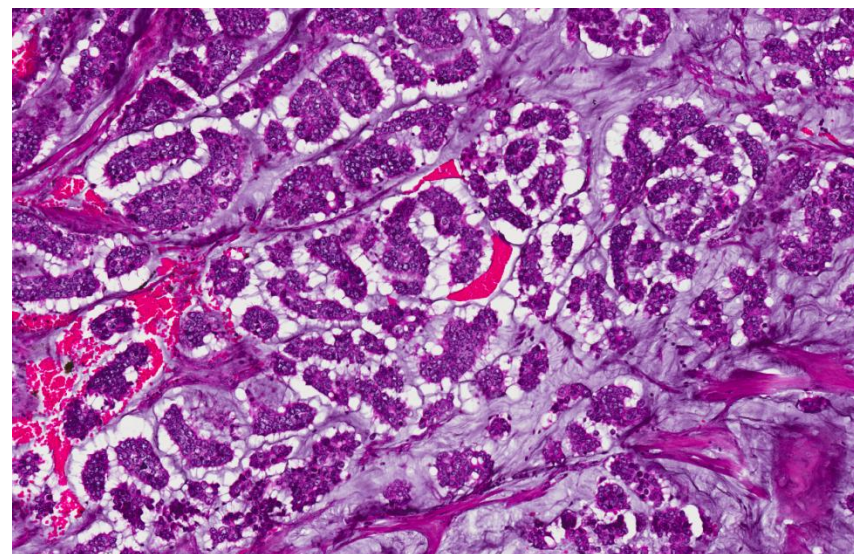
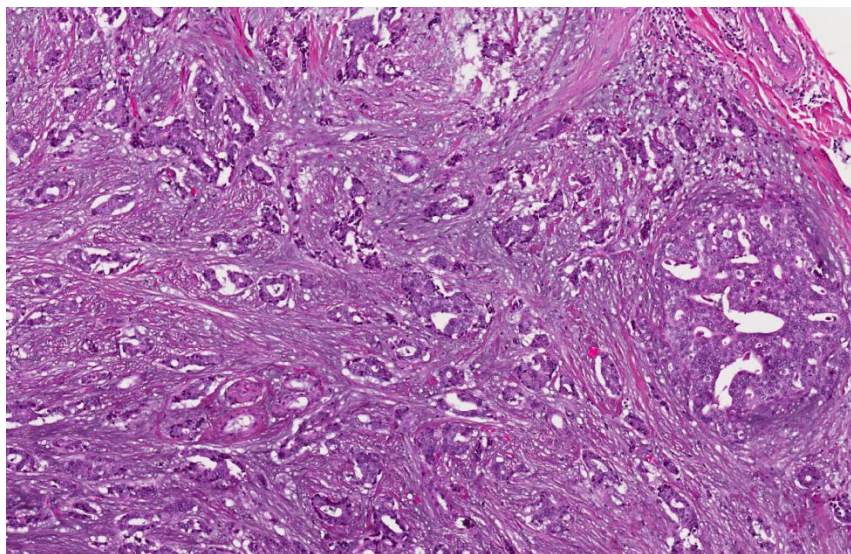
