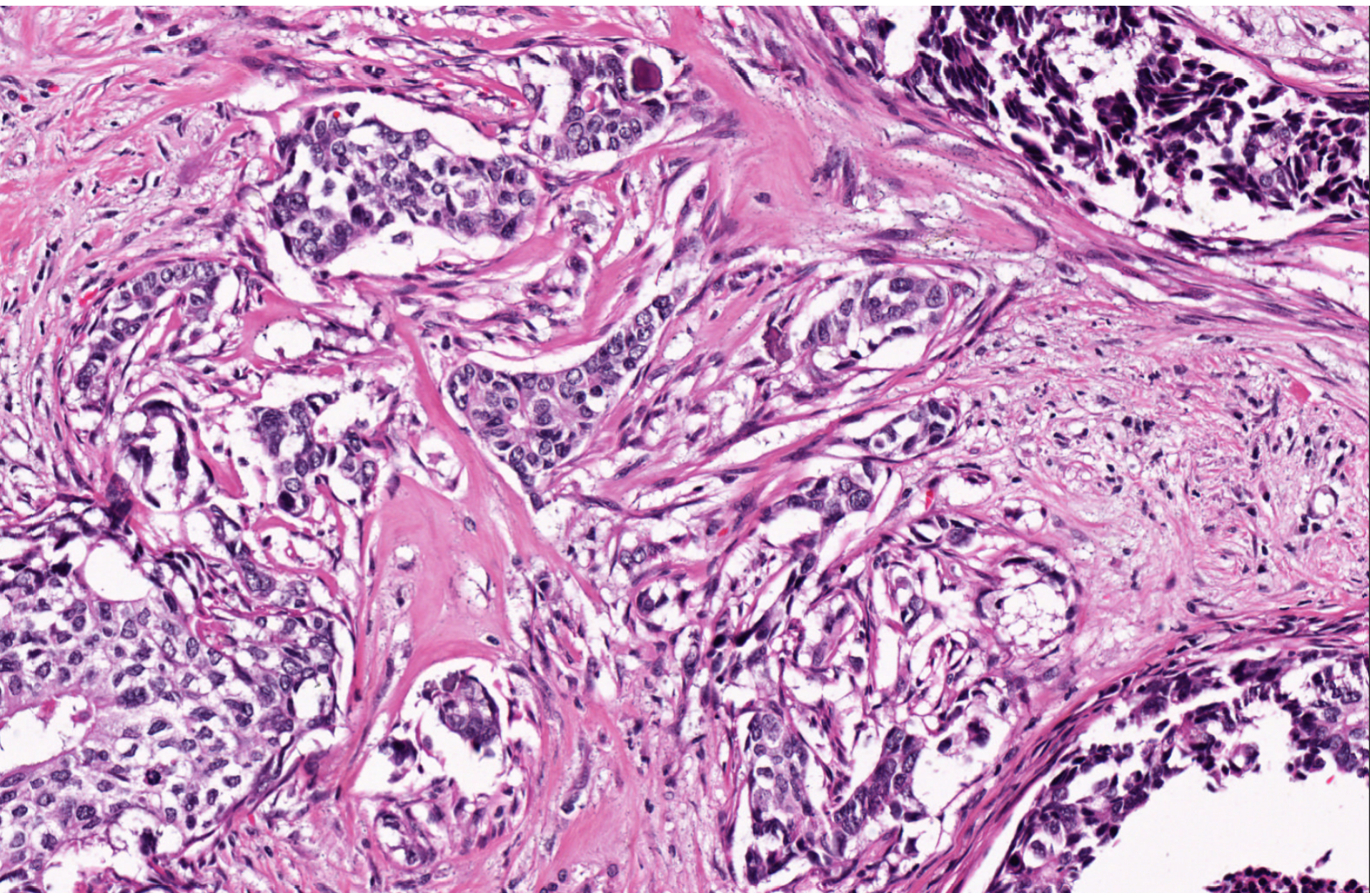




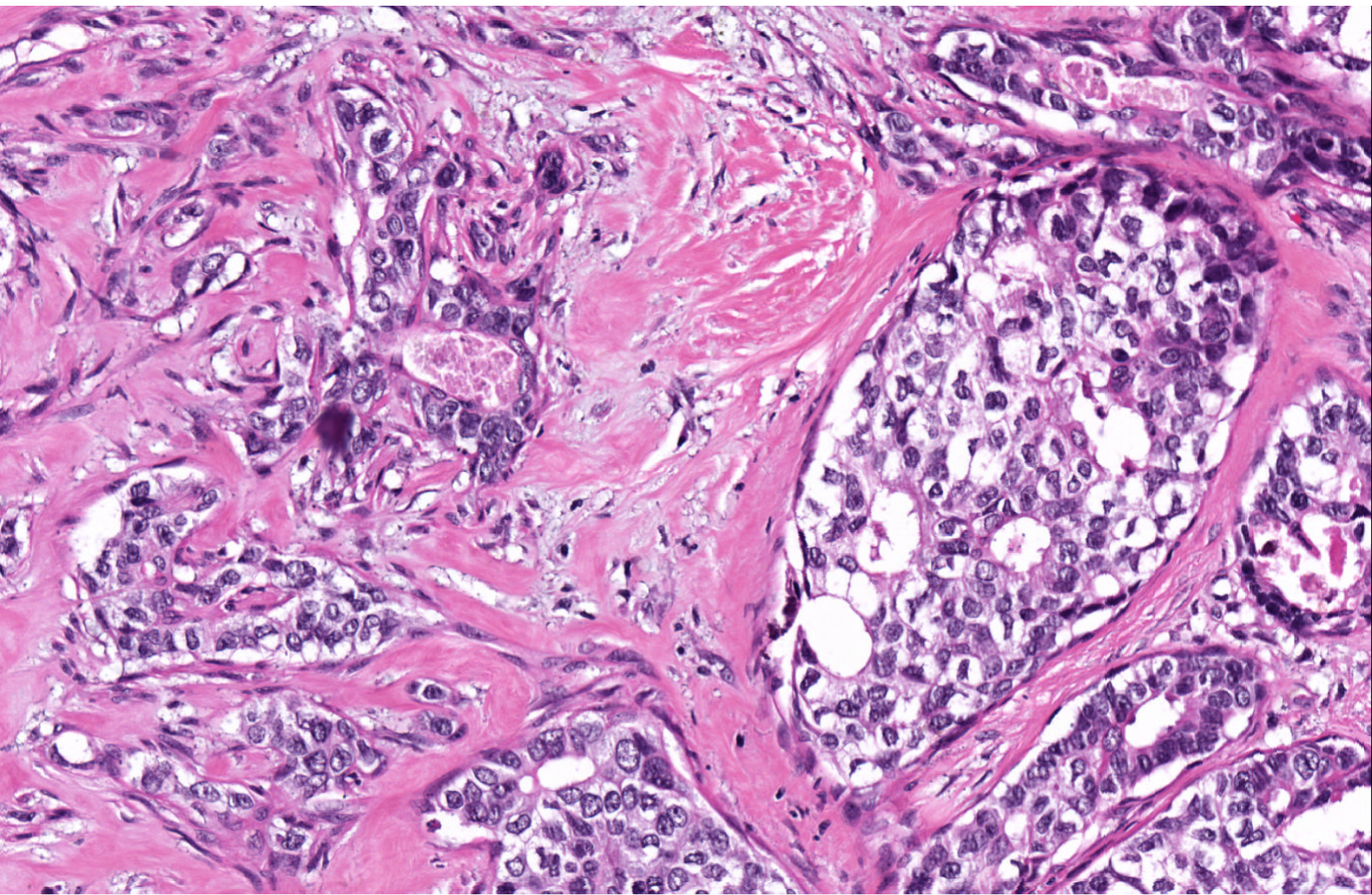




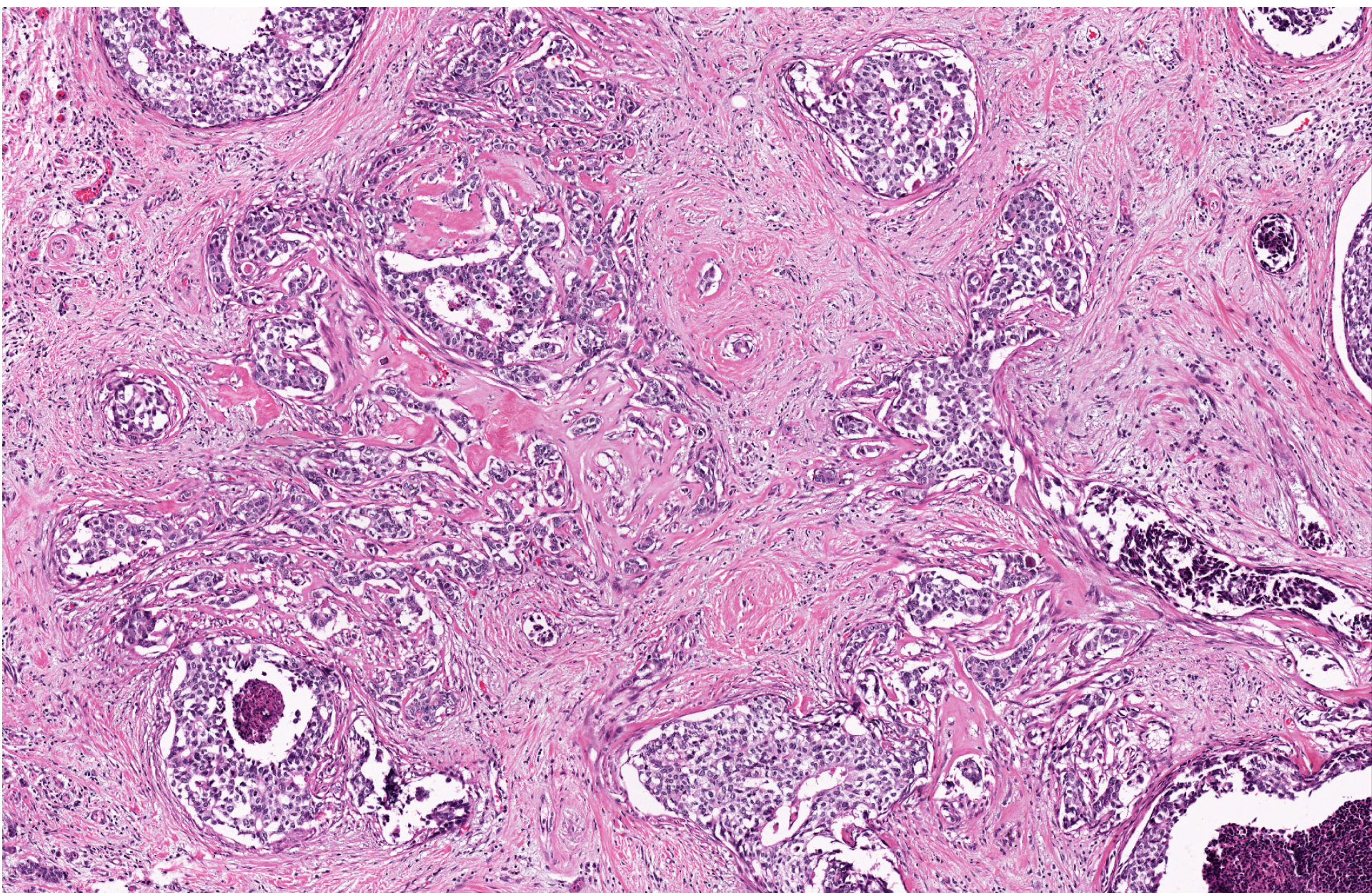




