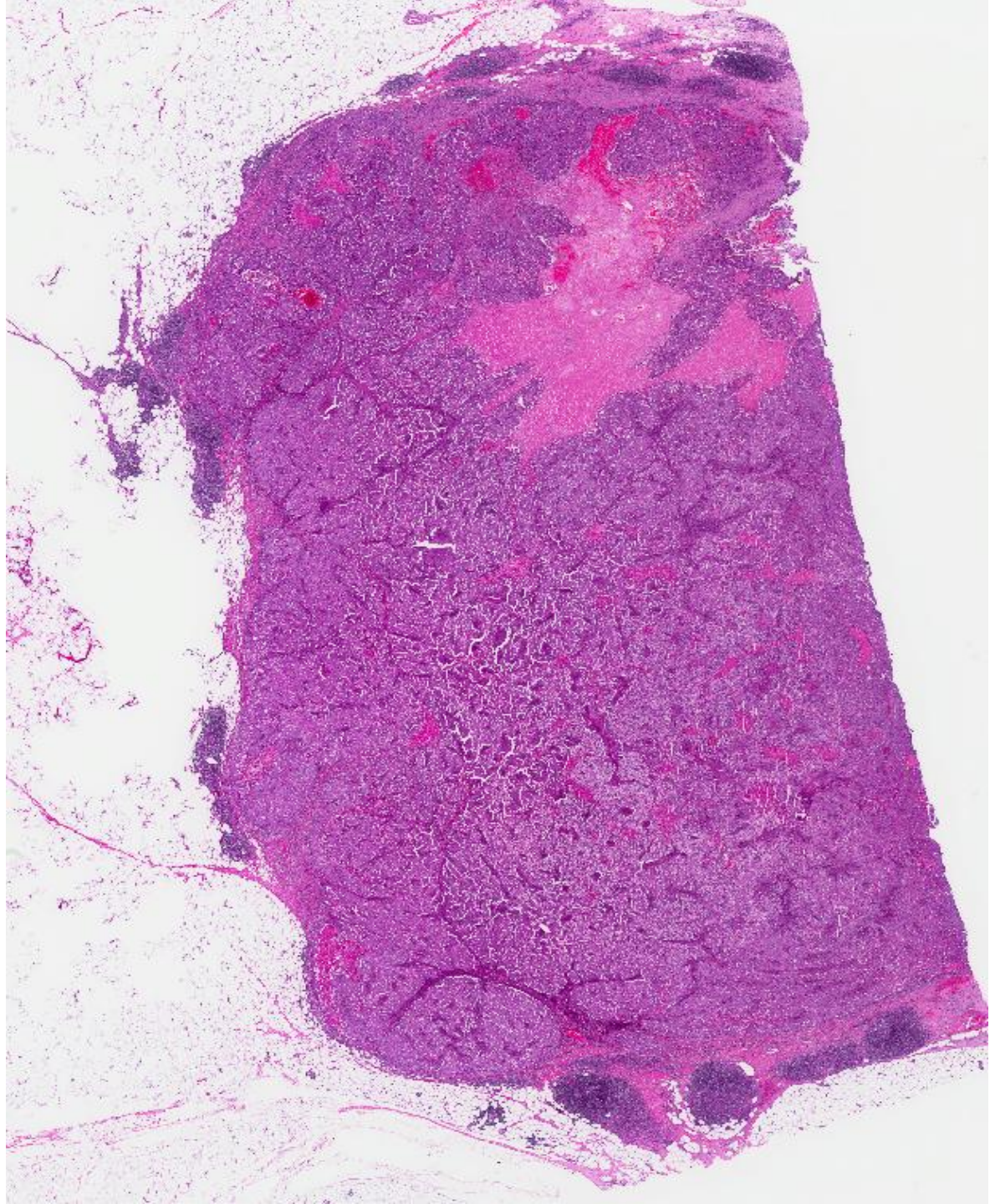
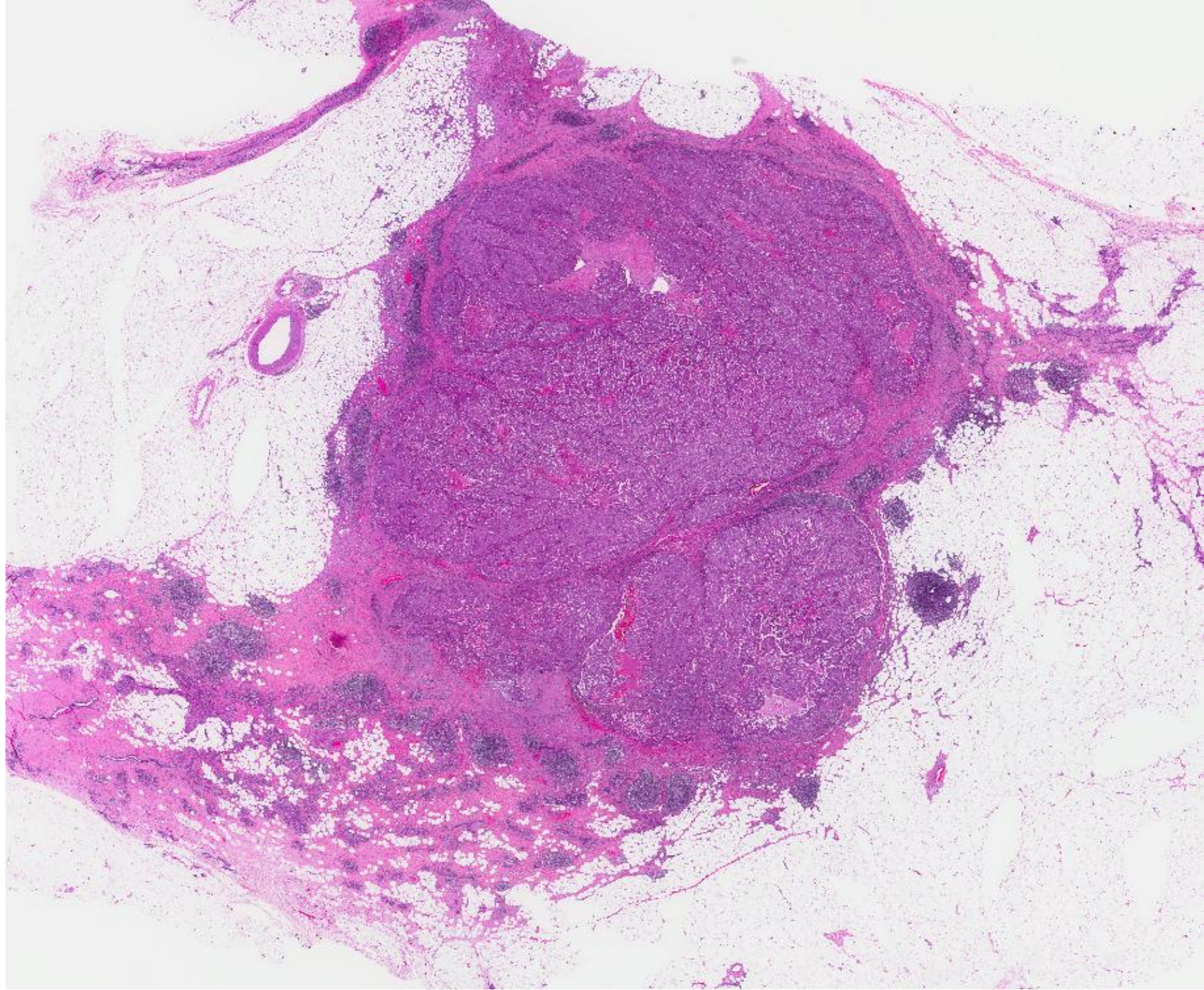