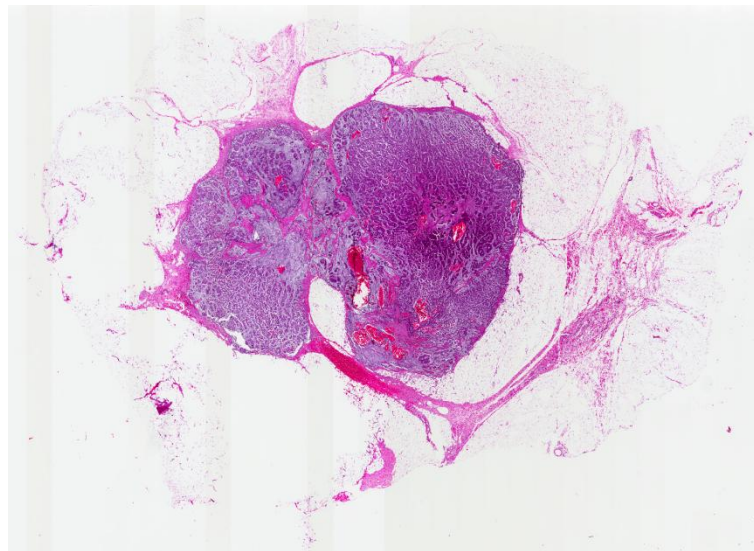
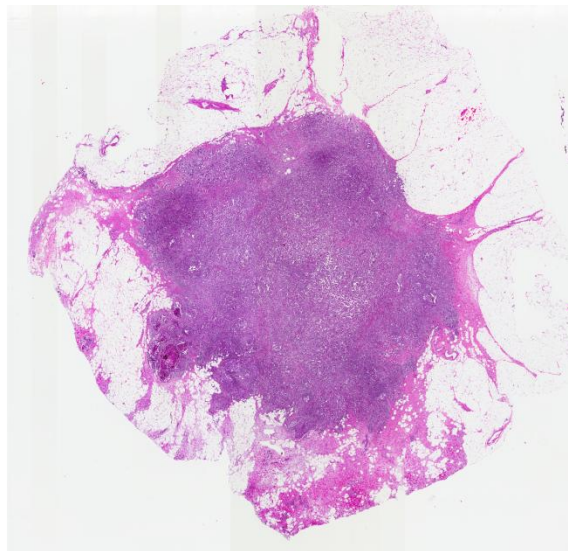