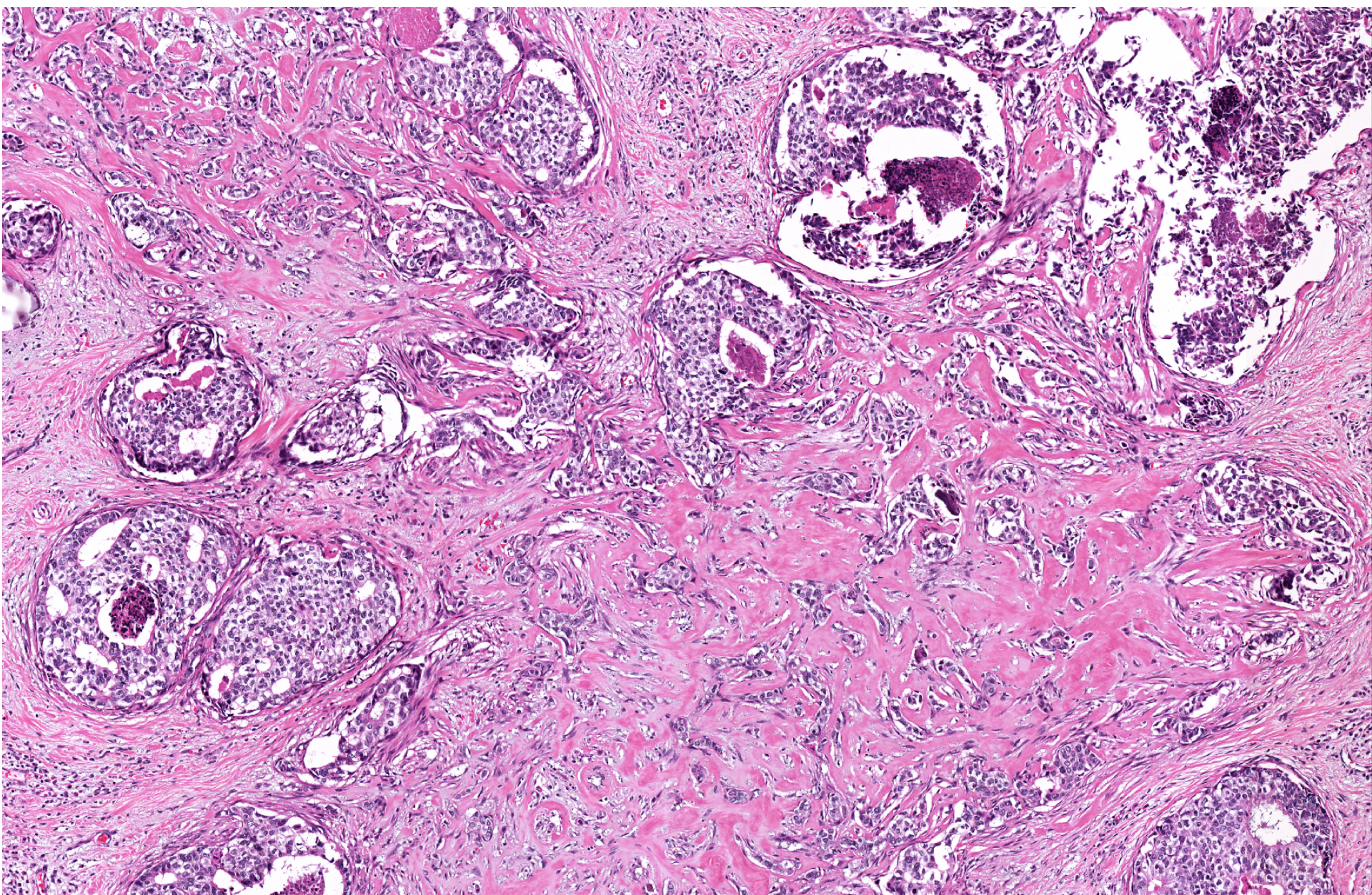




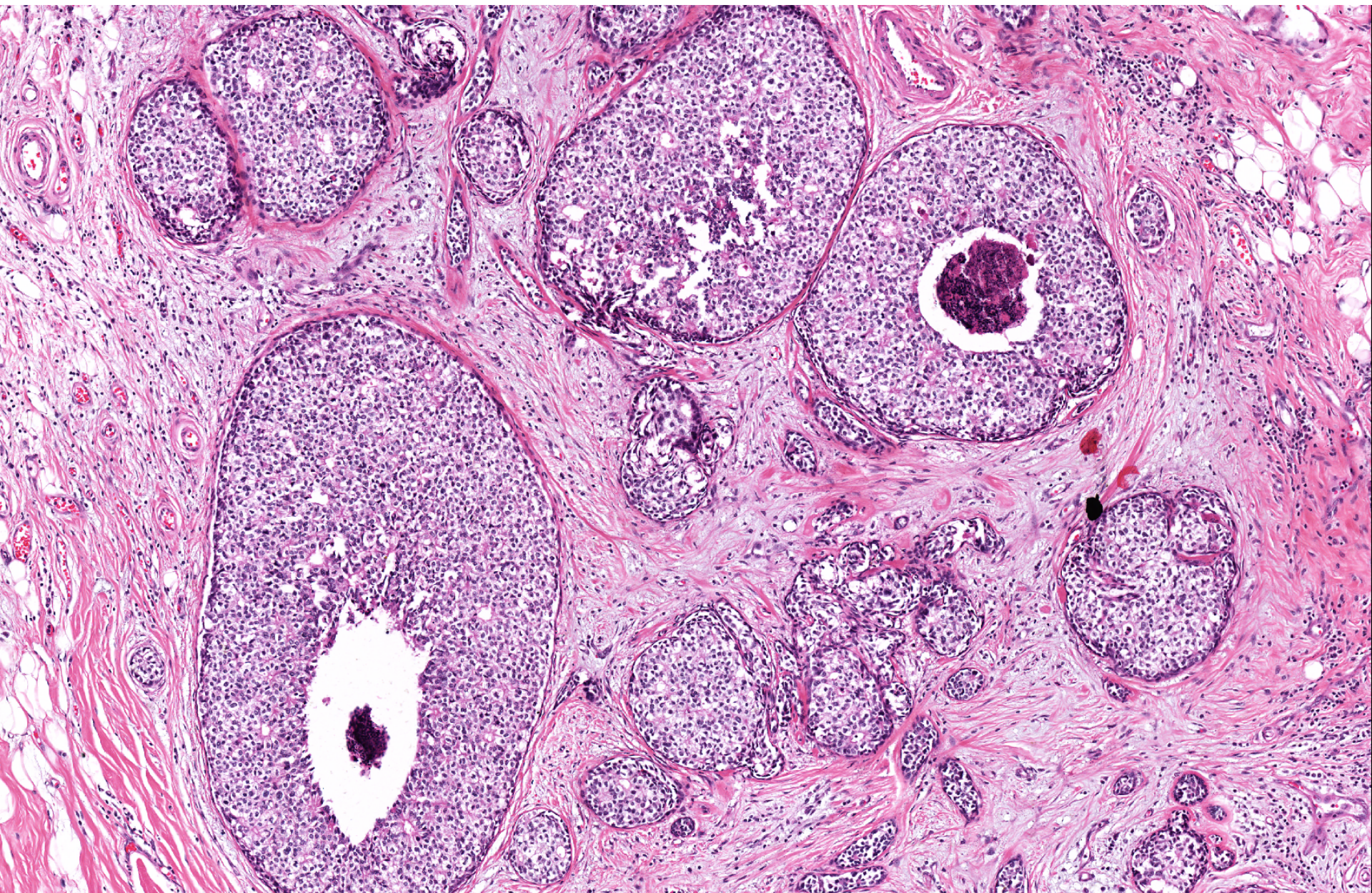




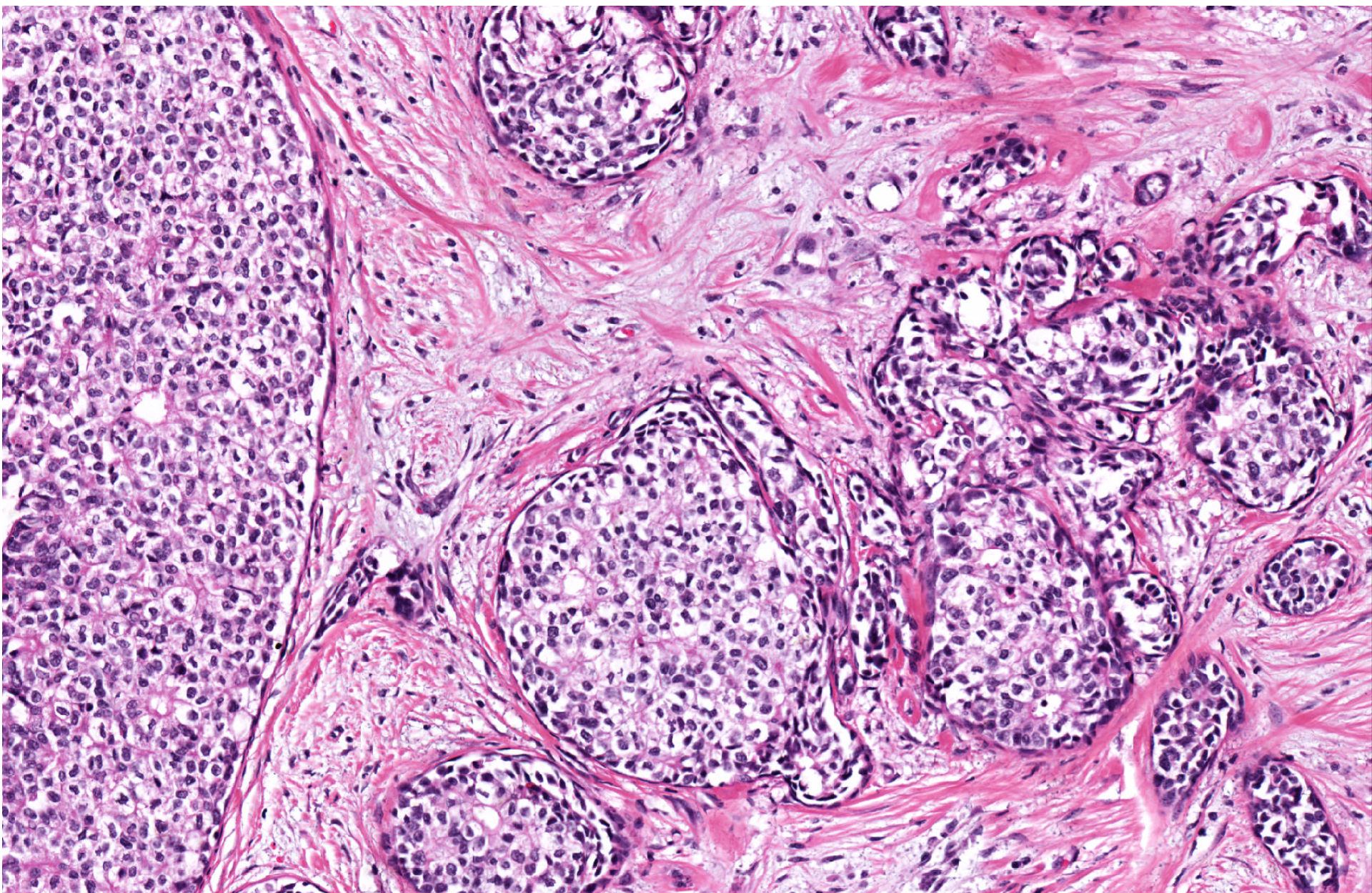




