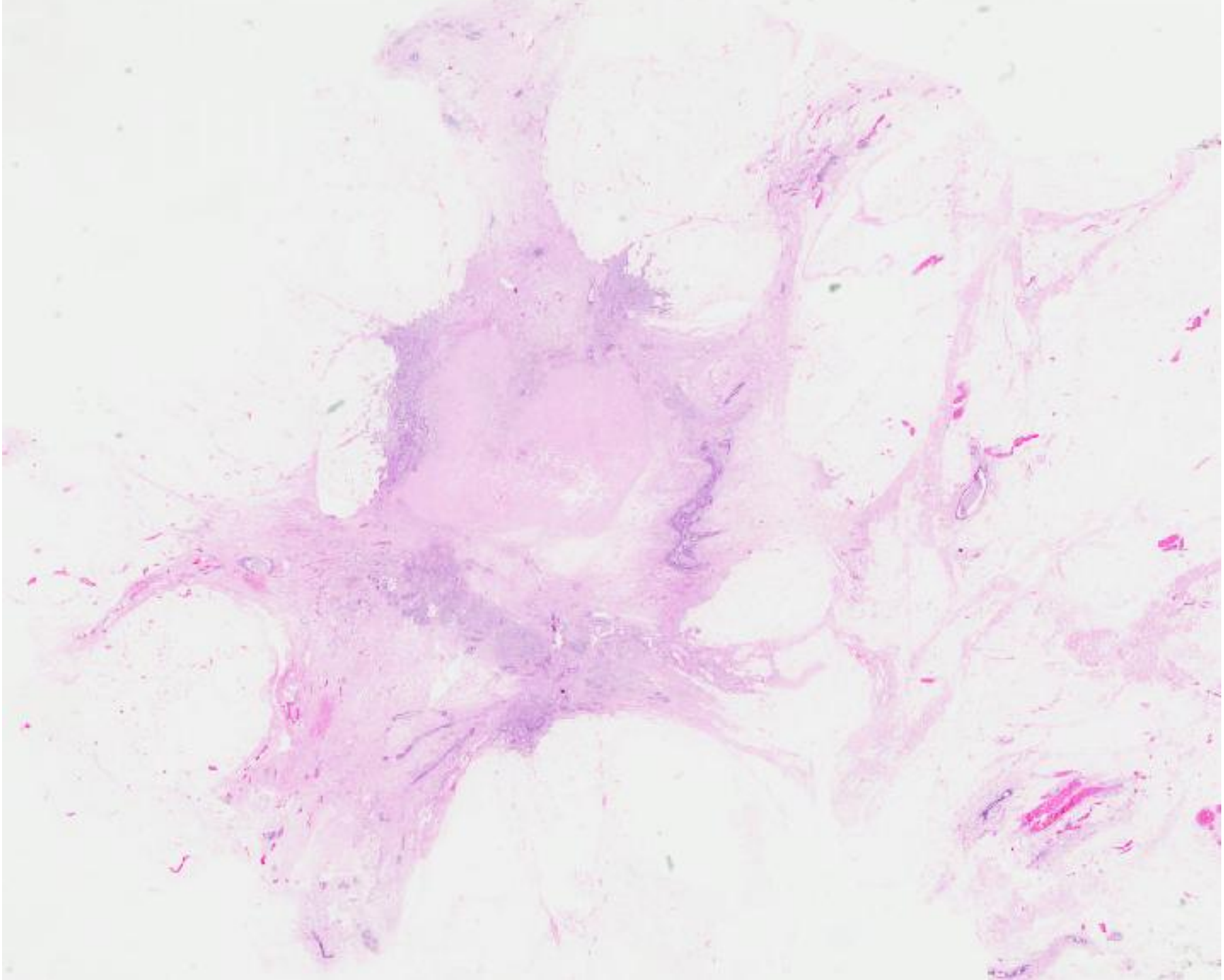
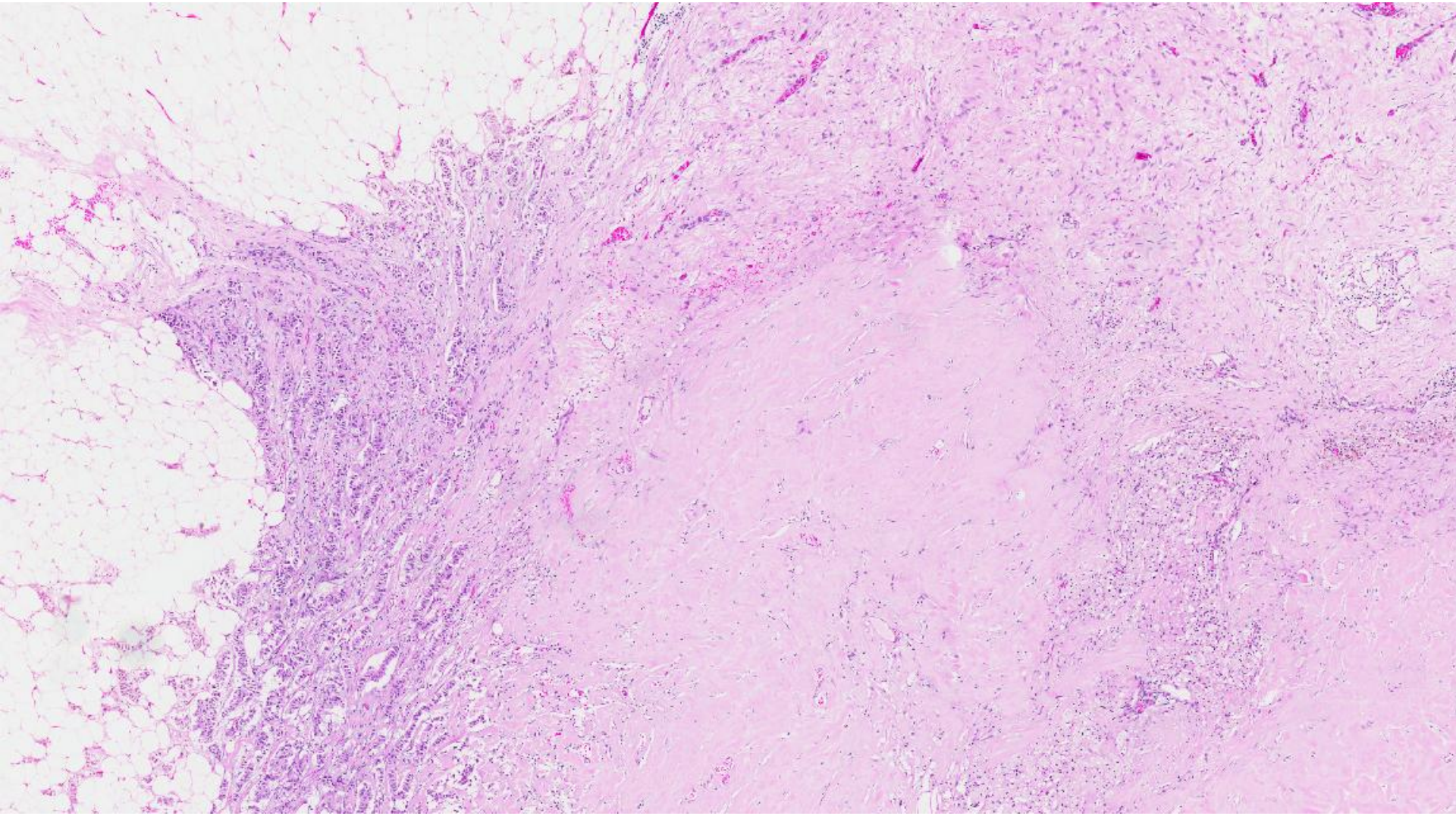
Case 13