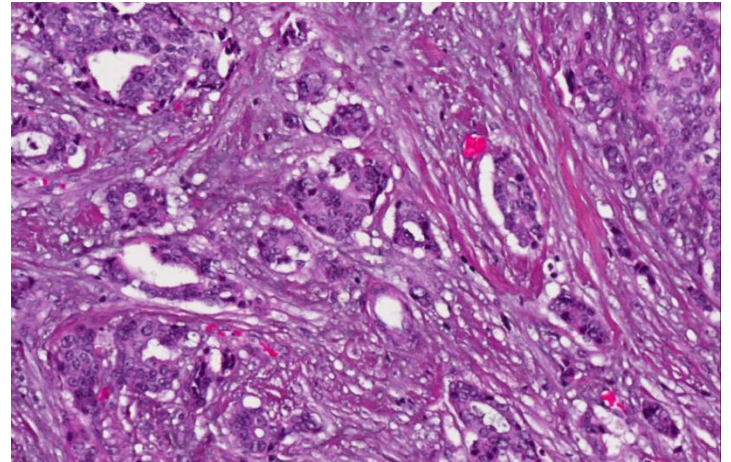
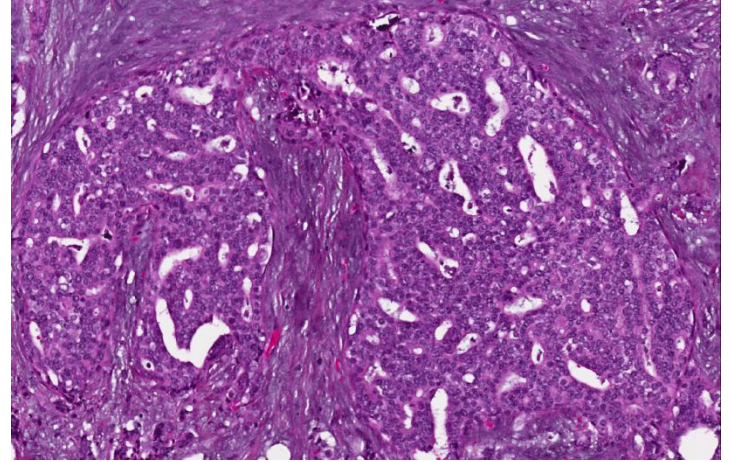
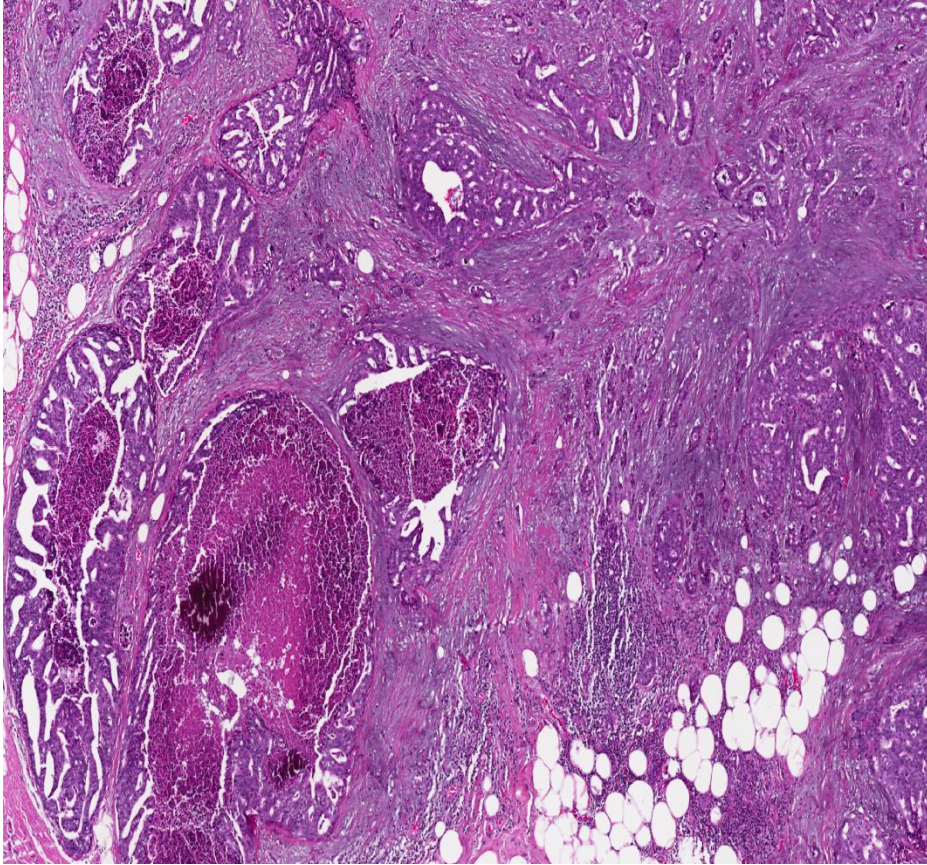
Set C.12