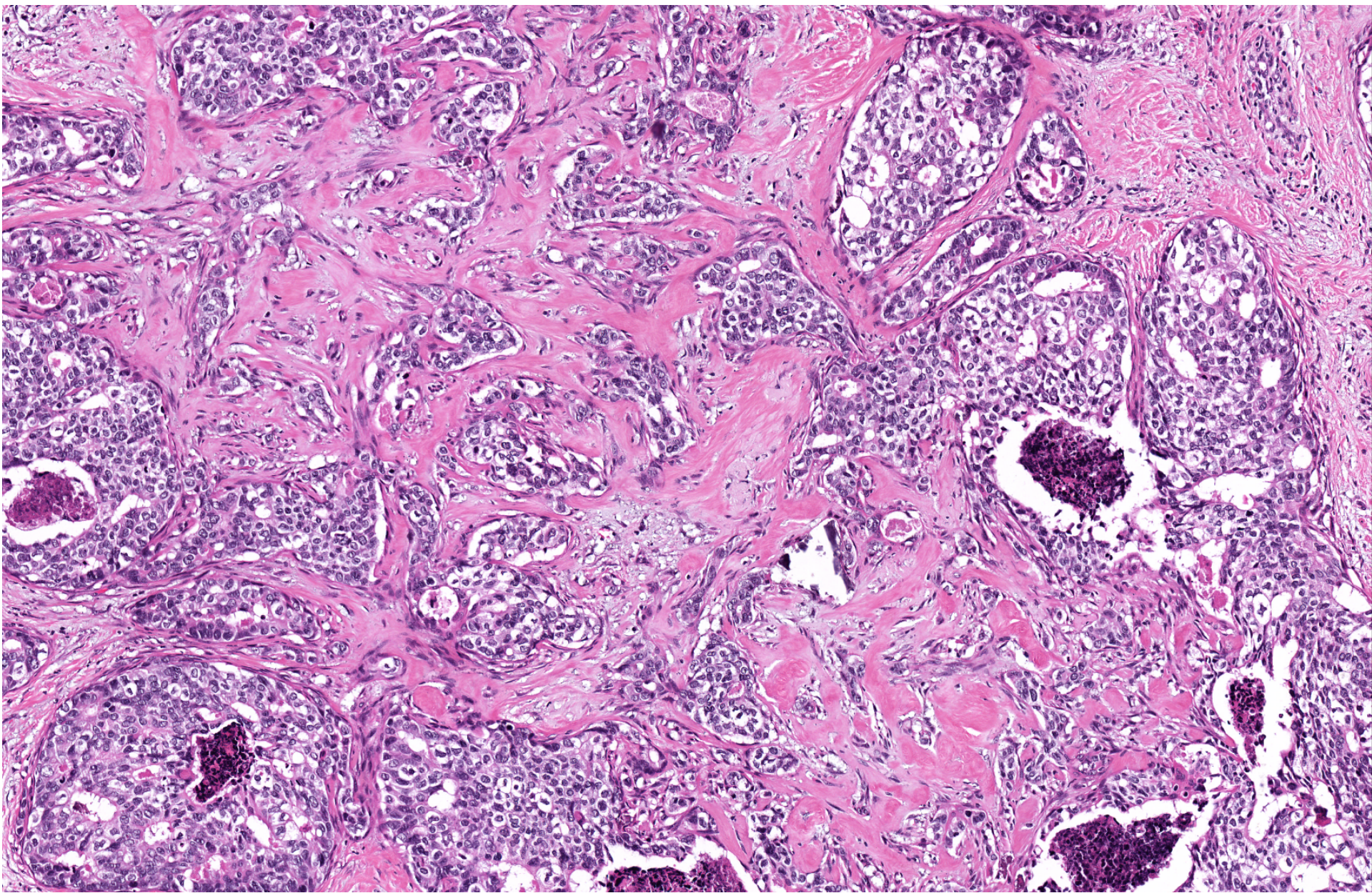




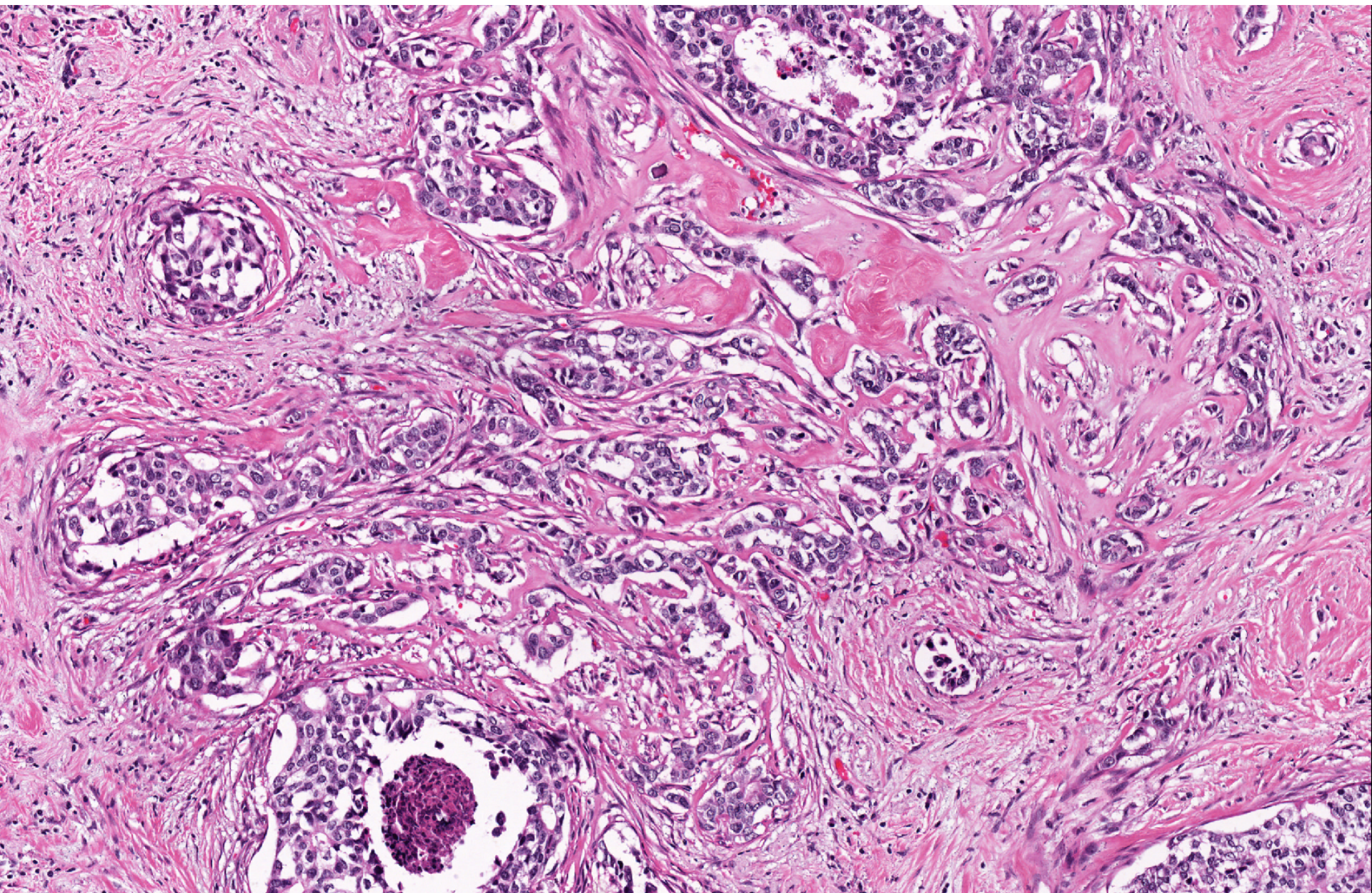




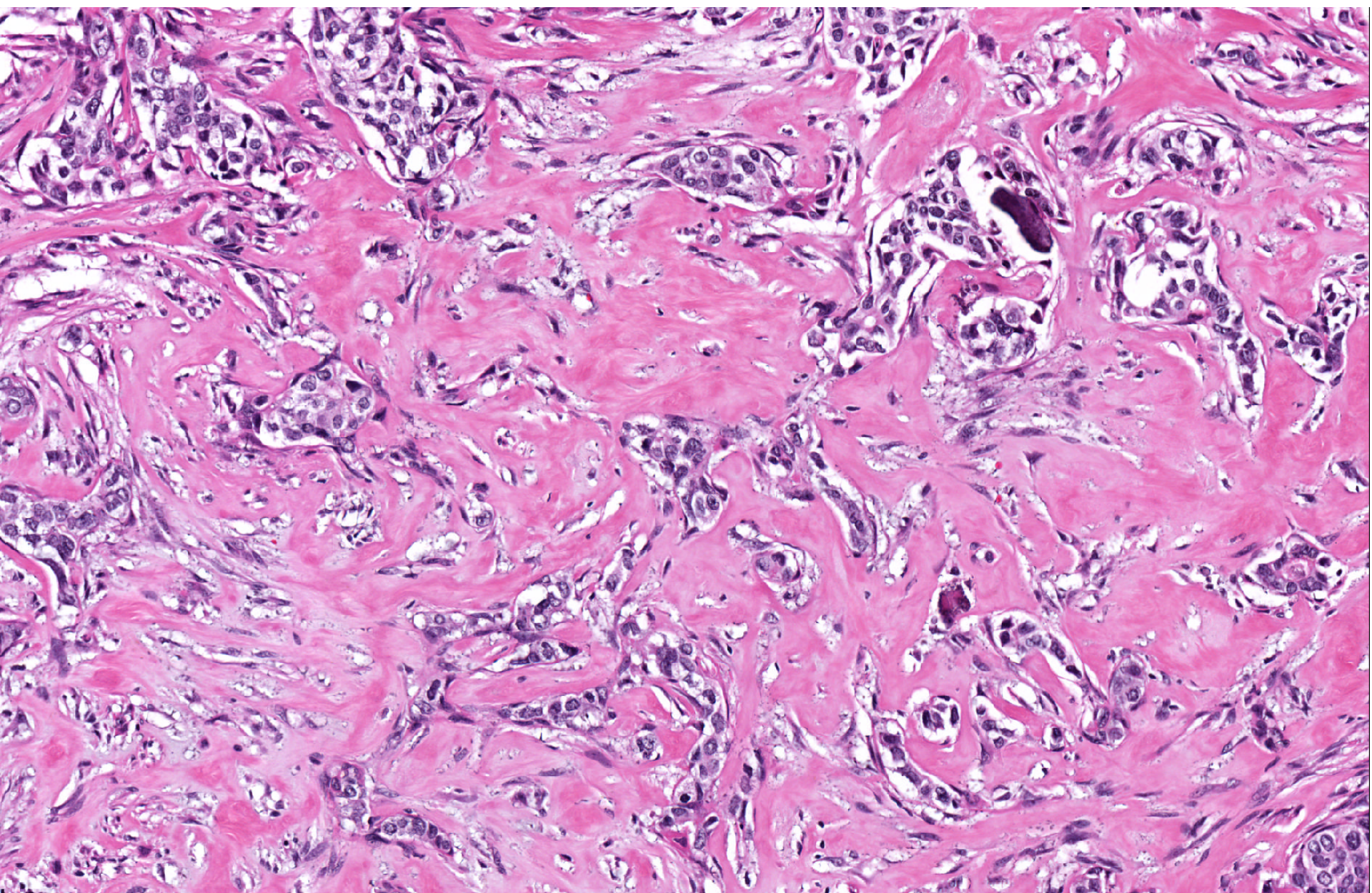