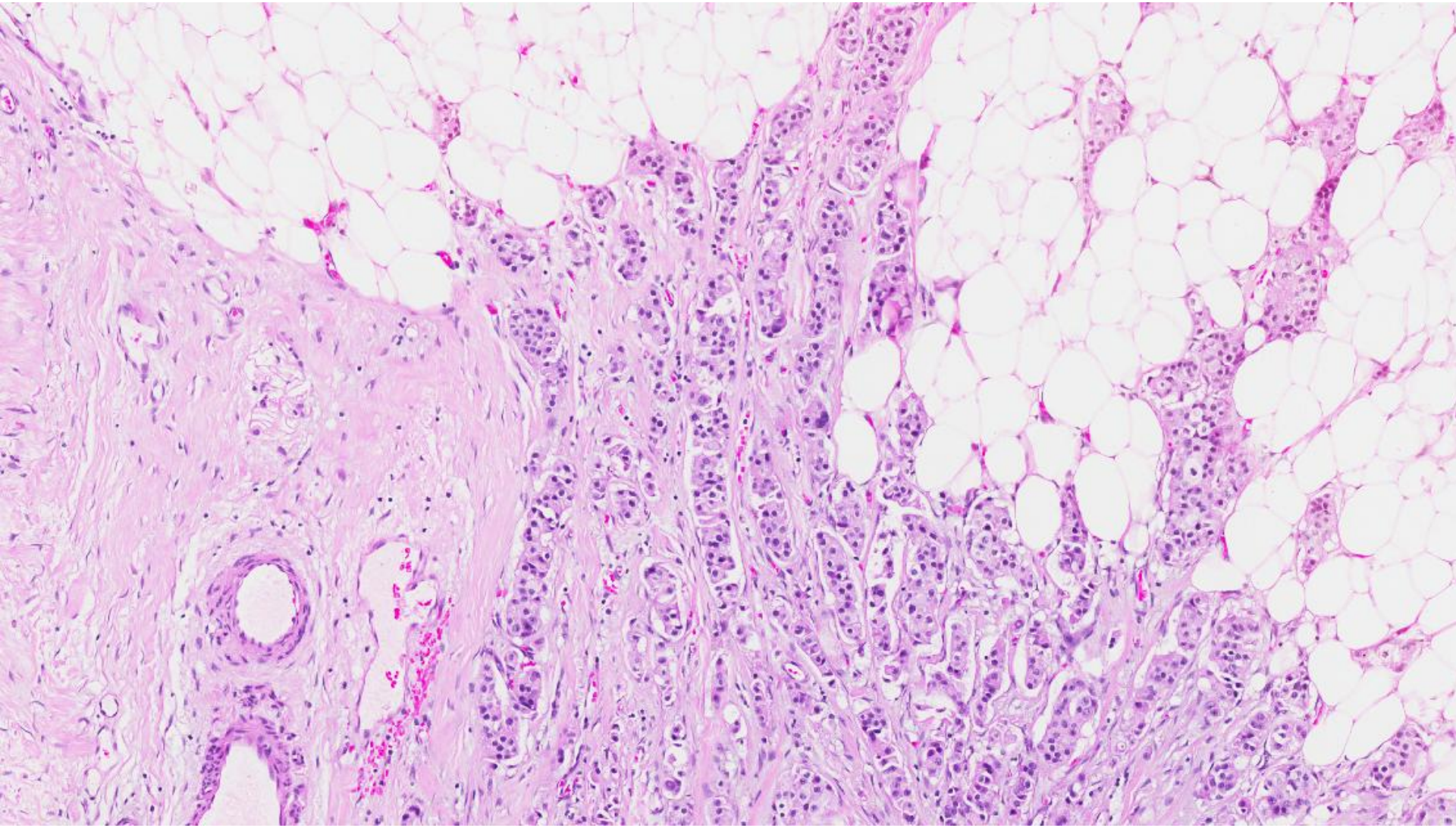
30 year old Chinese lady was diagnosed to have left breast invasive ductal carcinoma on trucut biopsy.