- 60 year old Malay lady underwent mastectomy for two non-palpable radiologic abnormalities diagnosed as invasive carcinoma on trucut biopsies of two separate nodules-one in upper outer and another in lower inner quadrants. Current sections are of the two nodules.

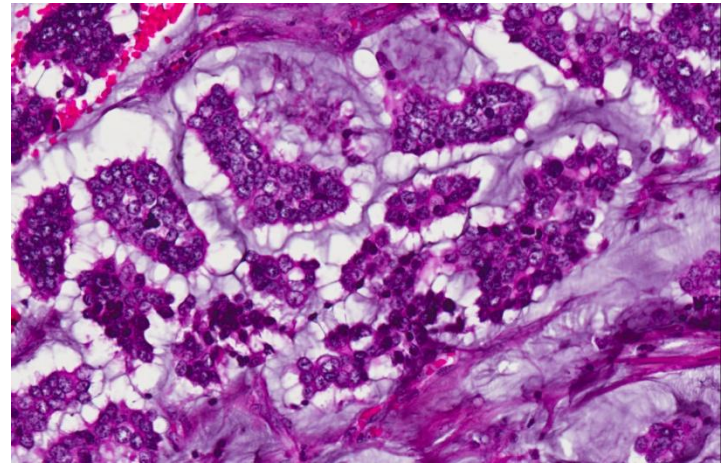
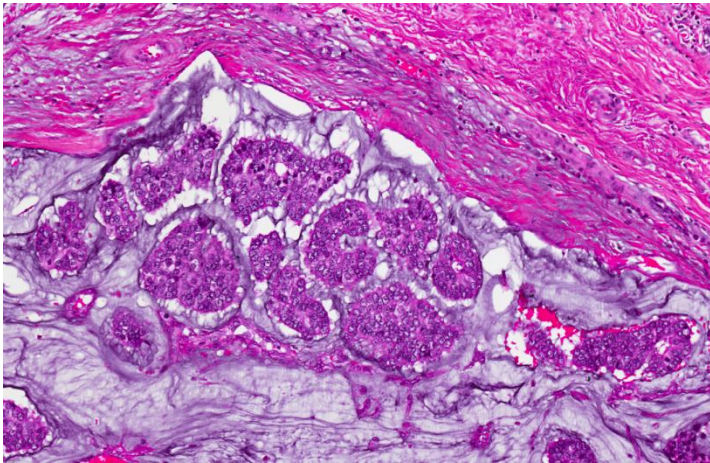
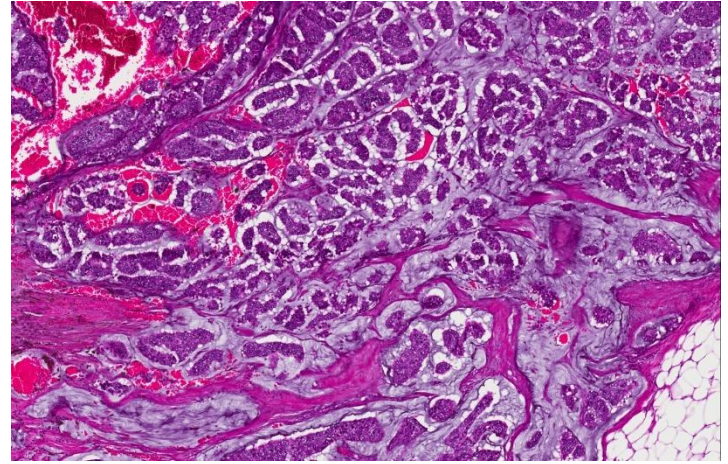
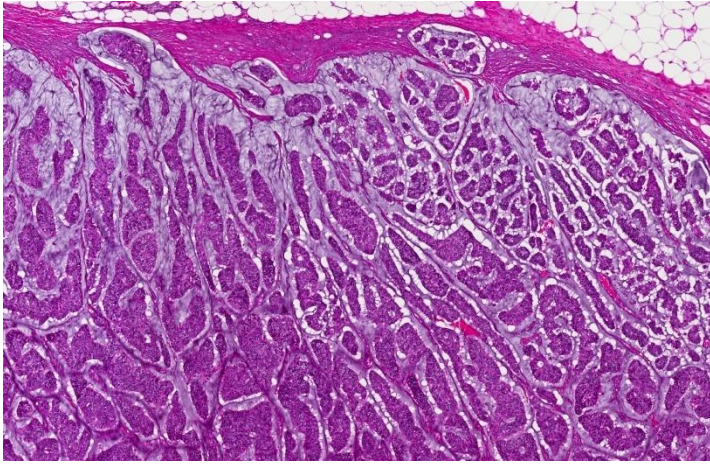
Set C.12