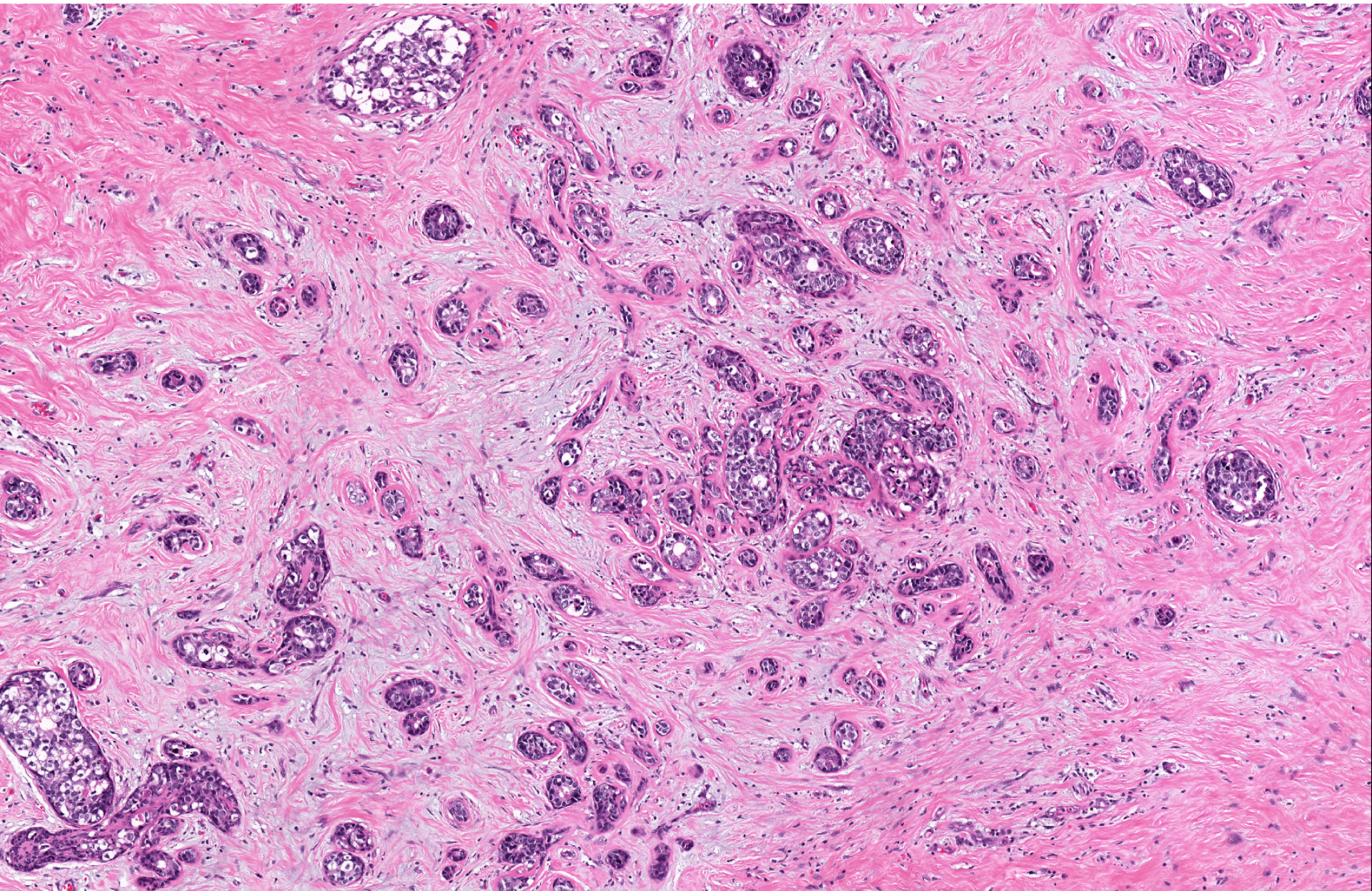




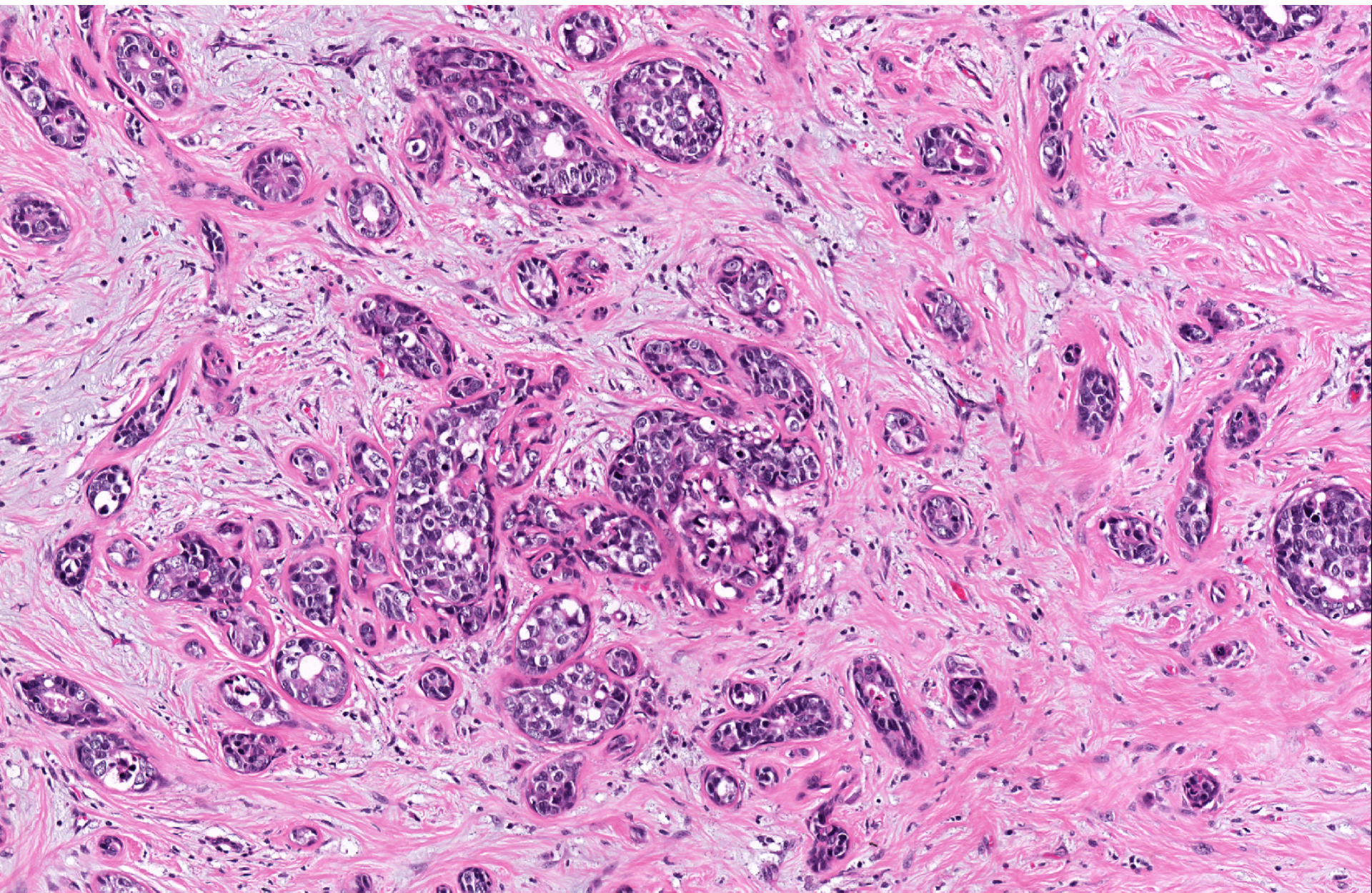




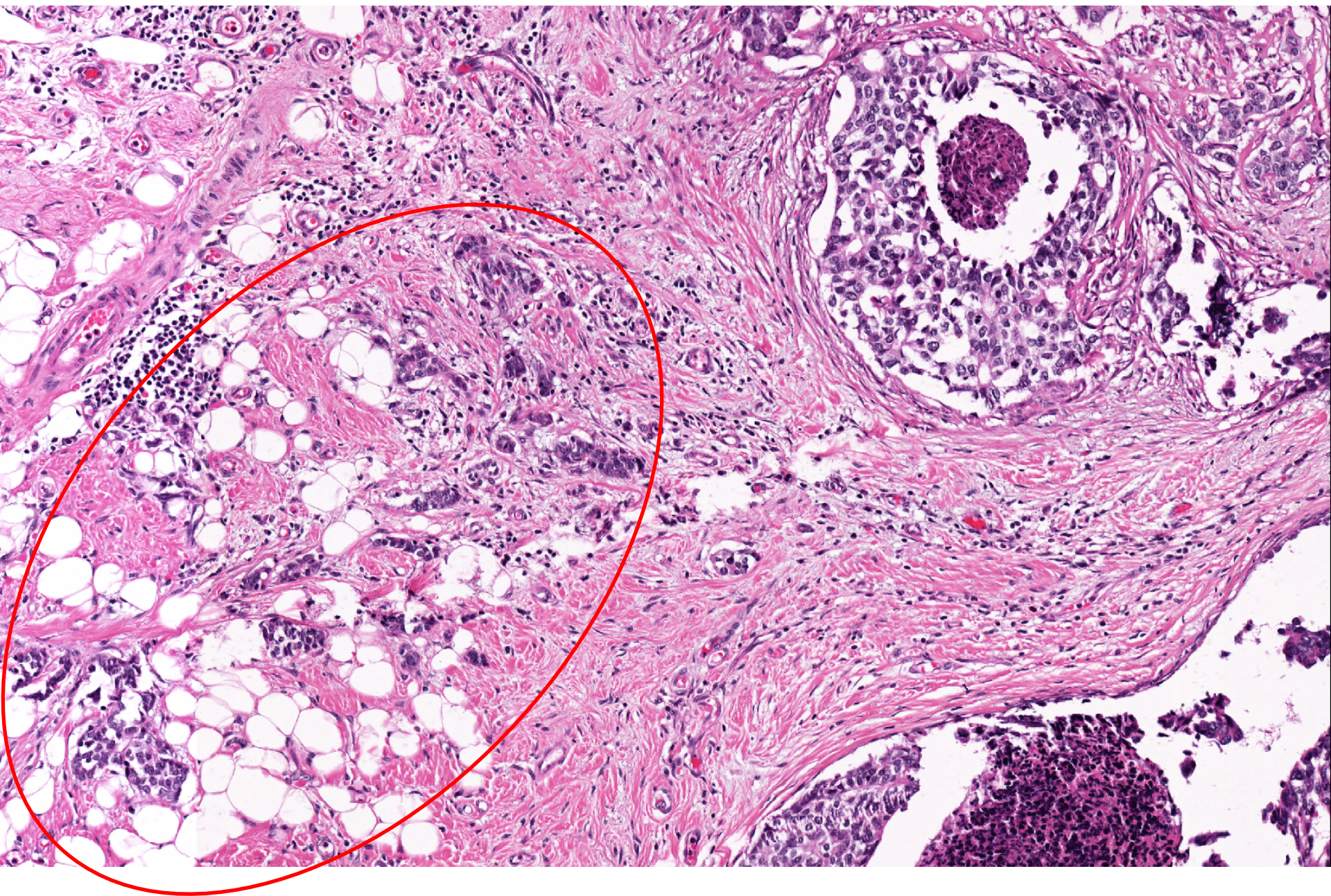




