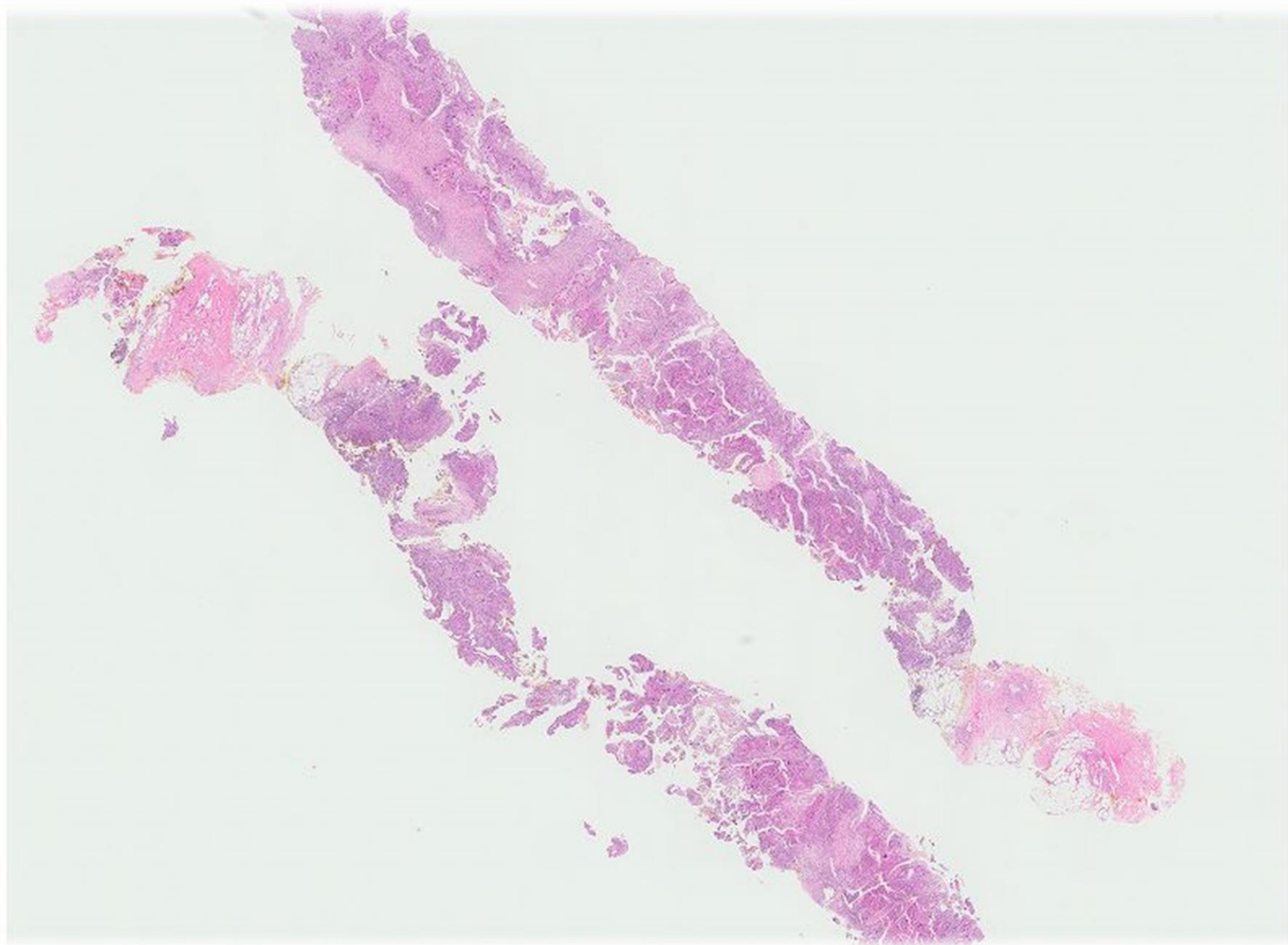