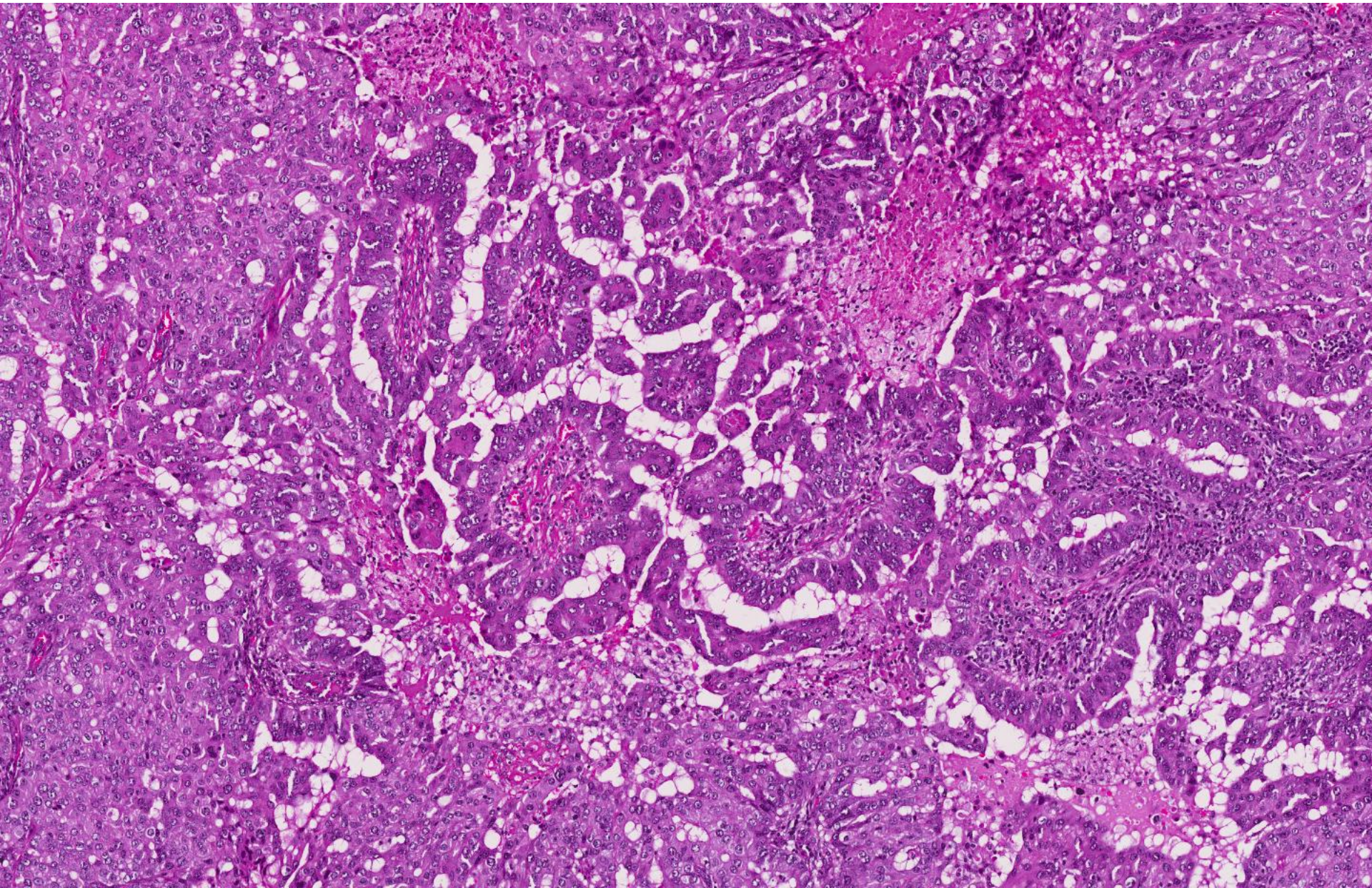
Case 4

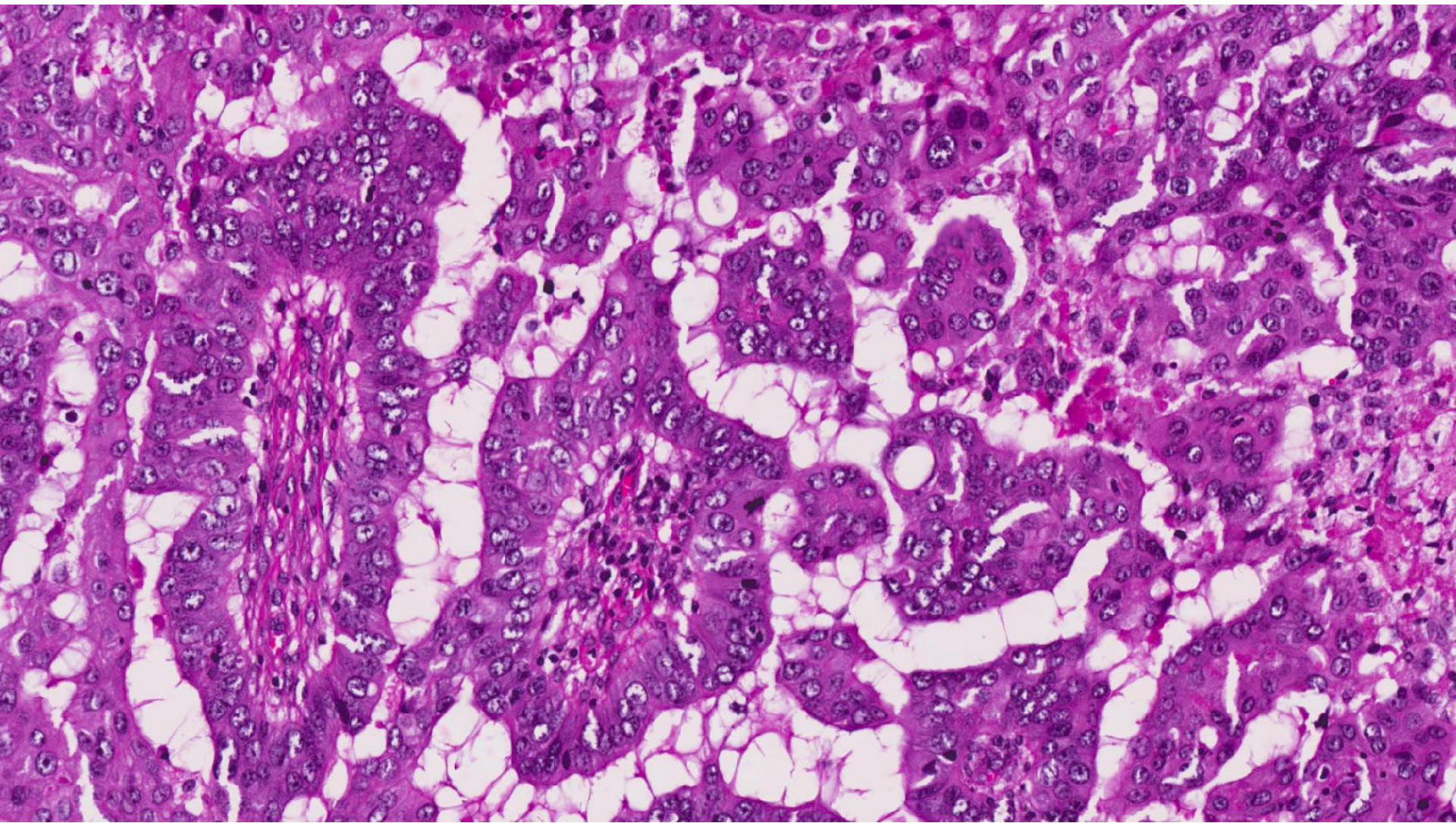
46 year old Indian lady presented with a left breast UOQ mass.