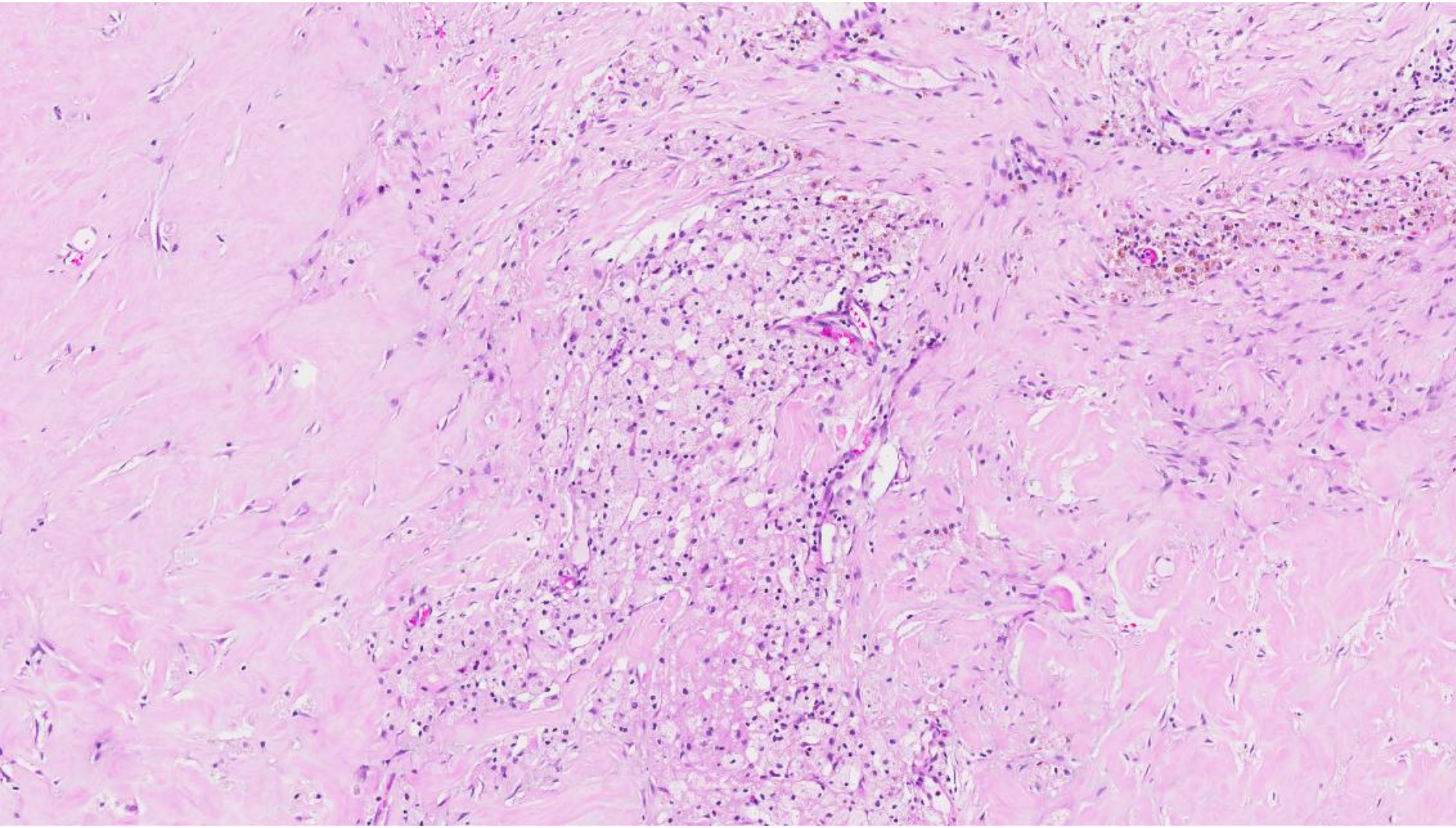
She underwent neoadjuvant chemotherapy.

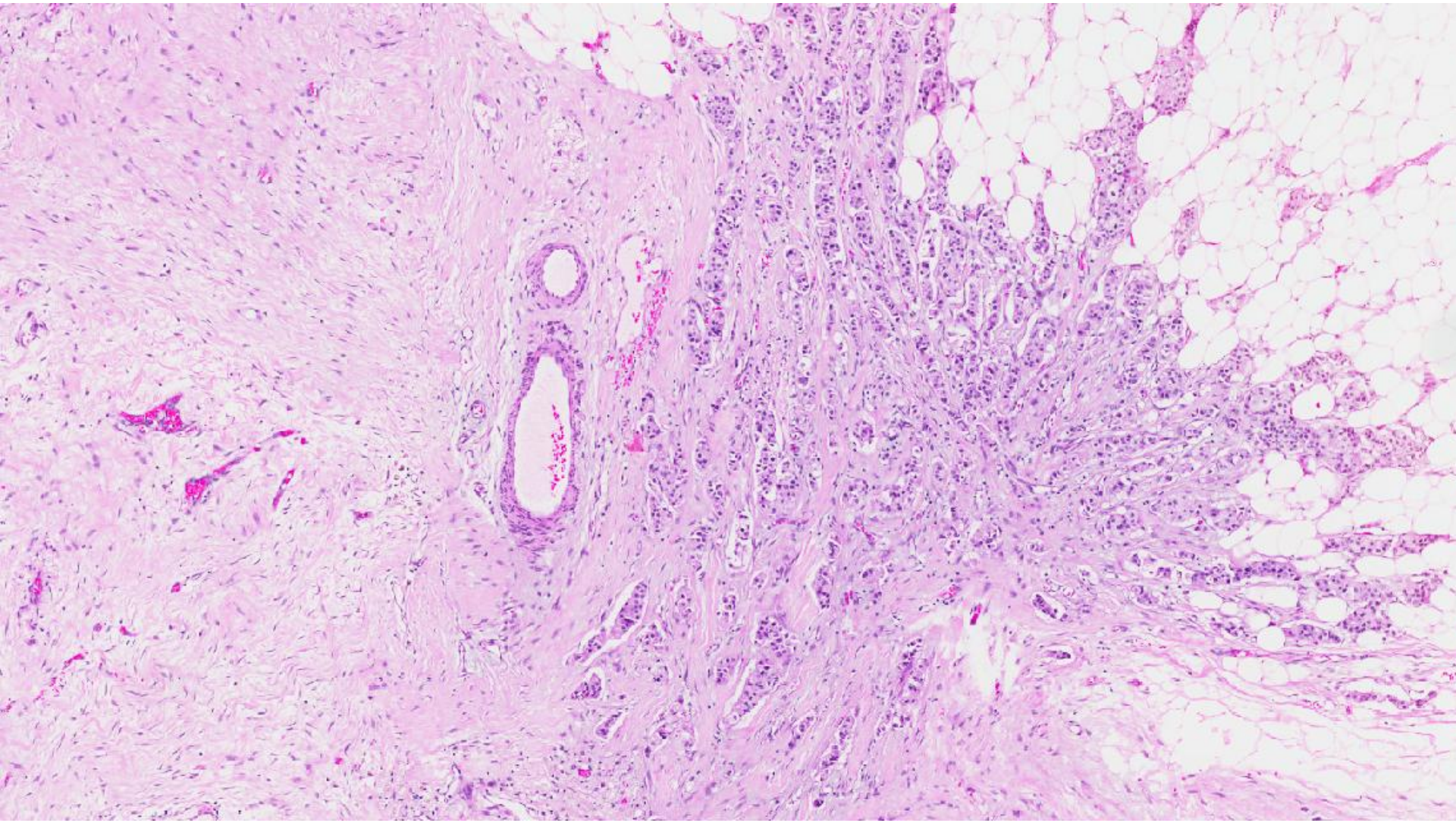
Left mastectomy with sentinel lymph node sampling was performed 4 months after the initial diagnosis of breast cancer.