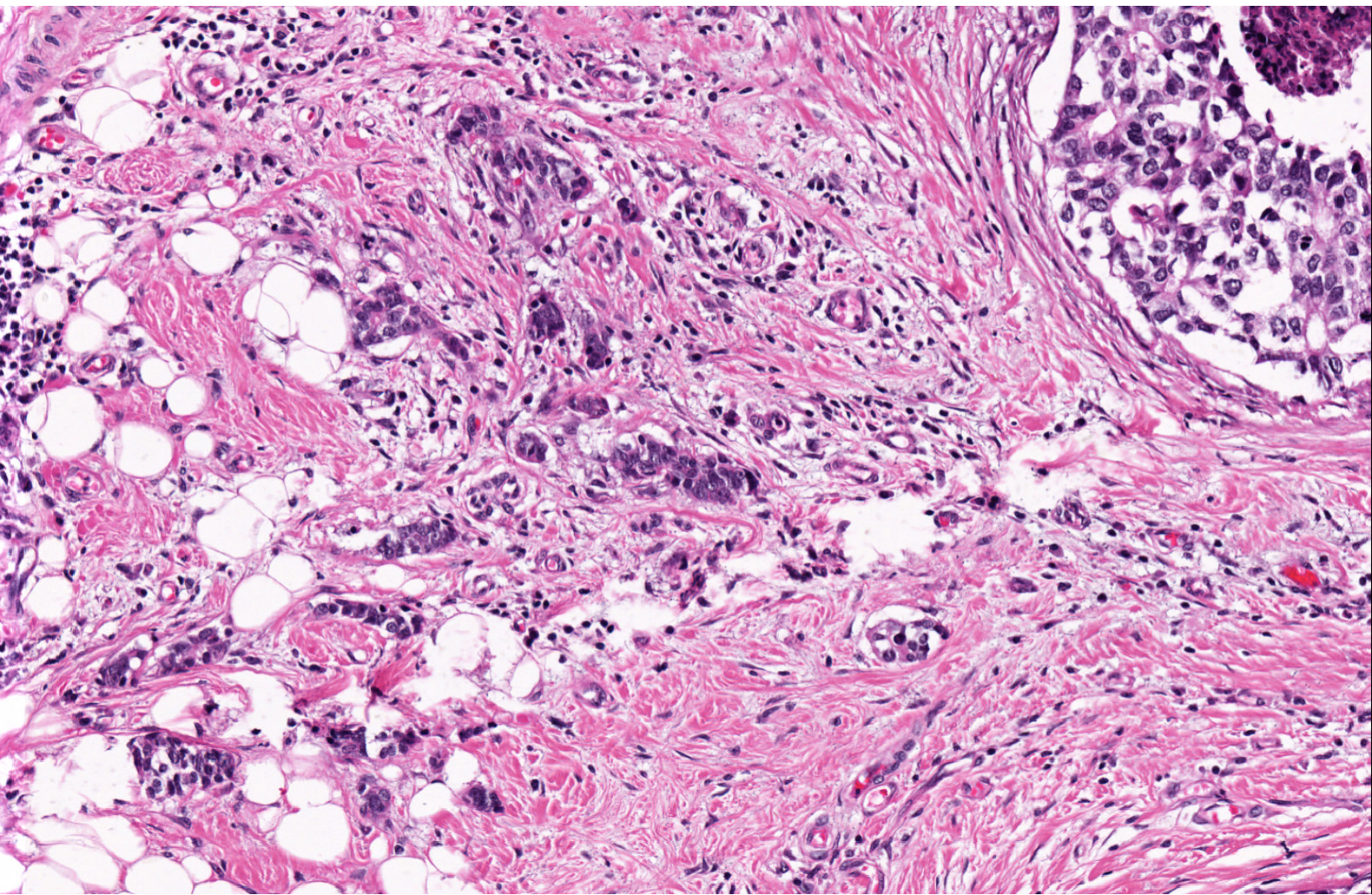




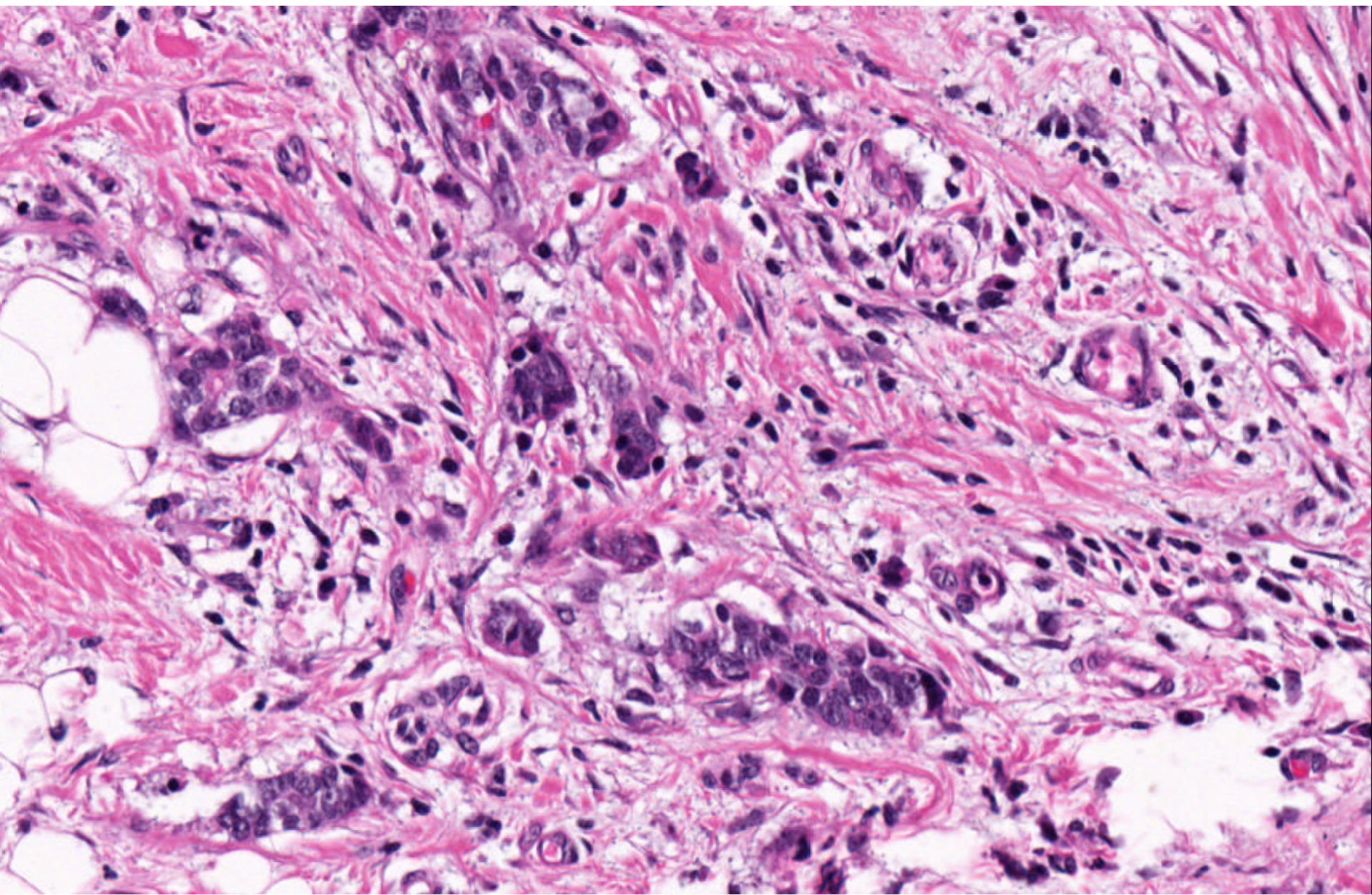






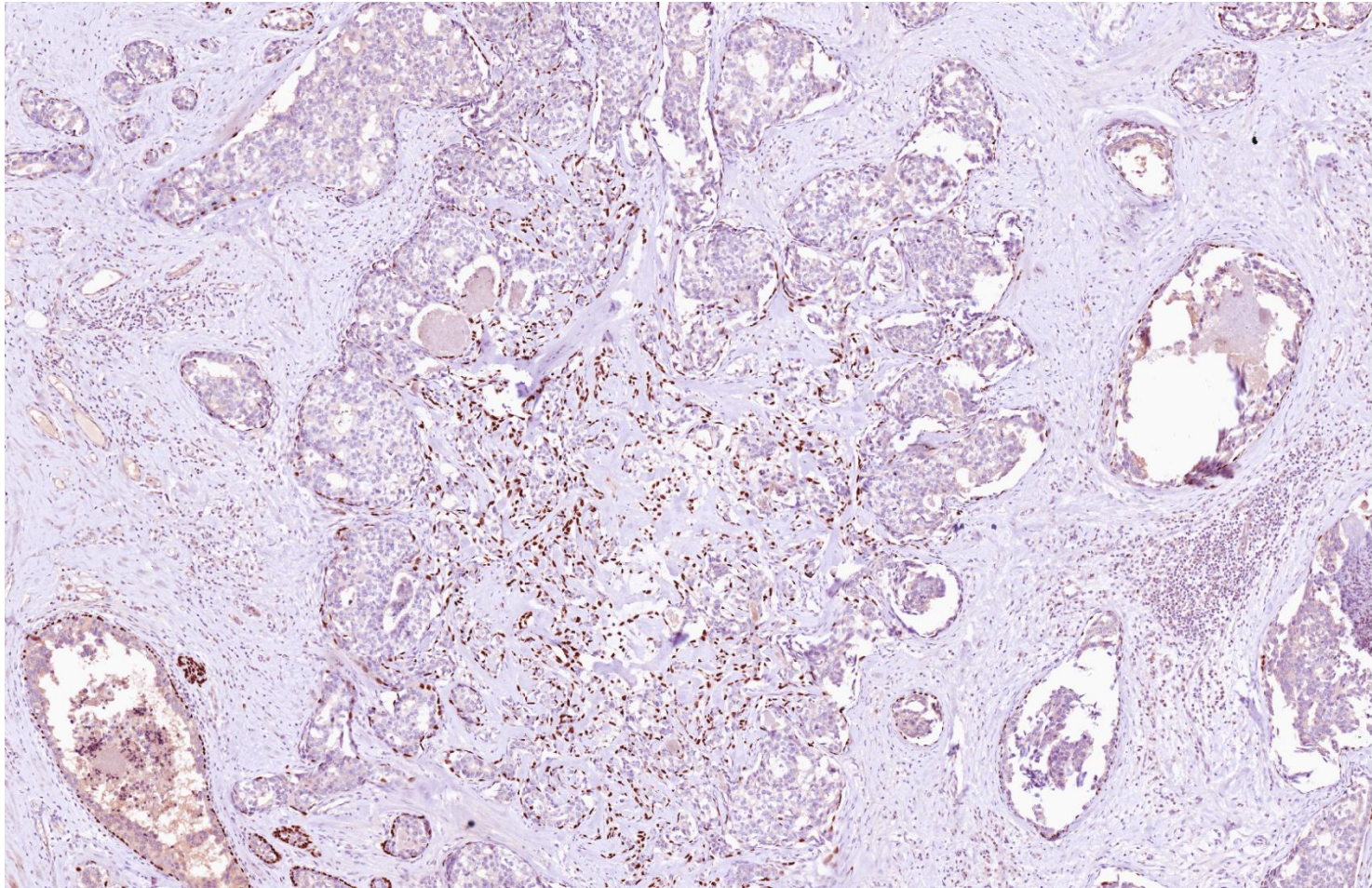