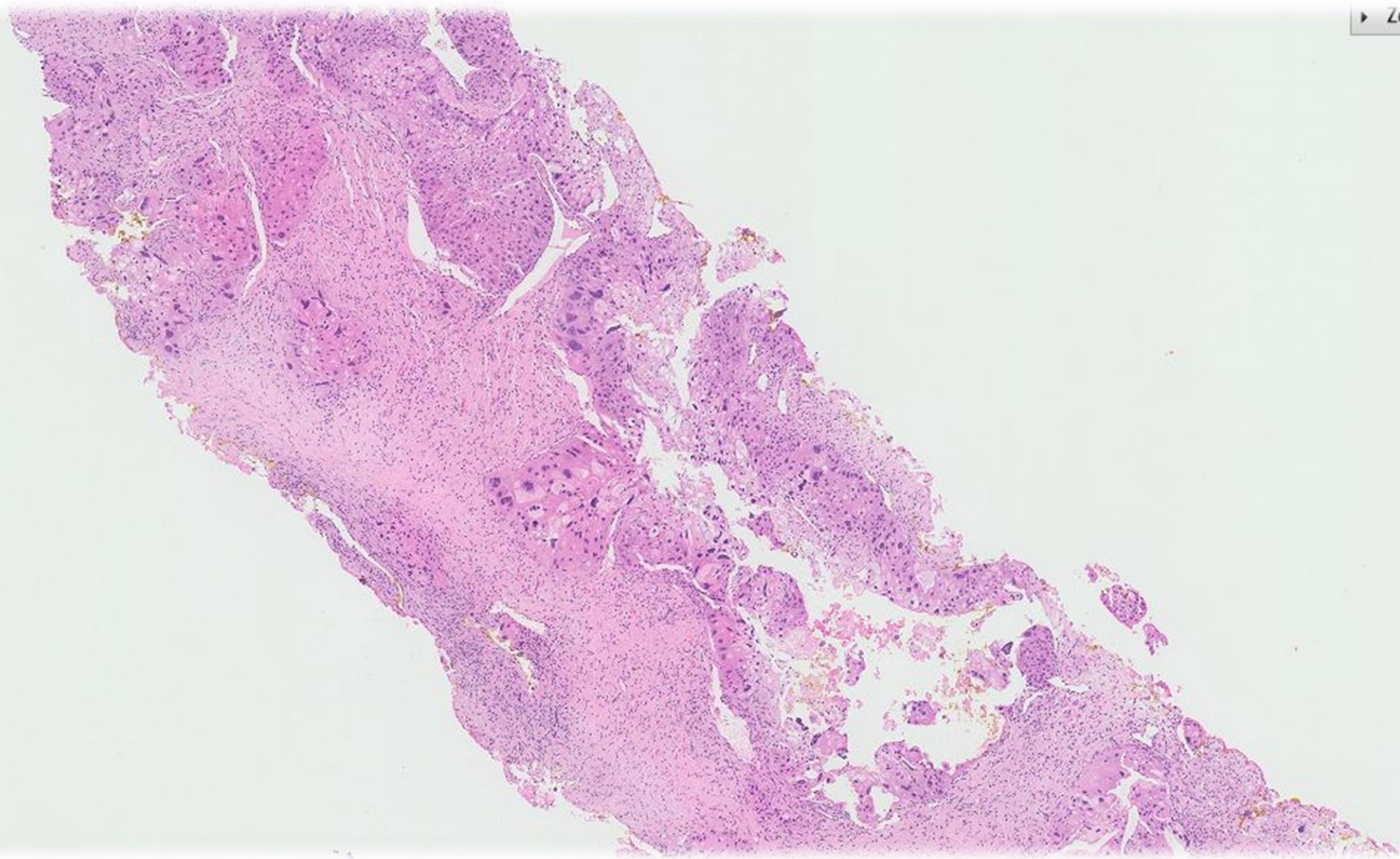