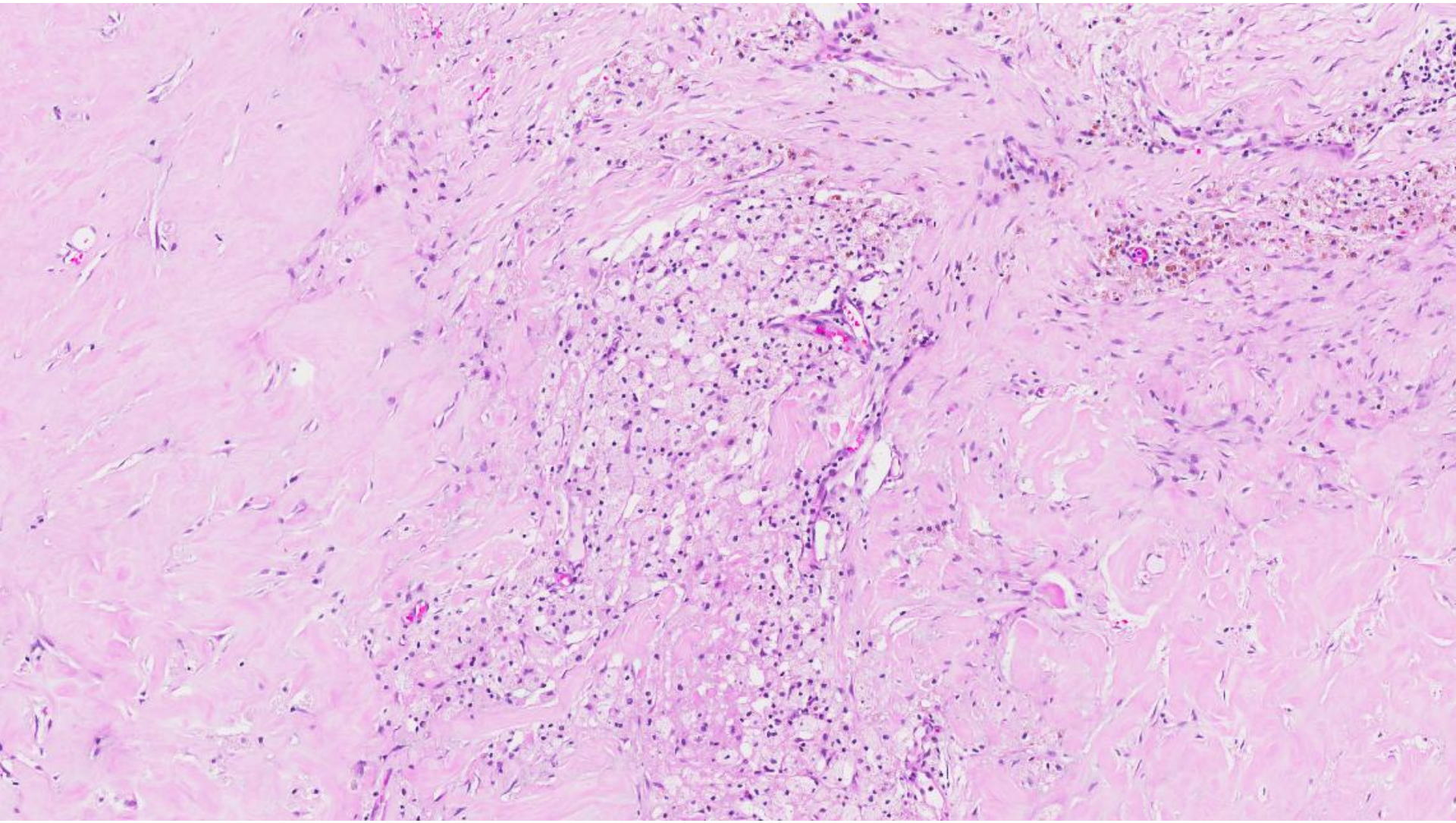


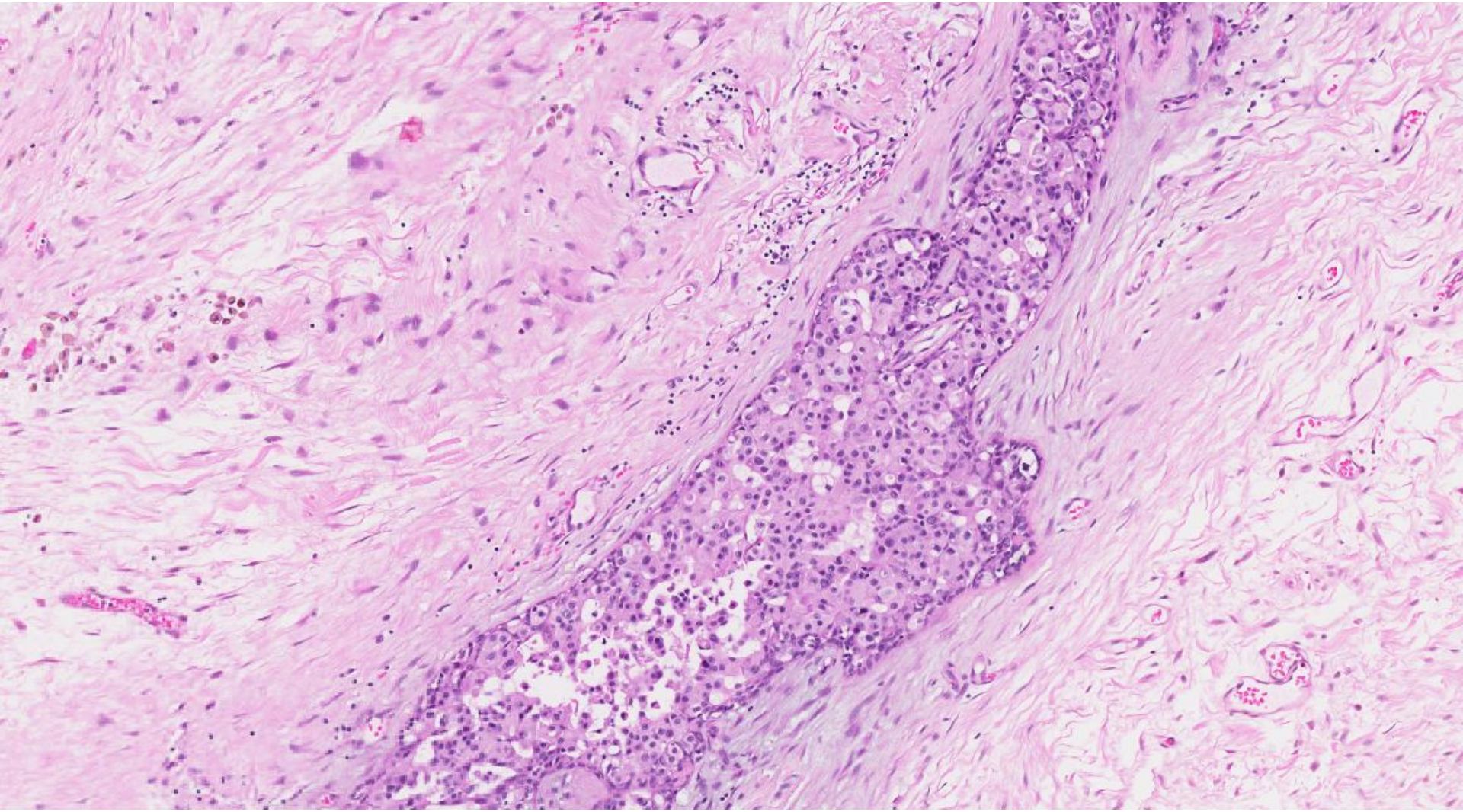


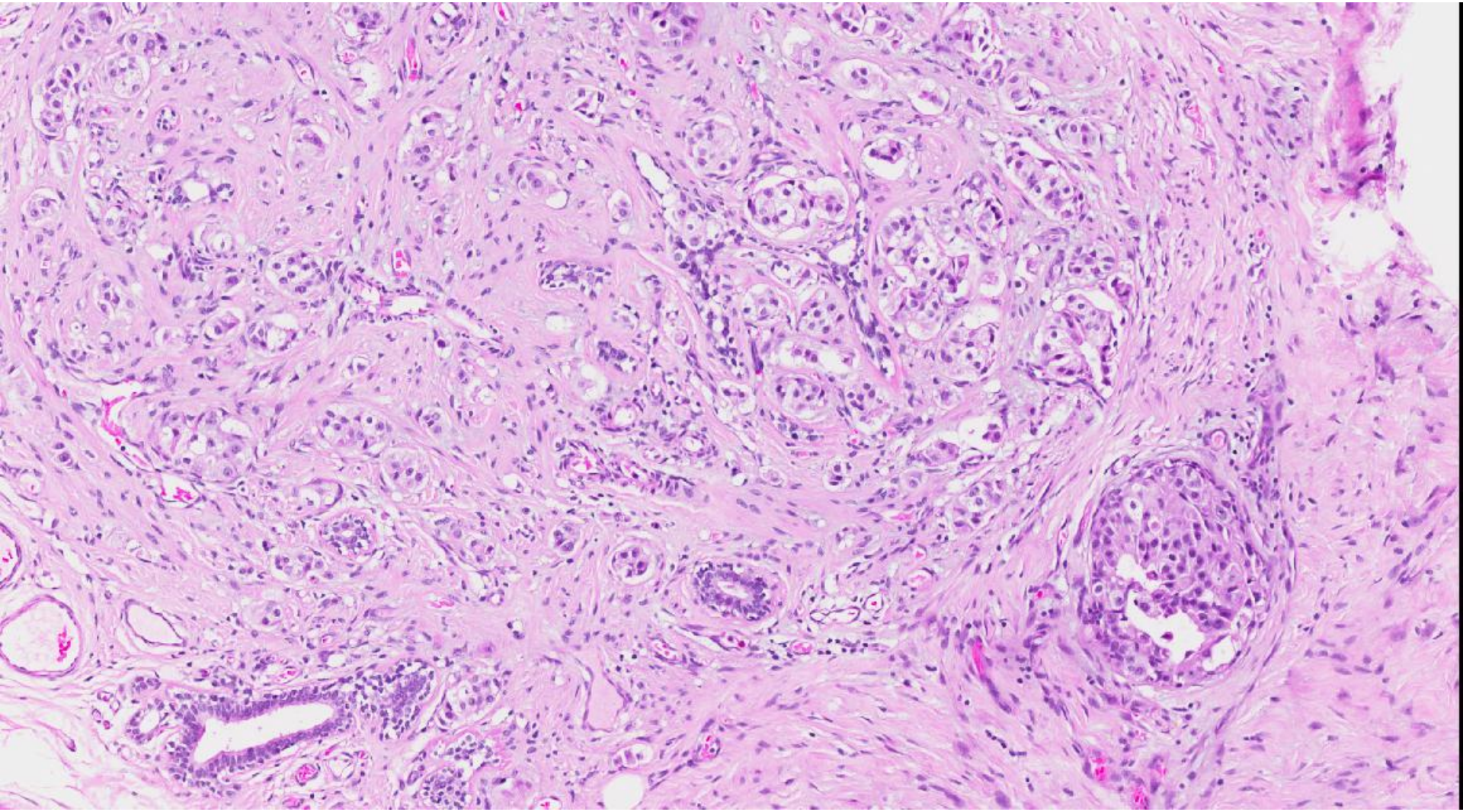


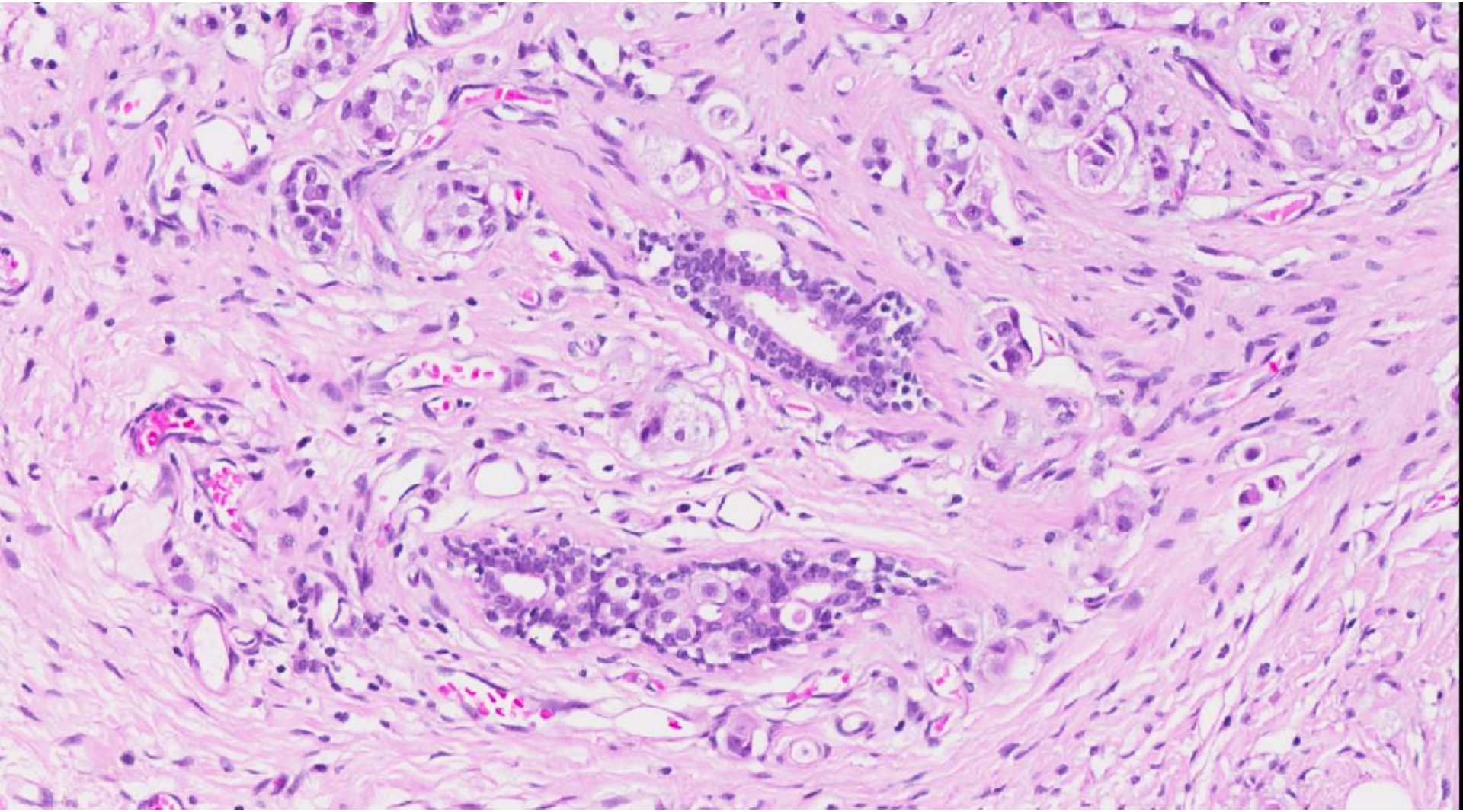


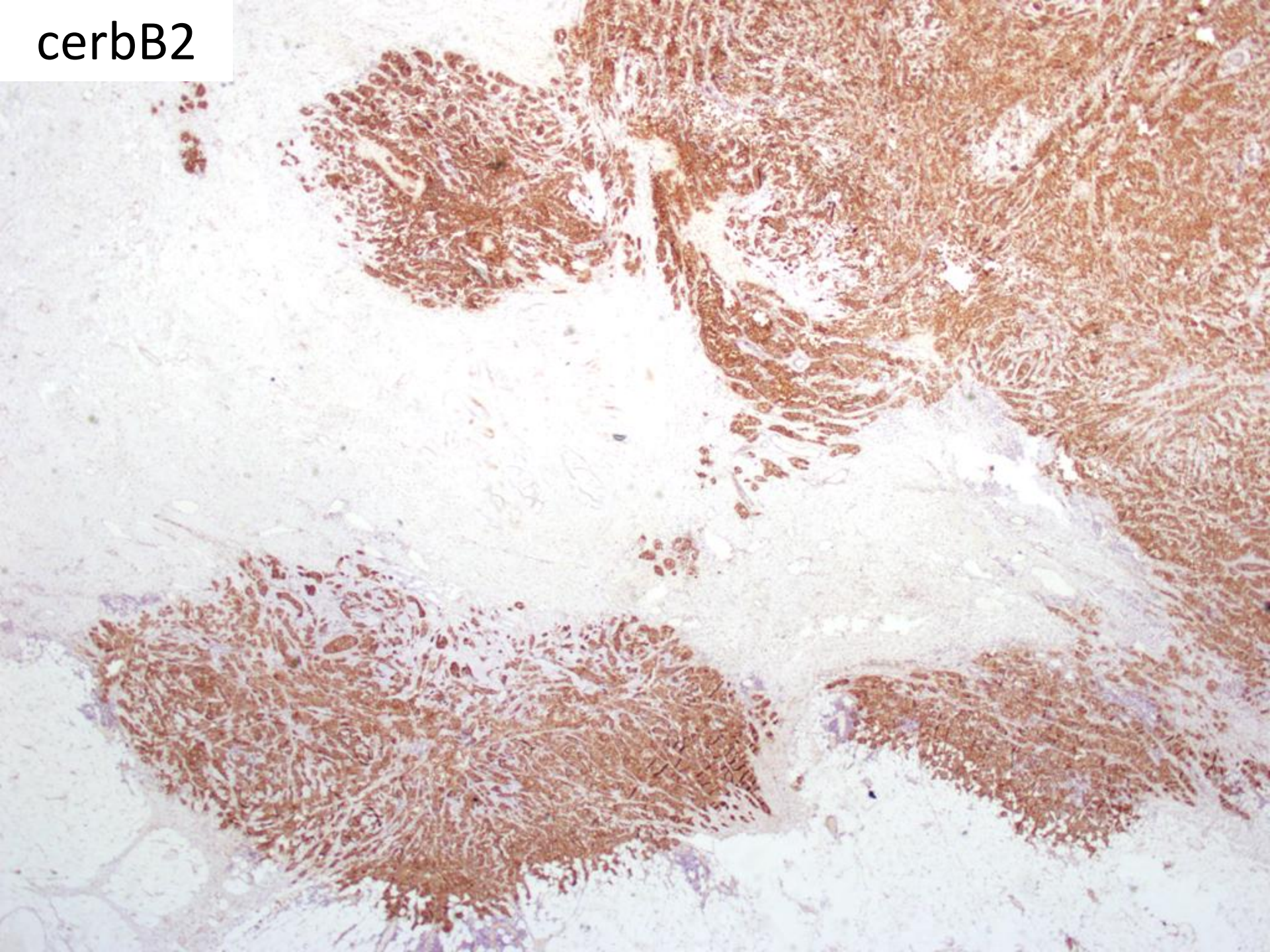


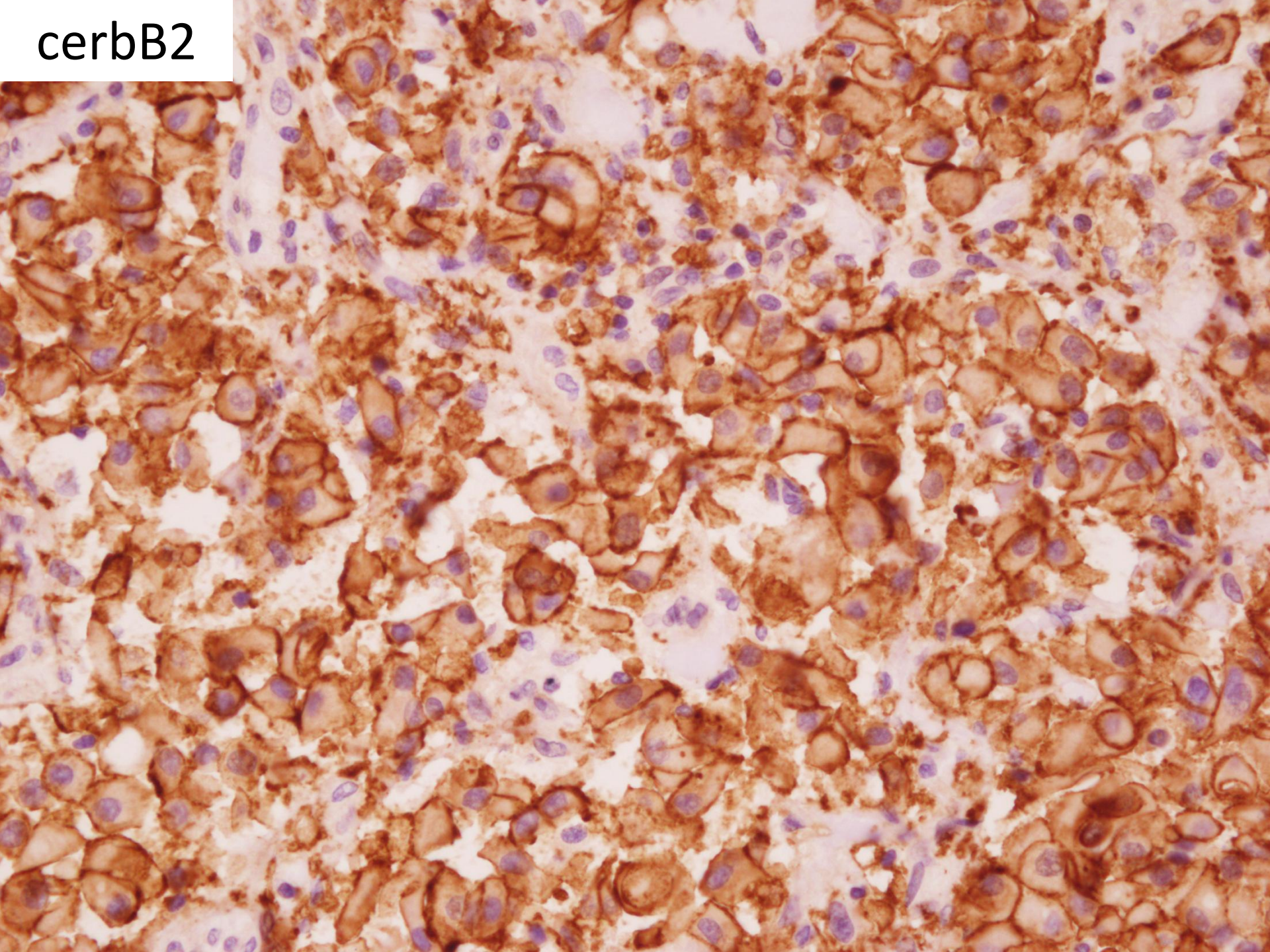









cerbB2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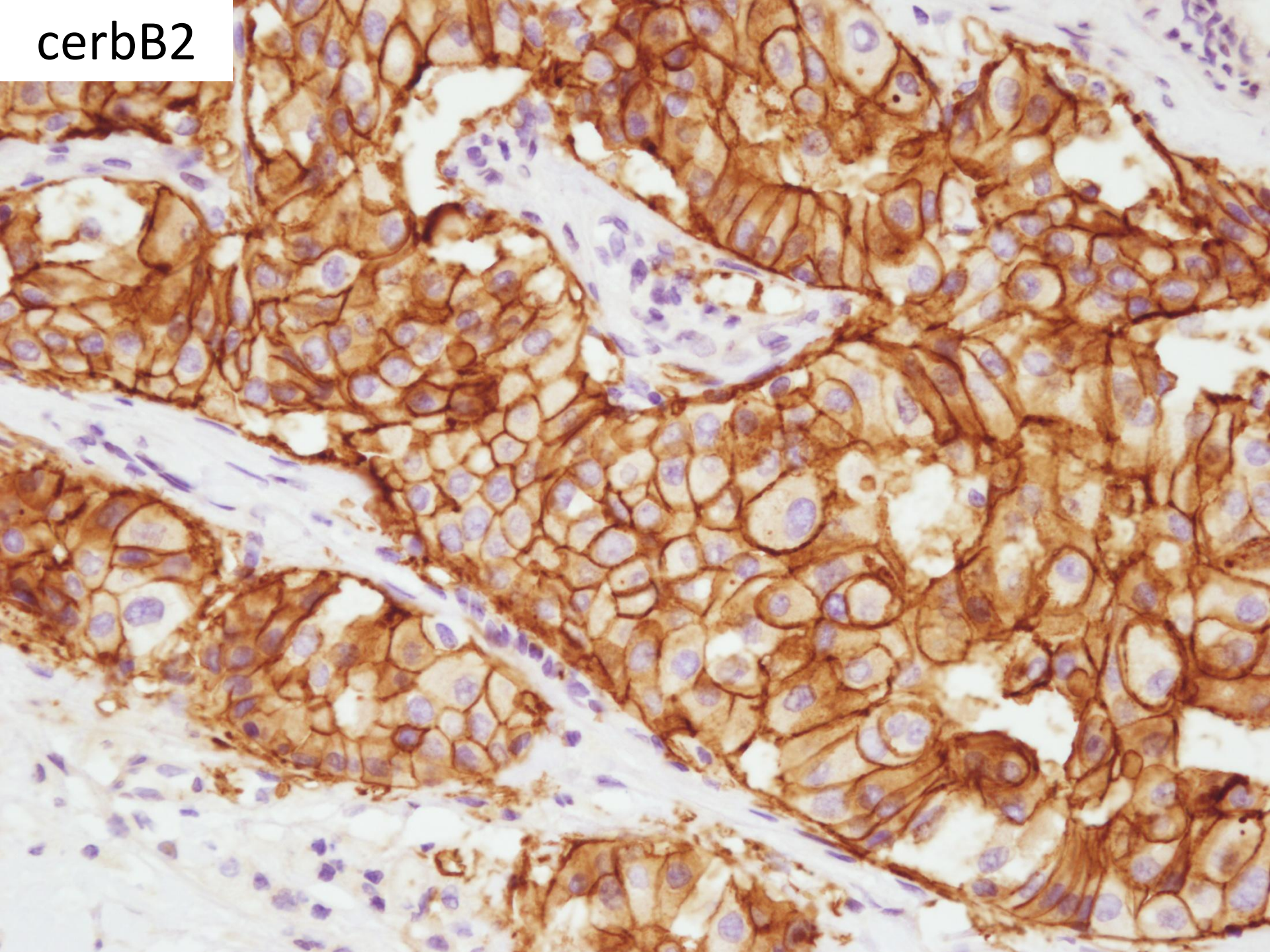
cerbB2

Diagnosis

Residual invasive and in situ ductal carcinoma, grade 2

ER positive, PR positive, cerbB2 positive (3+)

Sentinel lymph nodes negative

Lymph nodes

- Pre-neoadjuvant treatment evaluation of axillary lymph nodes is necessary in order to derive maximal information.
- Clinically or radiologically enlarged nodes can be sampled by FNAC or core needle biopsy.
- In the absence of metastasis on preoperative assessment, sentinel lymph node procedure can be pursued.

Lymph nodes – assessment post neoadjuvant therapy

- Fibrosis and large collections of macrophages in the lymph node represent response of nodal metastatic disease to neoadjuvant therapy.
- Metastases can also completely resolve without any histological evidence of prior disease.
- Without pretreatment evaluation, the difference between negative nodes before treatment and nodal pCR cannot be made with certainty.
- Response in the nodes has more prognostic importance than does response in the breast.
- Small metastases after treatment, including isolated tumour cells, represent incomplete pathologic response.
- Isolated tumour cells on H&E should be considered node positive in the context of neoadjuvant therapy.

Classification of response to neoadjuvant therapy

- 10-30% of patients have pCR.
- 10-15% of patients have no or little response.
- Majority have partial response.