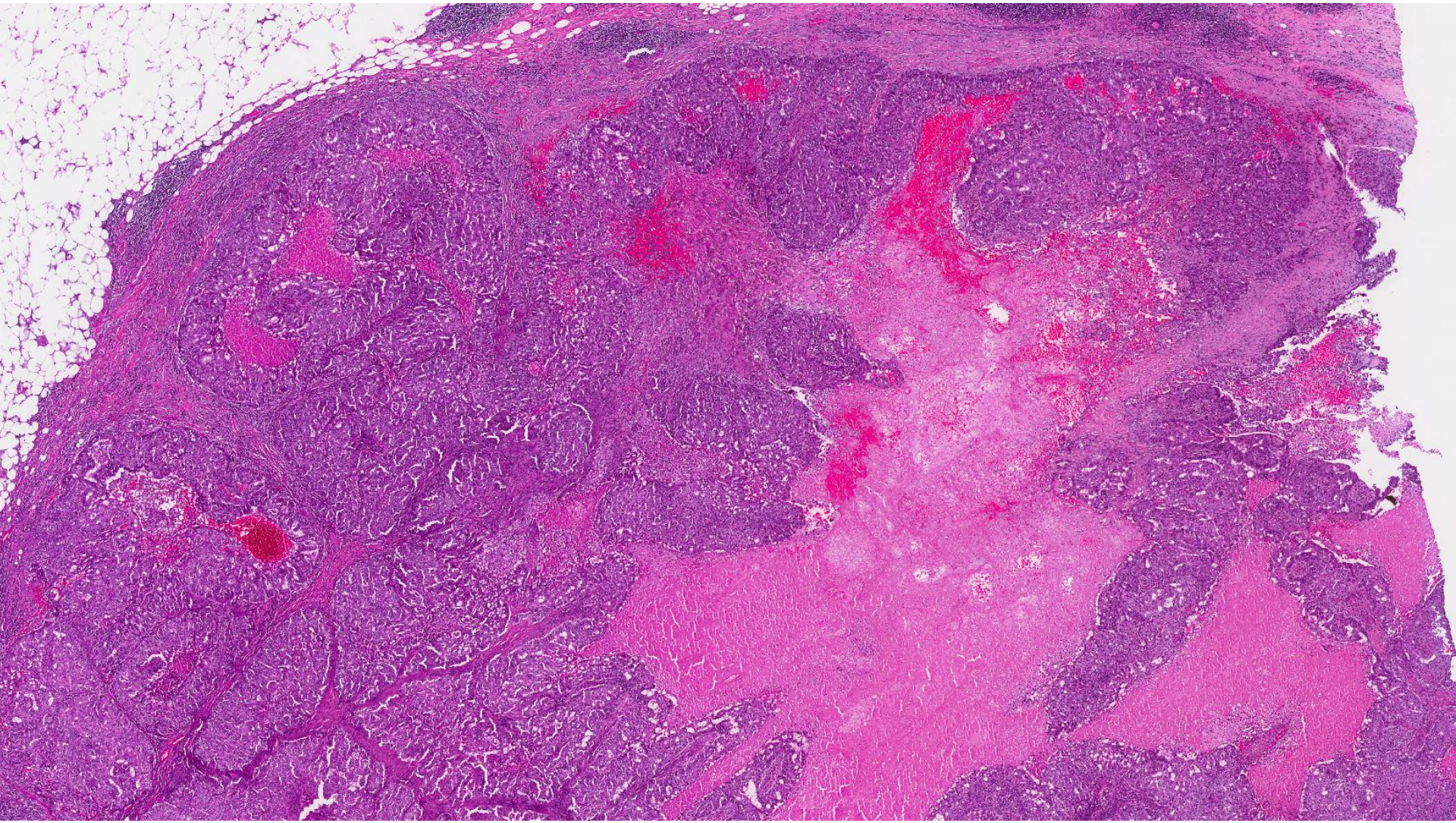
Trucut biopsy was performed, followed by a wide excision of the mass with sentinel lymph node sampling.