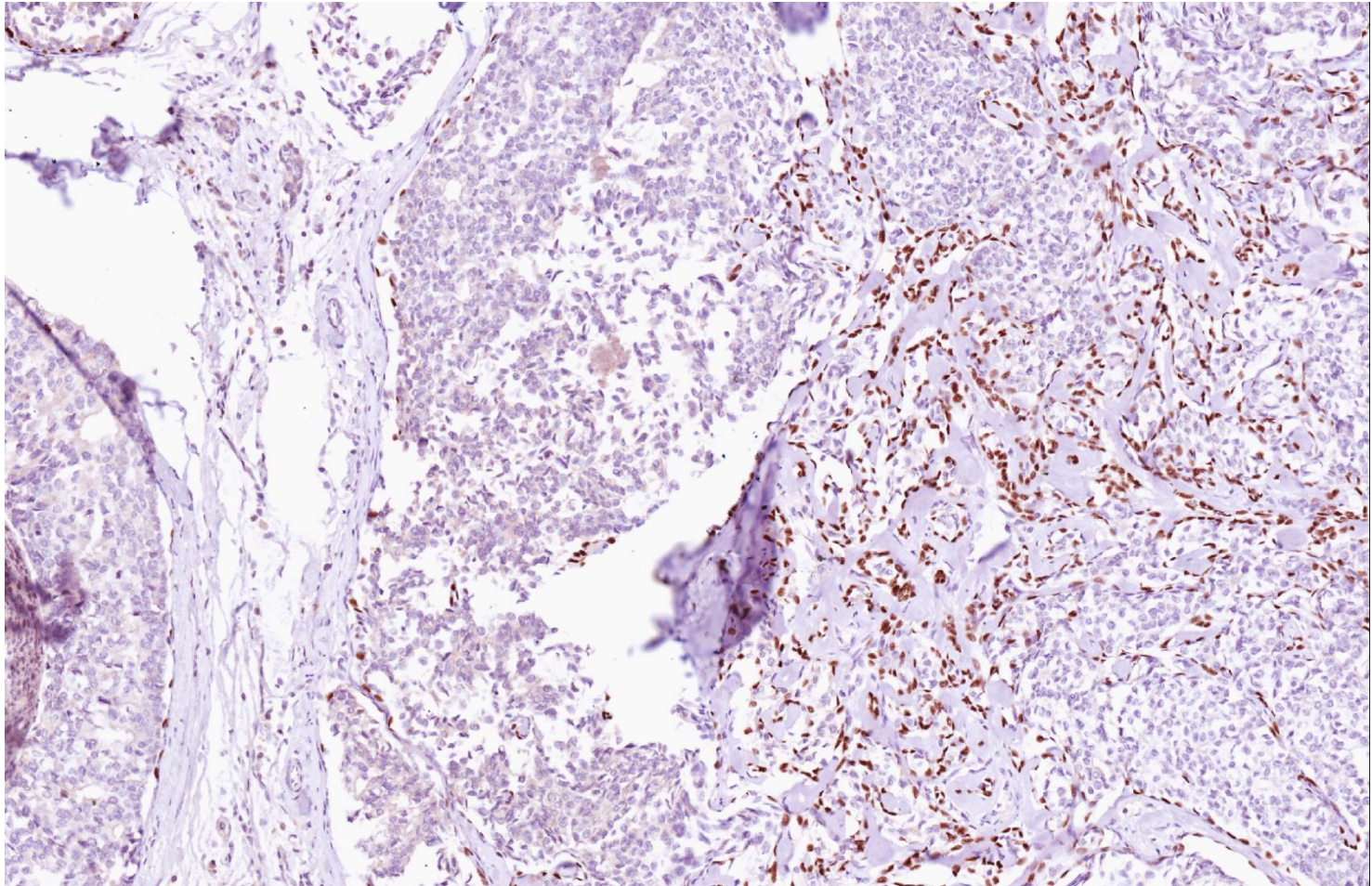


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