Set C.12

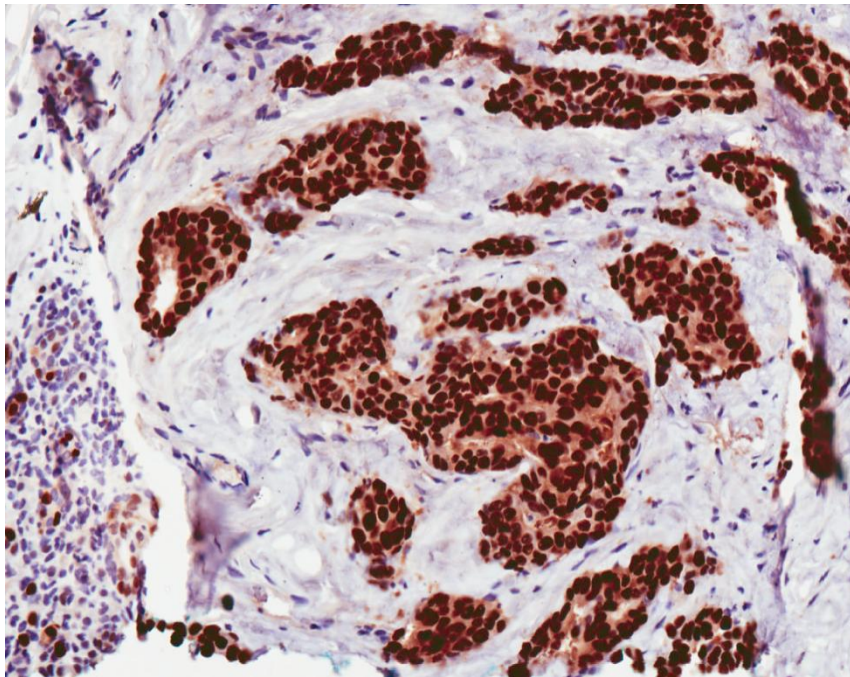


Set C.12

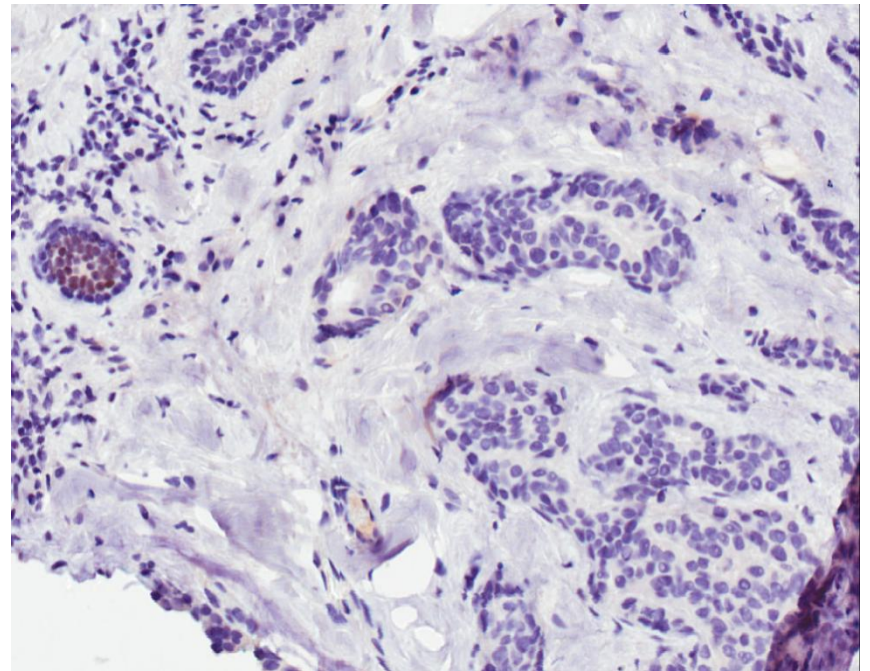


Set C.12

IDC ER+

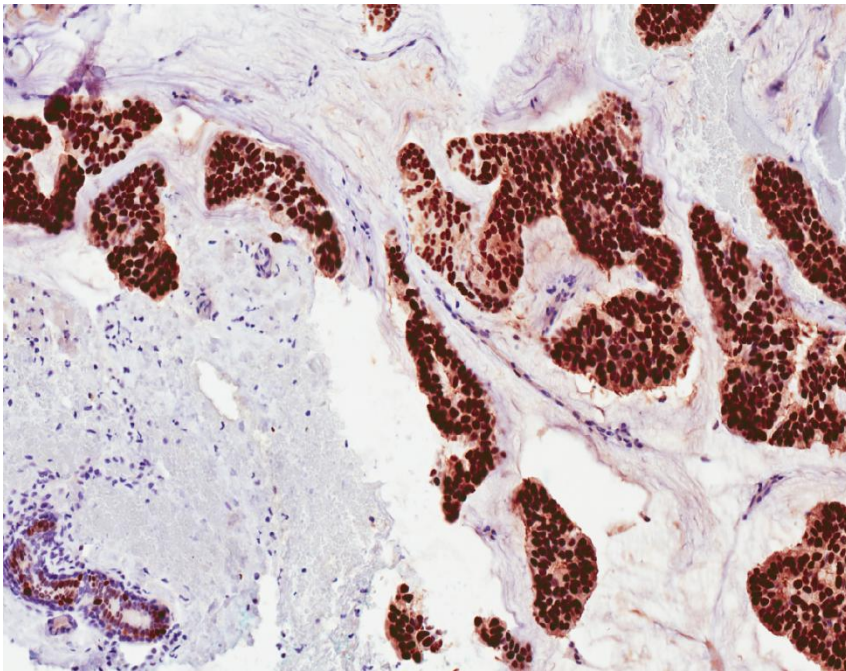


IDC PR neg

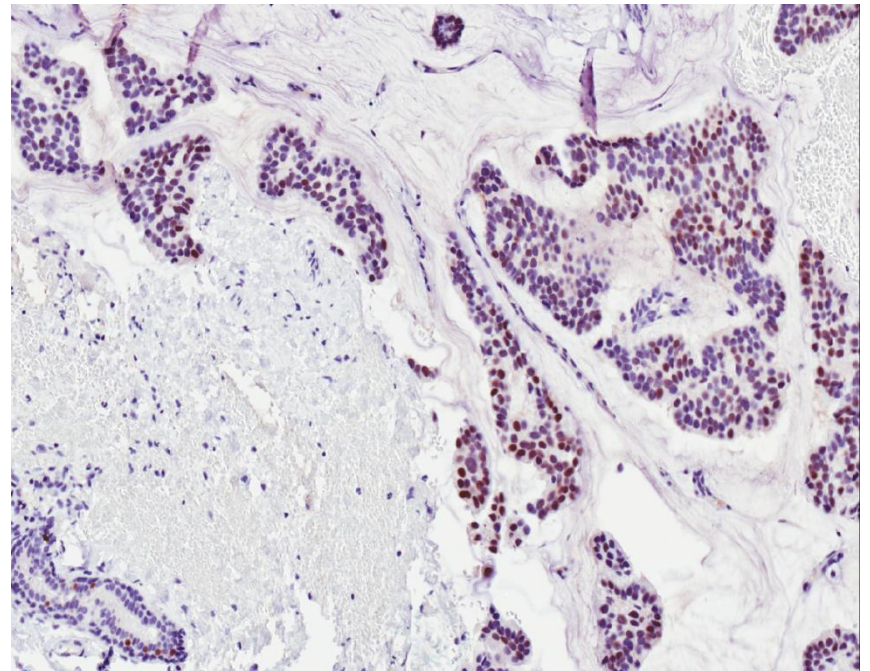


Set C.12

Mucinous CA ER+



Mucinous CA PR+



- Two synchronous ipsilateral breast tumours:
 - Invasive mucinous carcinoma.
 - Invasive ductal carcinoma.

Multiple simultaneous ipsilateral breast carcinoma

- Infiltrating carcinomas in the same breast.
- Grossly distinct and measurable using available clinical and pathologic techniques.
- T stage based on the largest tumour.
- Presence and sizes of smaller tumours to be recorded.
- If macroscopically distinct tumours are separated by < 5mm (with histological similarity), they are likely one contiguous tumour, and the T stage will be based on the combined largest dimension.

(AJCC Cancer Staging Manual 7th Edition 2010)

Synchronous multiple ipsilateral breast cancers

- Found in 9-75% of breast cancer specimens.
- Wide variation in incidence due to different definitions, detection mode and pathological assessment.
- No difference in distant DFS or OS in patients with synchronous multiple ipsilateral breast cancers compared with unifocal disease.

(Jain et al. Pathology 2009; 41: 57-67)

Learning points

- Pathologic T staging of multiple simultaneous tumours of the ipsilateral breast.
- Two different histological patterns of separate but synchronous tumours
 - Is there an impact on the biology?