Case 20

85 year old Chinese lady underwent a core biopsy of a right breast upper quadrant mass.

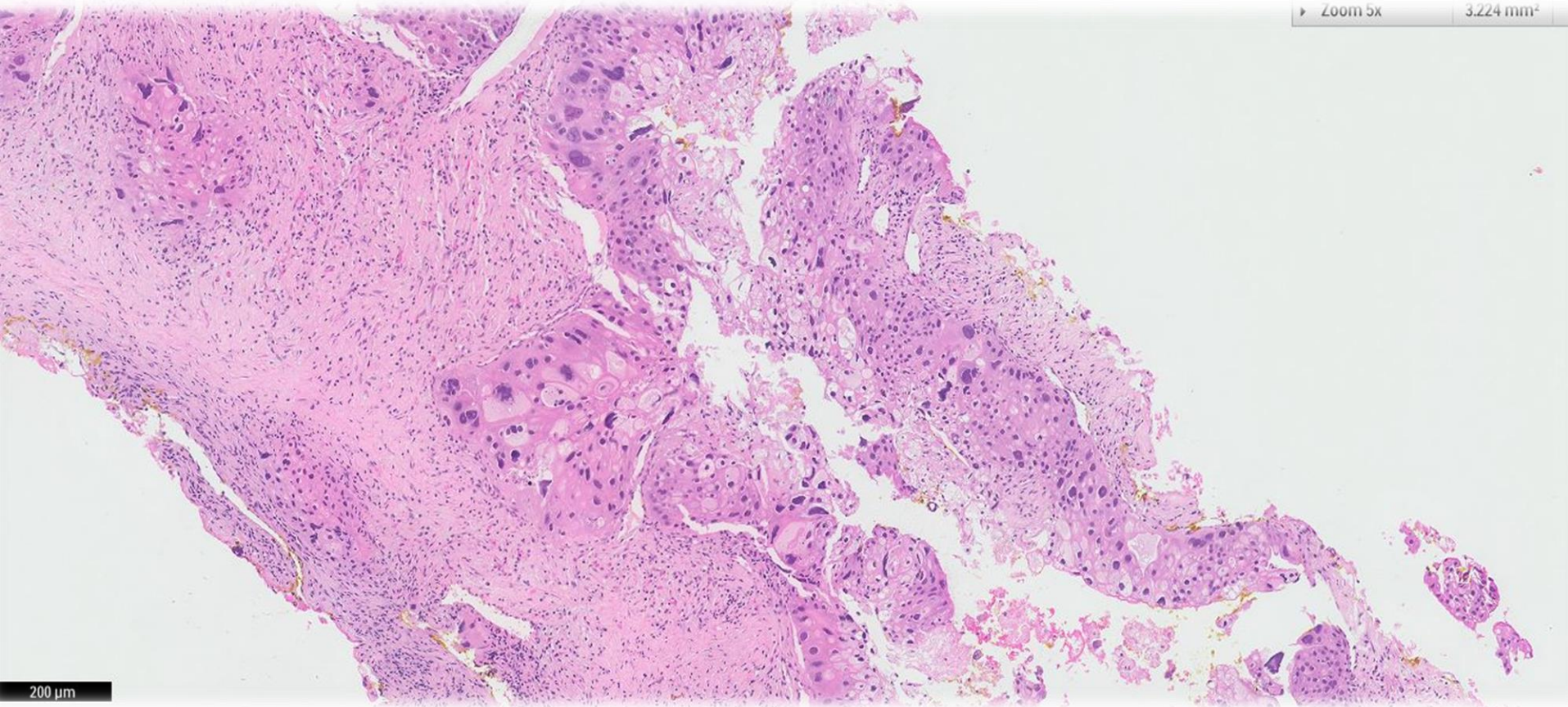






Zoom 5x

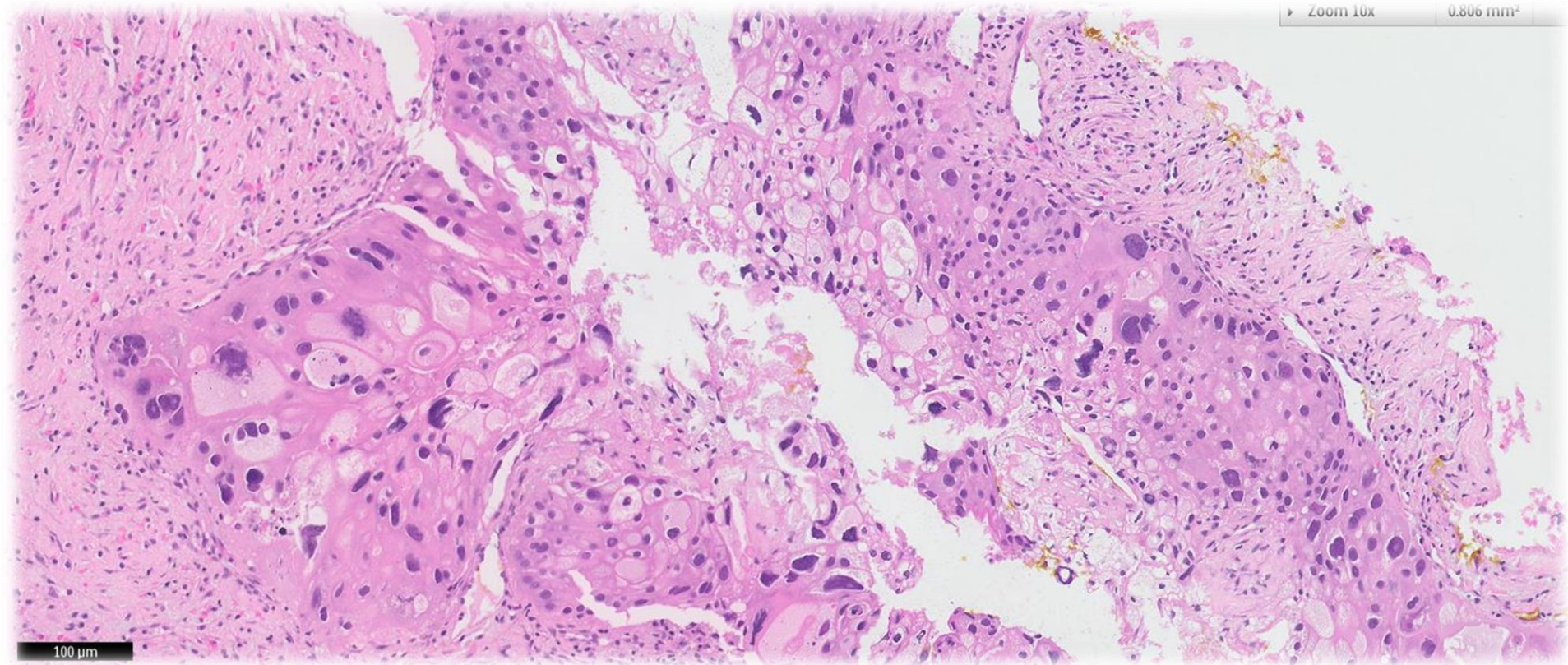
3.224 mm²



200 μ m

Zoom 10x

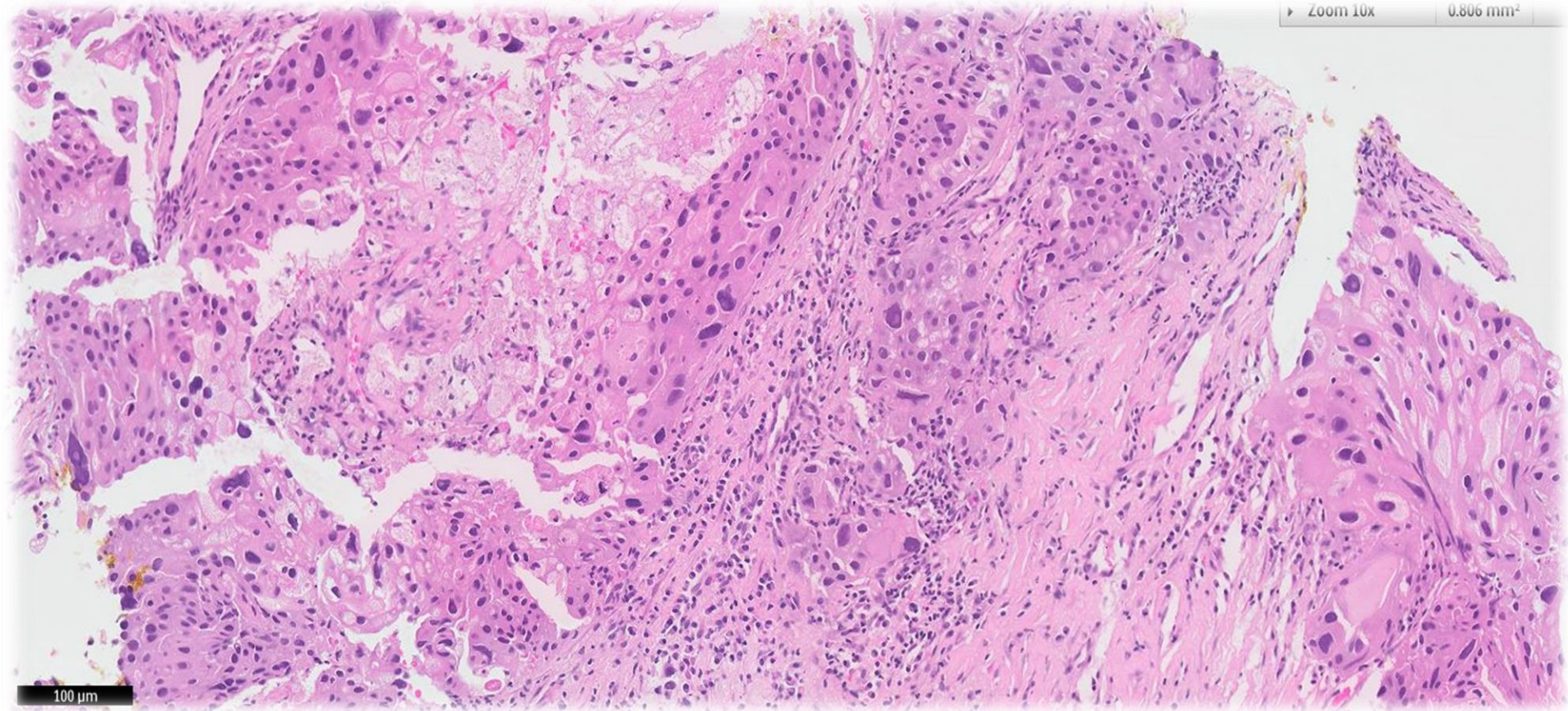
0.806 mm²



100 μ m

Zoom 10x