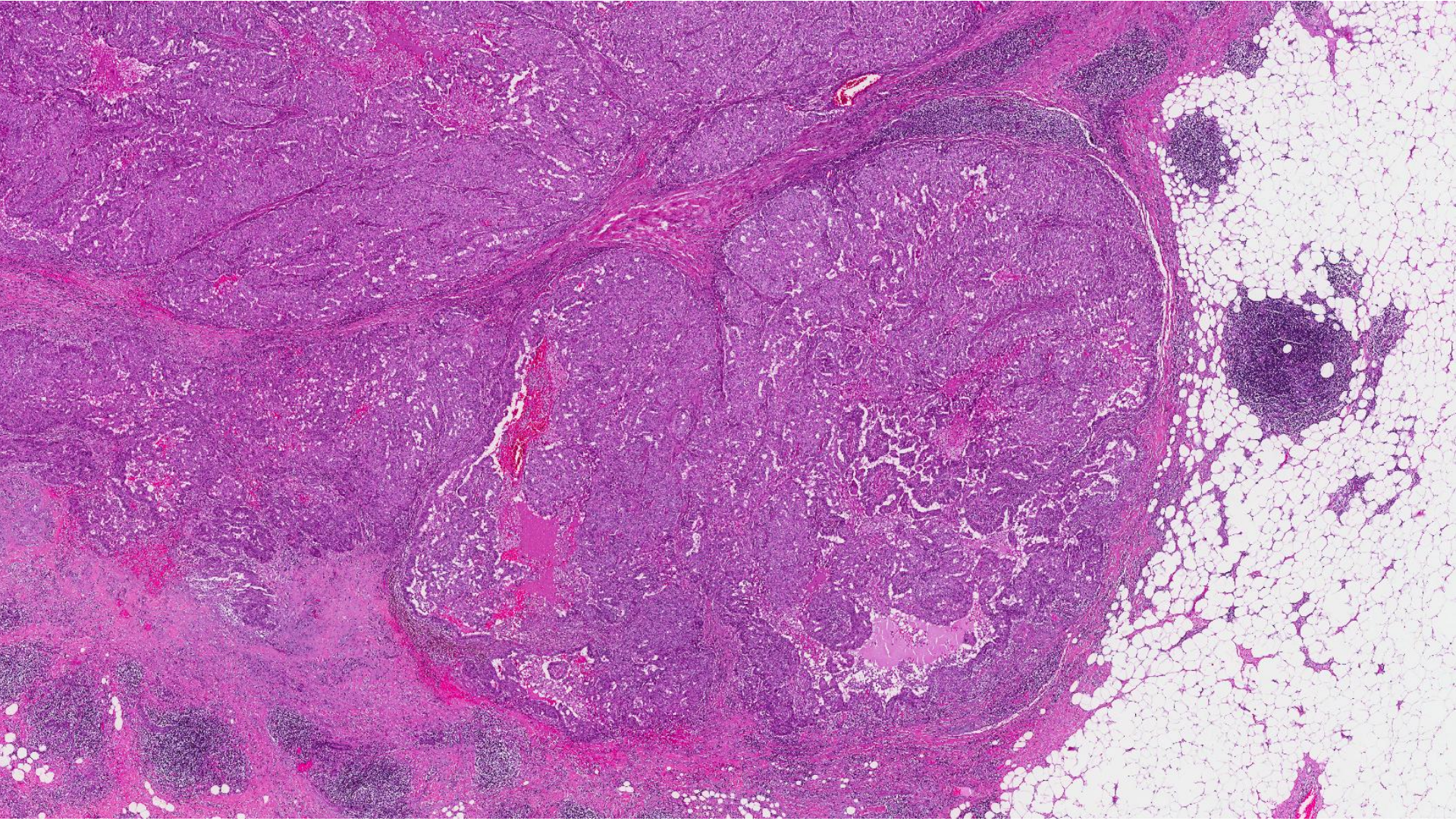


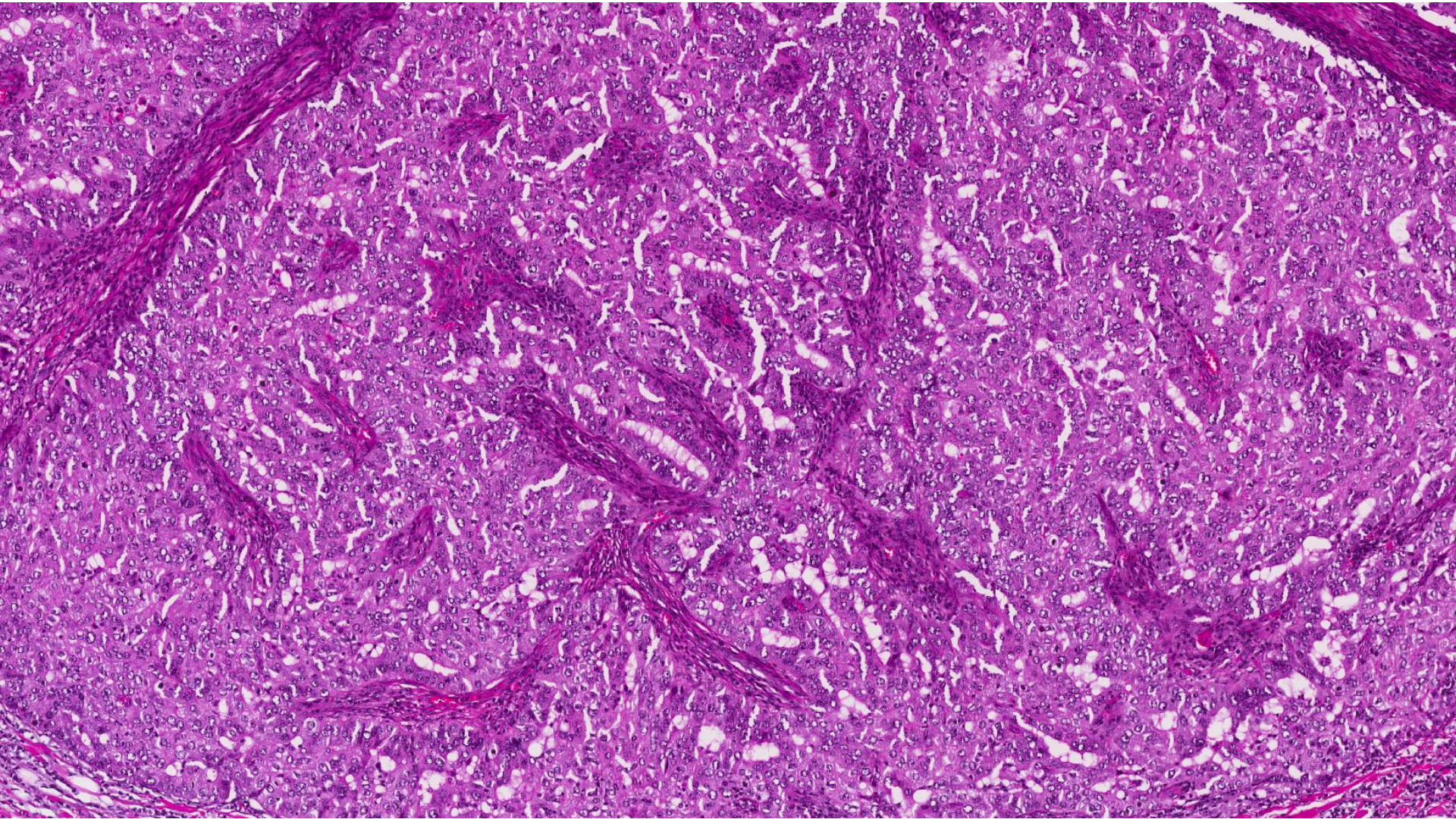


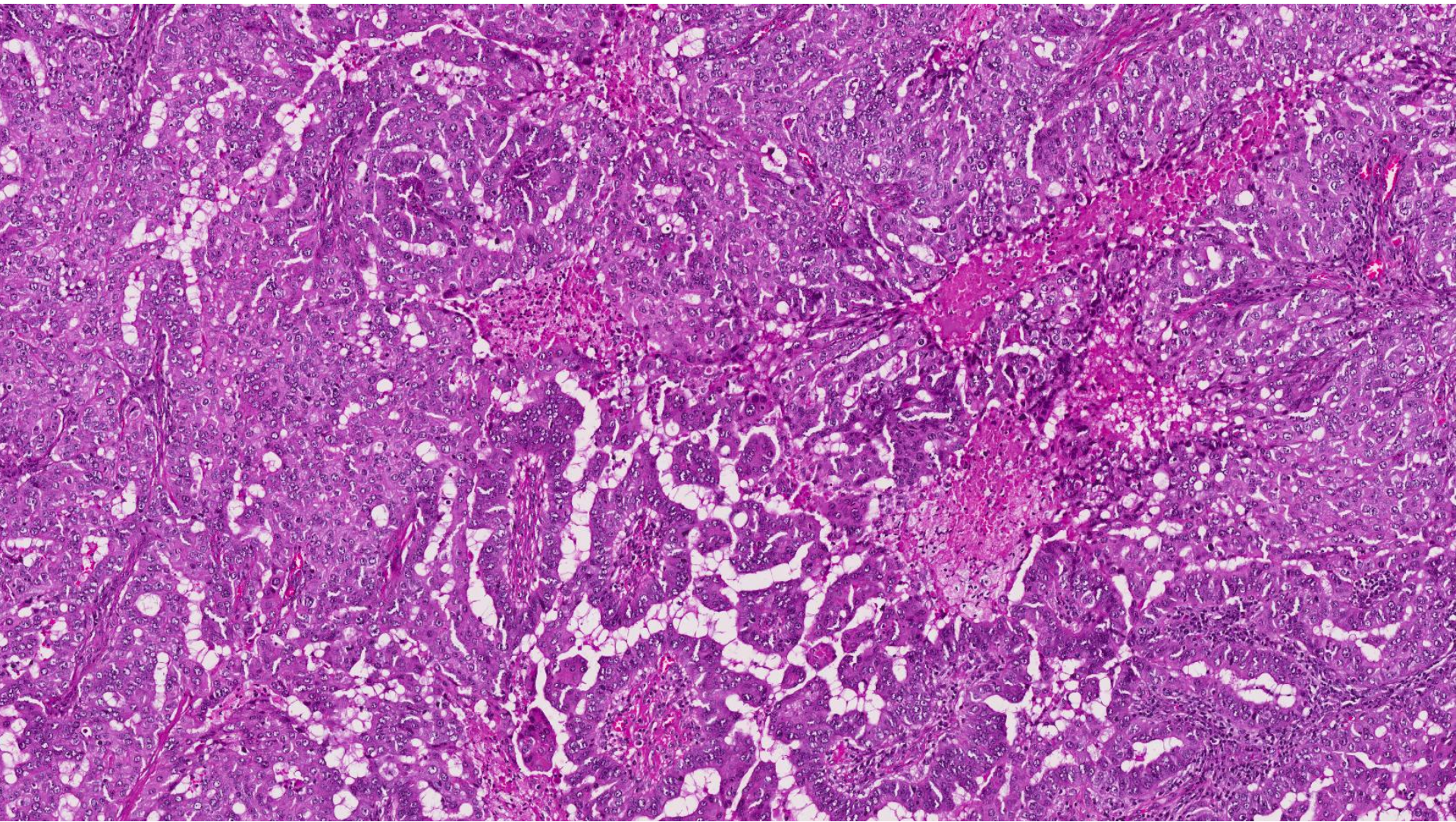


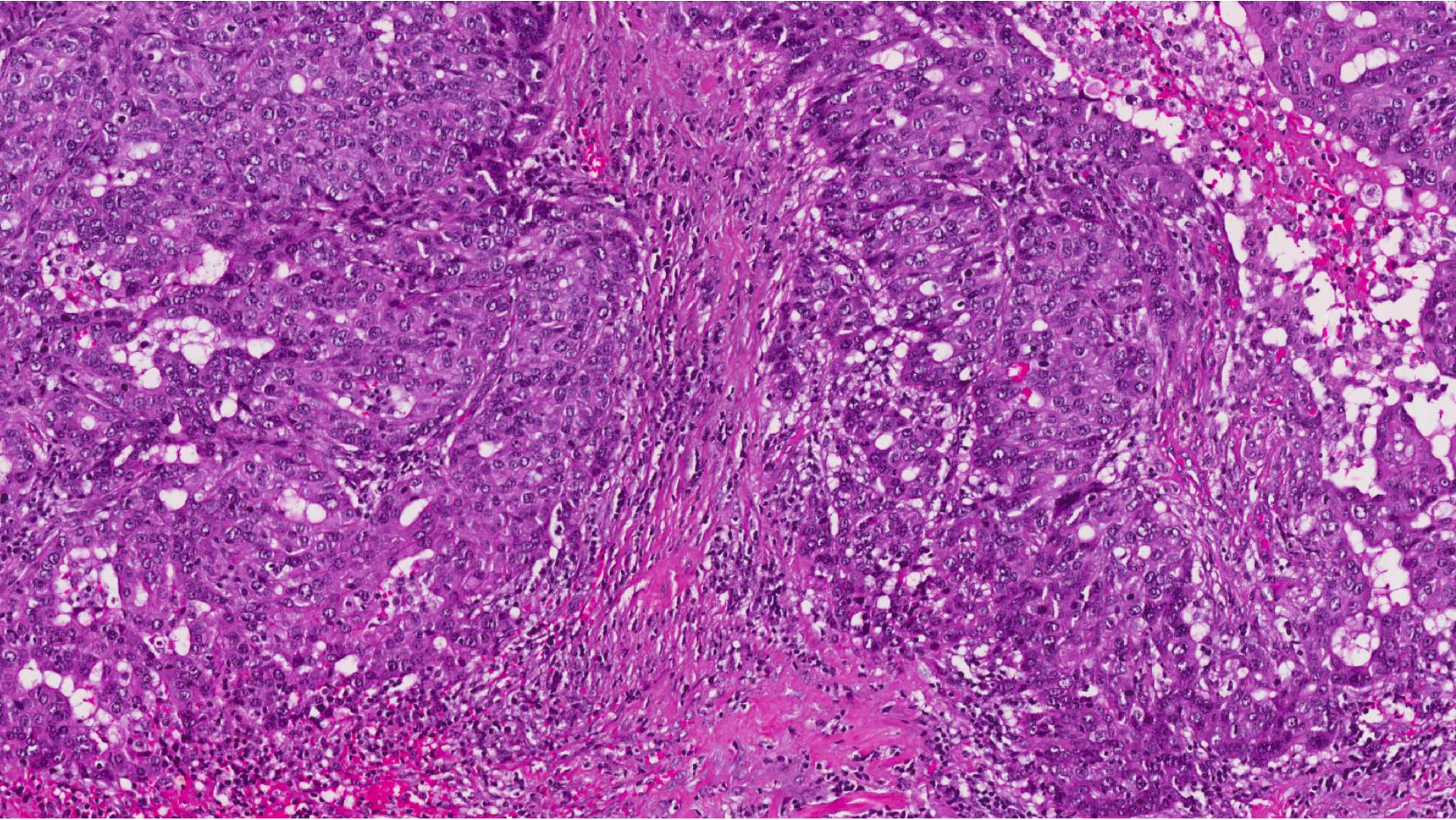












Diagnosis

Mixed ductal and papillary carcinoma, grade 3.

(ER negative, PR negative, cerbB2 negative)

Sentinel lymph nodes negative.

Carcinoma of mixed type

- Non-specialised pattern comprises 10% to 49% of the tumour, with the rest being of a recognised specialised type.

Invasive papillary carcinoma

- Invasive adenocarcinoma with a predominantly papillary morphology (> 90%).
- Invasive non-papillary carcinoma associated with encapsulated papillary carcinoma and solid papillary carcinoma should not be classified as invasive papillary carcinoma, but categorised according to the individual invasive component.
- True invasive papillary carcinomas are rare.
- Papillary metastases from other primary sites have to be considered in the differential diagnoses.

Triple negative breast cancer

- Triple-negative breast cancer (TNBC) is defined by the absence of estrogen receptor (ER), progesterone receptor (PR), and c-erbB2 (HER2) overexpression.
- Constitutes one of the most challenging groups of breast cancers.
- TNBC is associated with larger size, pushing borders, poorer Nottingham prognostic index, more frequent node positivity, higher incidence of recurrence, distant metastasis, and poorer survival.

Triple negative breast cancer

- The only systemic treatment currently available for patients with such cancers is chemotherapy.
- Includes a heterogeneous group of tumours incorporating a significant number of basal-like breast cancers.
- Identification of biologic molecules within these tumour subtypes that can be amenable to targeted treatment still represents a key priority.