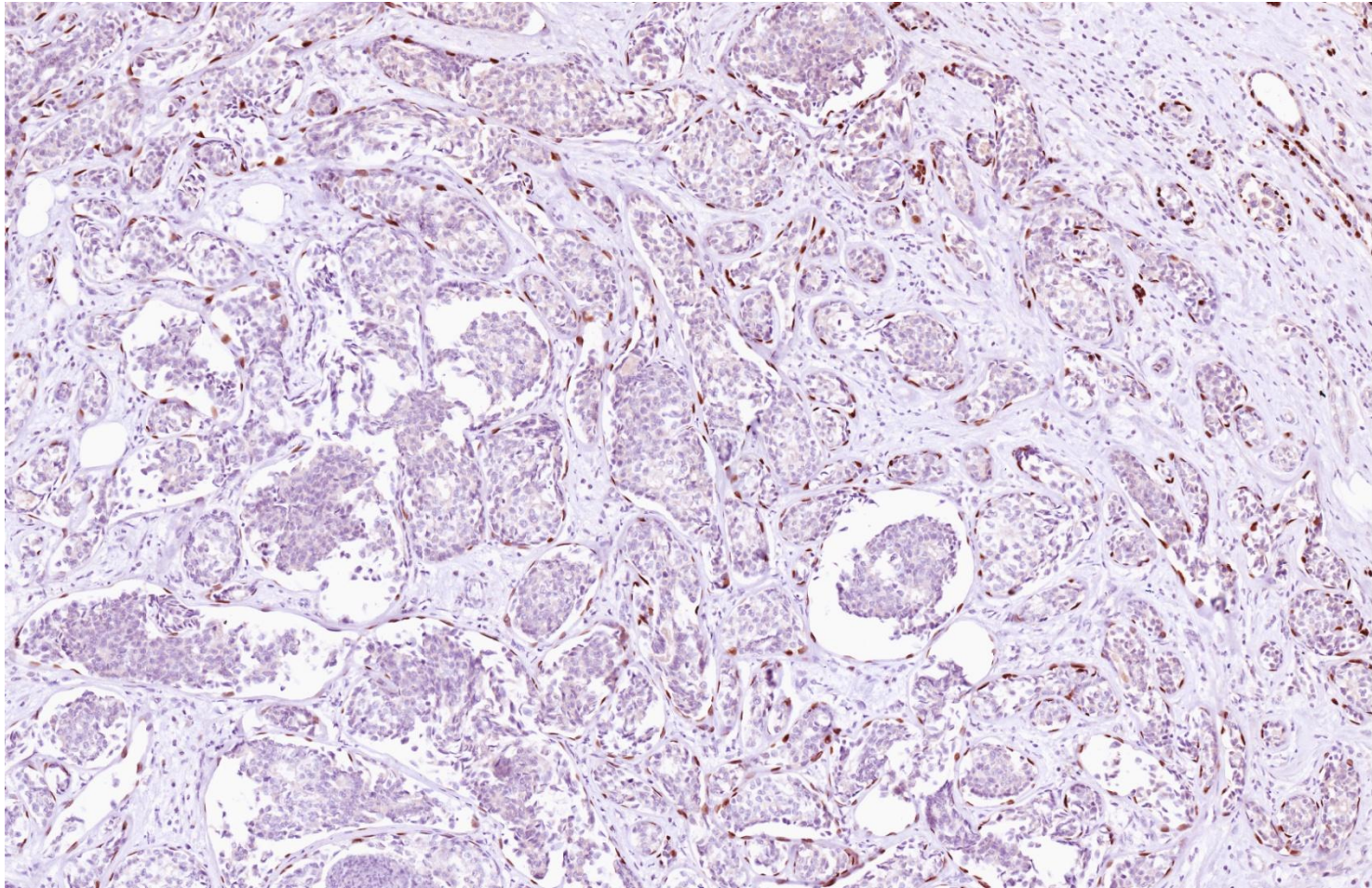


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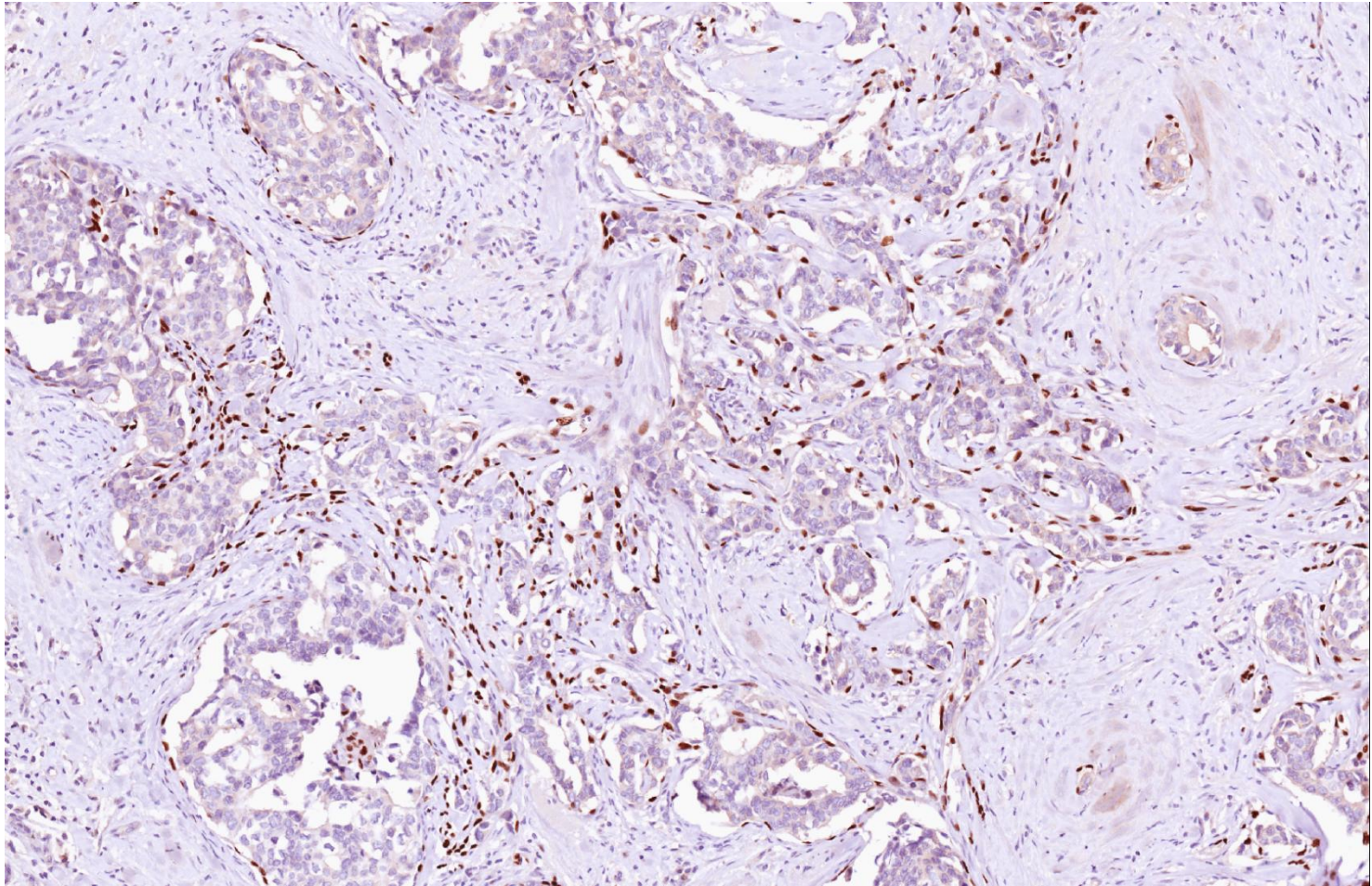