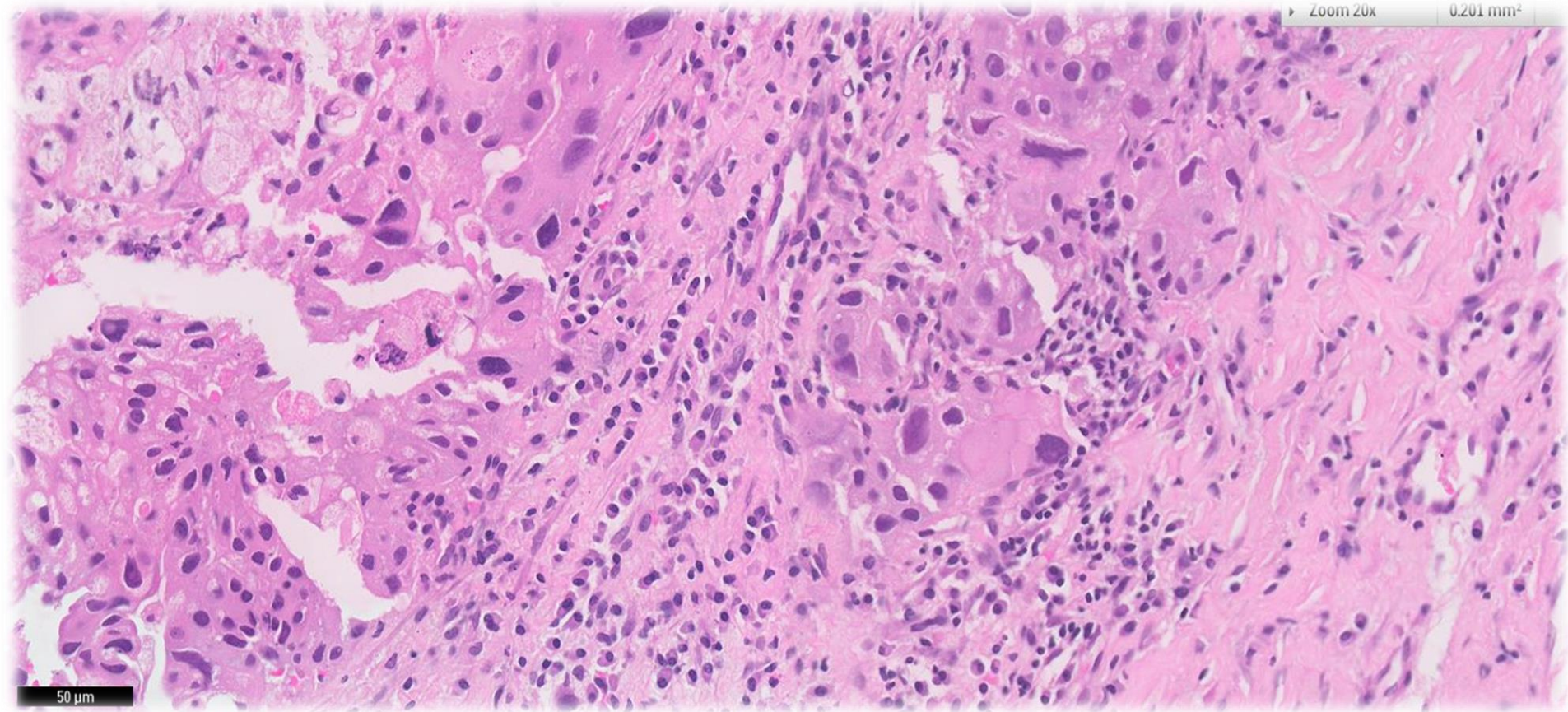
0.806 mm²



100 μm

▶ Zoom 20x

0.201 mm²

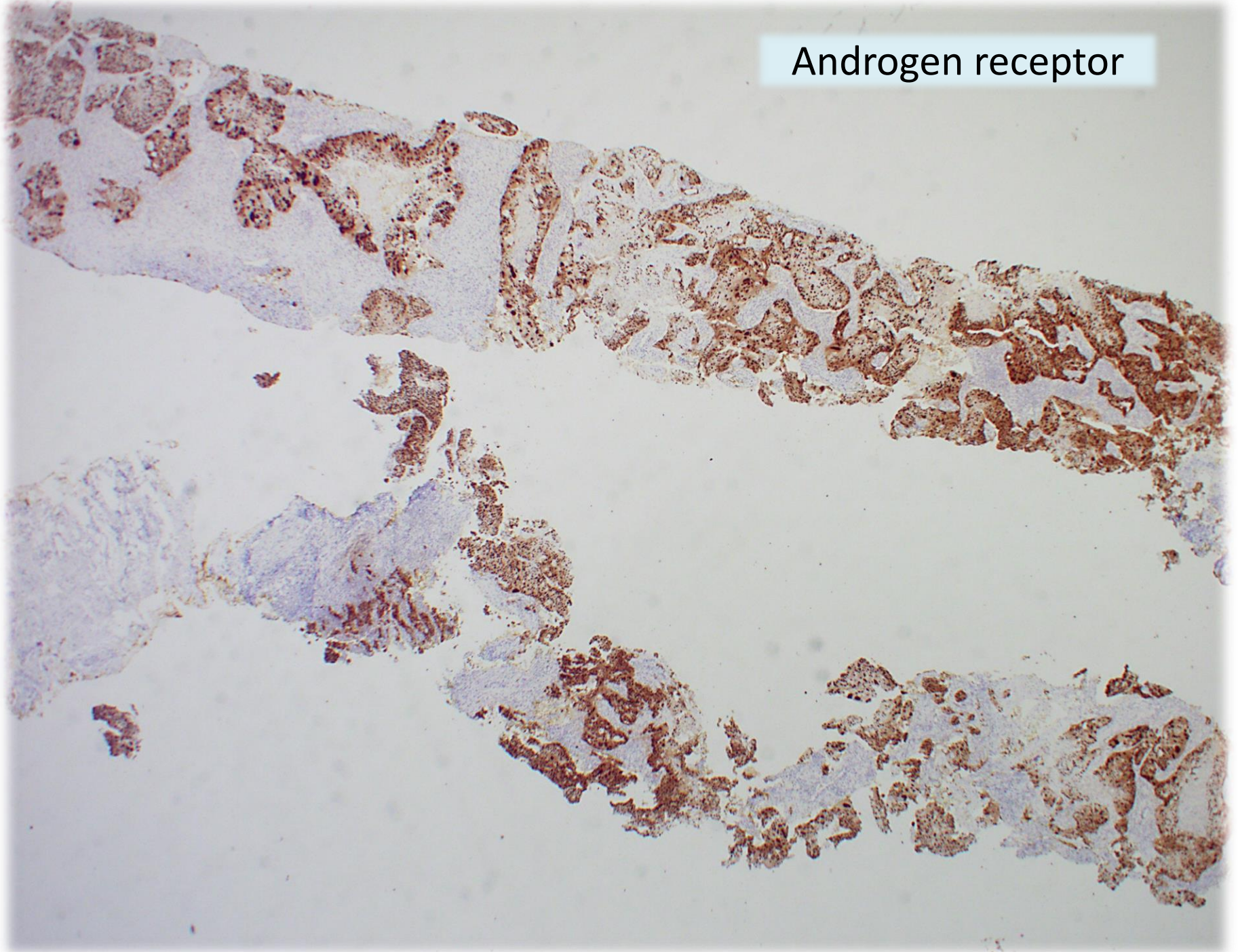


50 μm

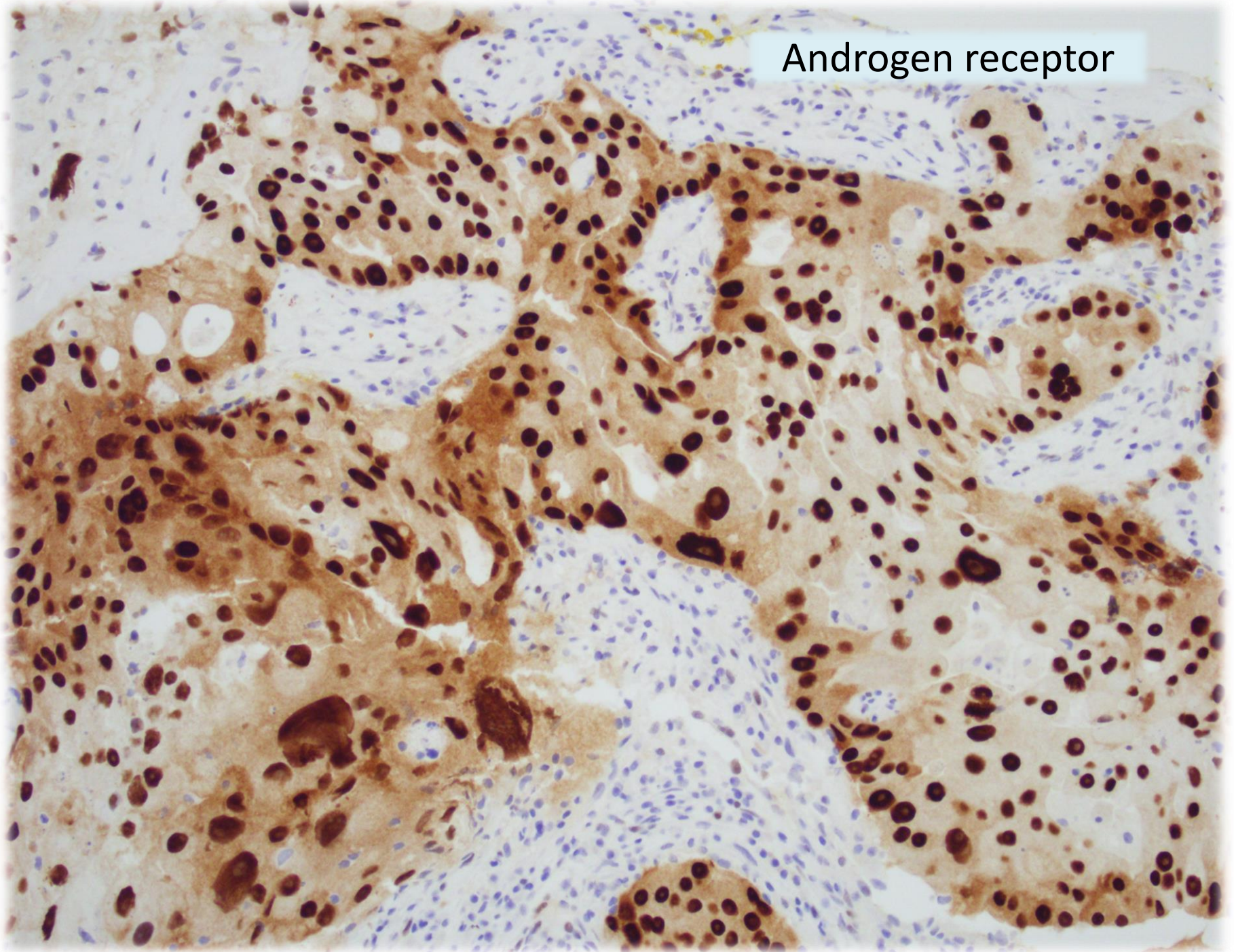
Pinnacle, Singapore



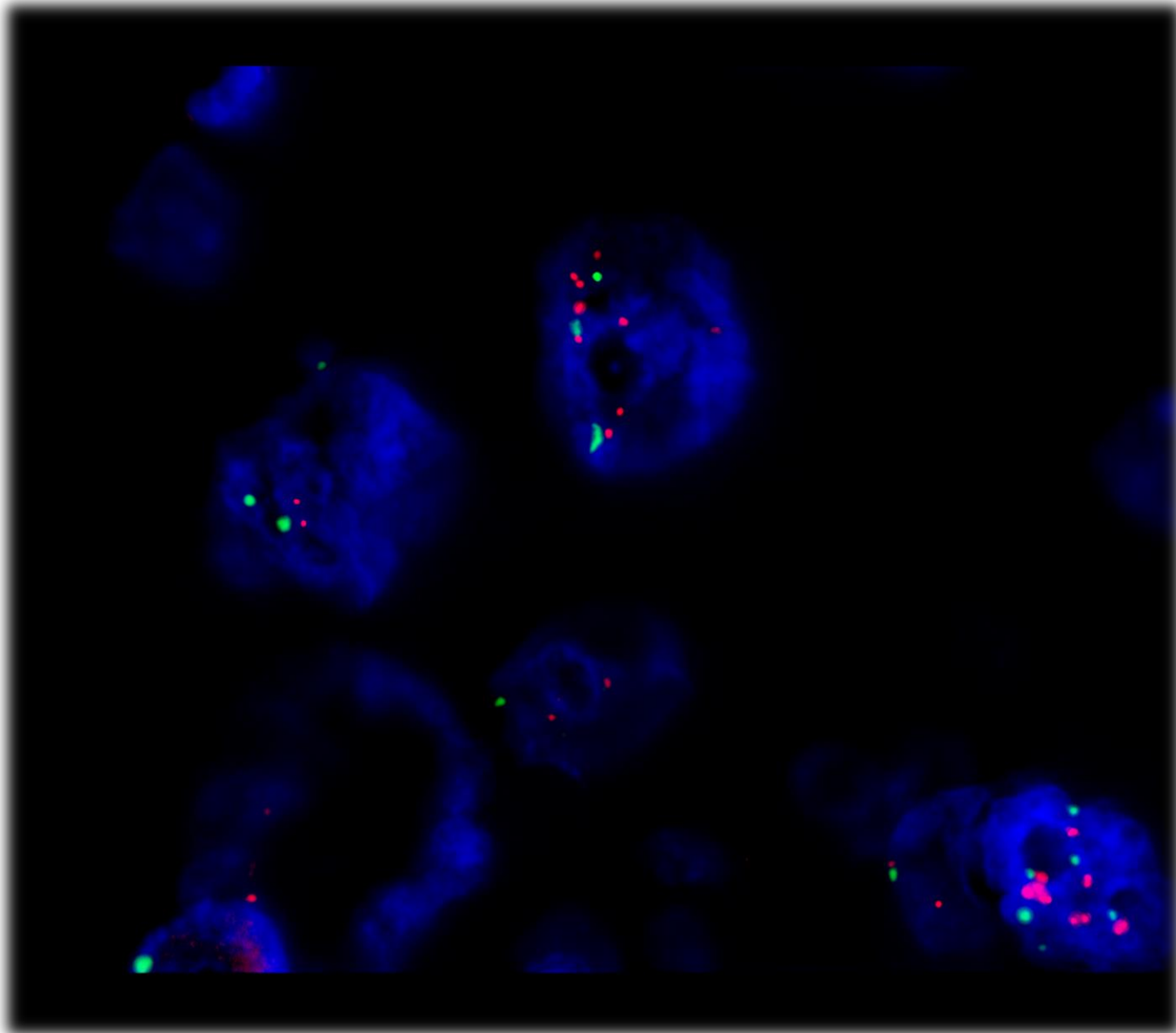
Androgen receptor



Androgen receptor



Ratio of ERBB2 to CEP17 signals: 2.1, indicating cerbB2 amplification



Courtesy of Cytogenetics Lab, SGH Pathology

Diagnosis

- Invasive carcinoma with apocrine features.
- ER negative, PR negative, cerbB2 equivocal (amplified on FISH).



Subsequent right mastectomy and axillary clearance

- Infiltrative carcinoma with apocrine features, grade 3, 78mm.
- Metastases to 9 out of 16 axillary lymph nodes.

Invasive carcinoma with apocrine features

- Focal apocrine differentiation is a common feature in invasive carcinomas of no special type (NST) as well as some special types.
- Extensive apocrine differentiation is seen in approximately 4% of invasive breast carcinomas.
- Molecular apocrine subtype as defined by gene-expression array analysis is not equivalent to apocrine differentiation in breast cancer.

Invasive carcinoma with apocrine features

- Approximately half of carcinomas with apocrine differentiation show this molecular signature, including most pleomorphic lobular carcinomas with apocrine features.
- Do not form a distinct cluster and are composed of 'apocrine' and 'luminal' molecular subtypes.
- Data suggest that apocrine differentiation is a common feature of many subtypes of breast cancer, and that 'apocrine carcinomas' do not represent a distinct entity.