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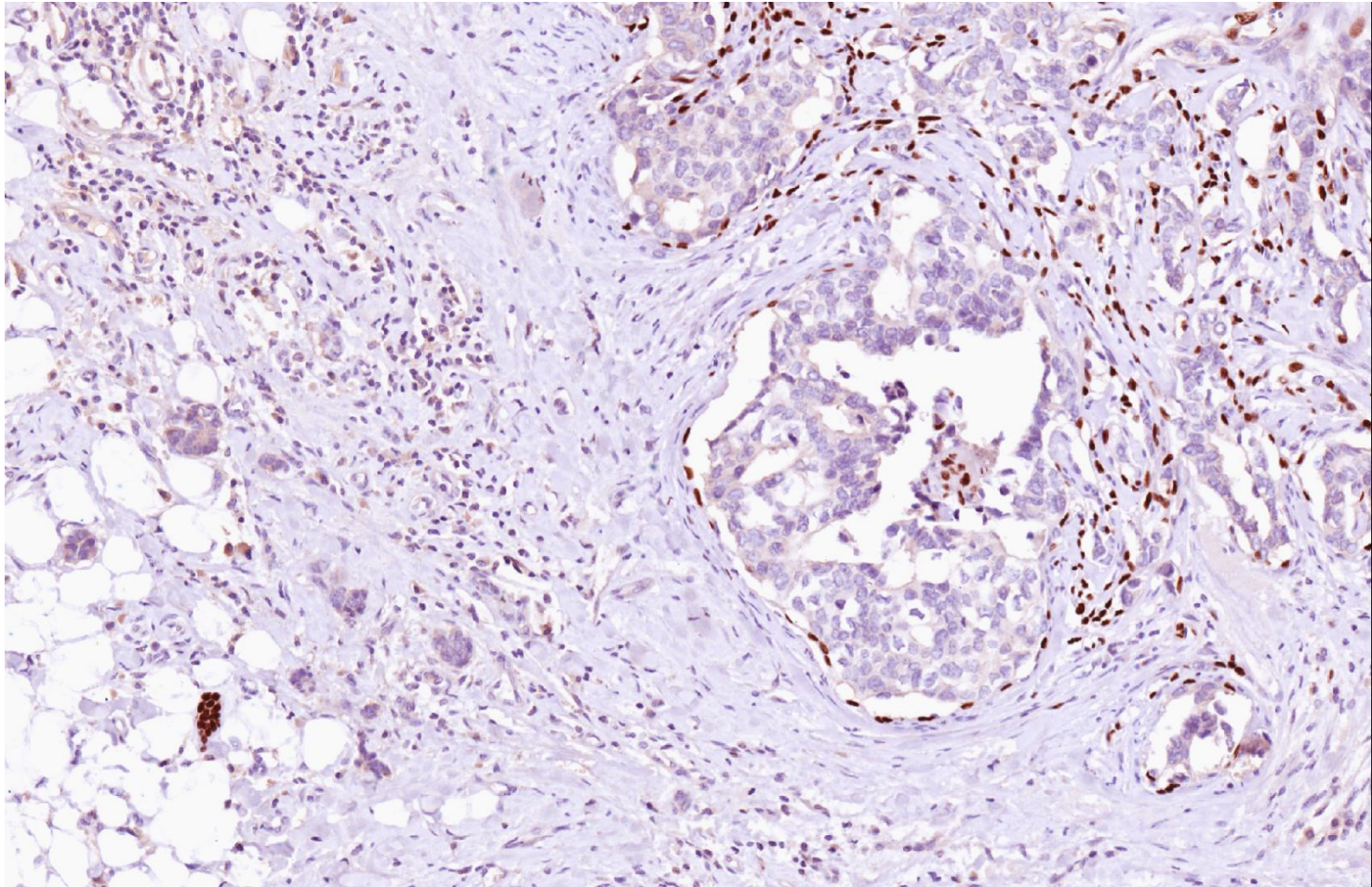


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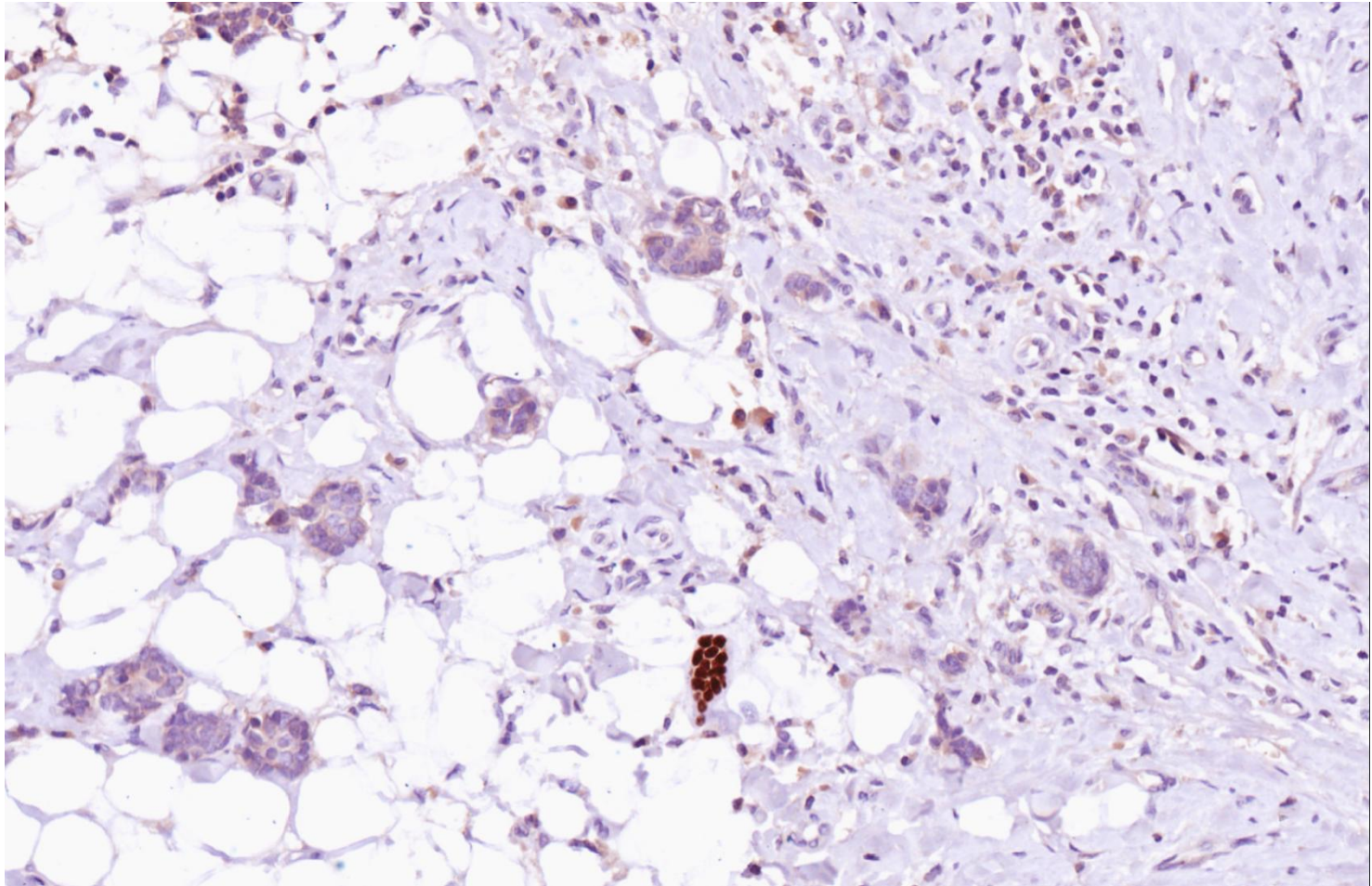


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- Multifocal DCIS, intermediate to high nuclear grade, solid and cribriform.
- Microinvasion.



# Microinvasion

- Small irregular tongue-like nests of tumour cells.
- Associated reaction with stromal oedema and inflammation.
- Outside of lobular contours.
- Extension into fat.



# Microinvasion

- Extension of carcinoma cells beyond the basement membrane of the ductal-lobular system into the adjacent tissue.
- Not more than 1 mm in greatest dimension.
- For multiple foci of microinvasion, only the size of the largest focus is used for classification.
- T1mic.



# Microinvasion

- Most commonly seen in association with large, high-grade ductal carcinoma in situ (DCIS).
- May be seen in DCIS of any grade, as well as LCIS.
- Rarely, can be diagnosed in isolation, without accompanying in situ carcinoma.
- When to suspect microinvasion:
  - Stromal desmoplasia.
  - Lymphocytic infiltrates.
  - Lobular involvement by high-grade DCIS.
  - Large extensive lesions of DCIS.
- Multiple levels can assist in defining a suspicious focus.
- Use of immunohistochemistry to confirm absence of myoepithelial cells in the microinvasive focus.



# Mimics of microinvasion

- DCIS involving lobules.
- DCIS involving ducts with branching.
- Fibrotic distortion of lobules and ducts affected by DCIS.
- DCIS superimposed on benign sclerosing lesions.
- Crush and cautery artifact.
- Displacement of DCIS cells into stroma and adipose from prior specimen manipulation/needling procedure.



# Microinvasive carcinoma

- ER, PR, cerbB2 should be reported on the microinvasive carcinoma cells.
- If the microinvasive focus is cut through, the corresponding staining results for the accompanying DCIS should be provided, as they will serve as surrogates.



# Microinvasive carcinoma

- In some studies, the disease free and overall survivals are similar to those of pure DCIS of similar size and grade.
- In other studies, the clinical outcome is reported as intermediate between patients with pure DCIS and those with established invasive cancer.
- Using the TNM classification of up to 1 mm extent for microinvasion, it is likely that the clinical course will be similar to DCIS.
- Patients with large DCIS with and without microinvasion are managed in a similar manner, with inclusion of sentinel lymph node biopsy.



# Learning points.

- Diagnosis of microinvasion in the context of DCIS superimposed on adenosis.