

#### Case 32

Adult woman with a breast mass. Excision performed.

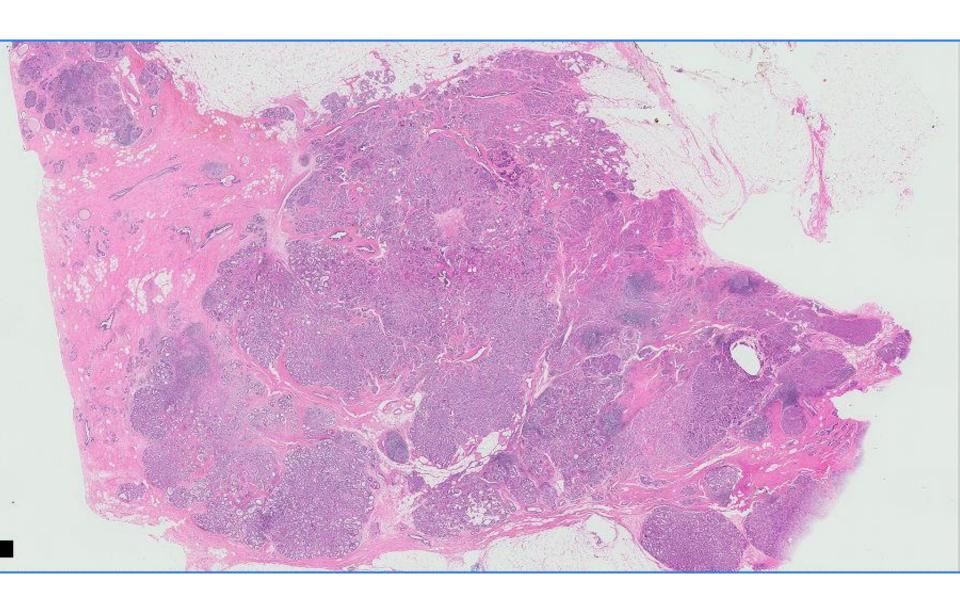
(Case contributed by Dr Chih-Jung Chen, Taiwan)

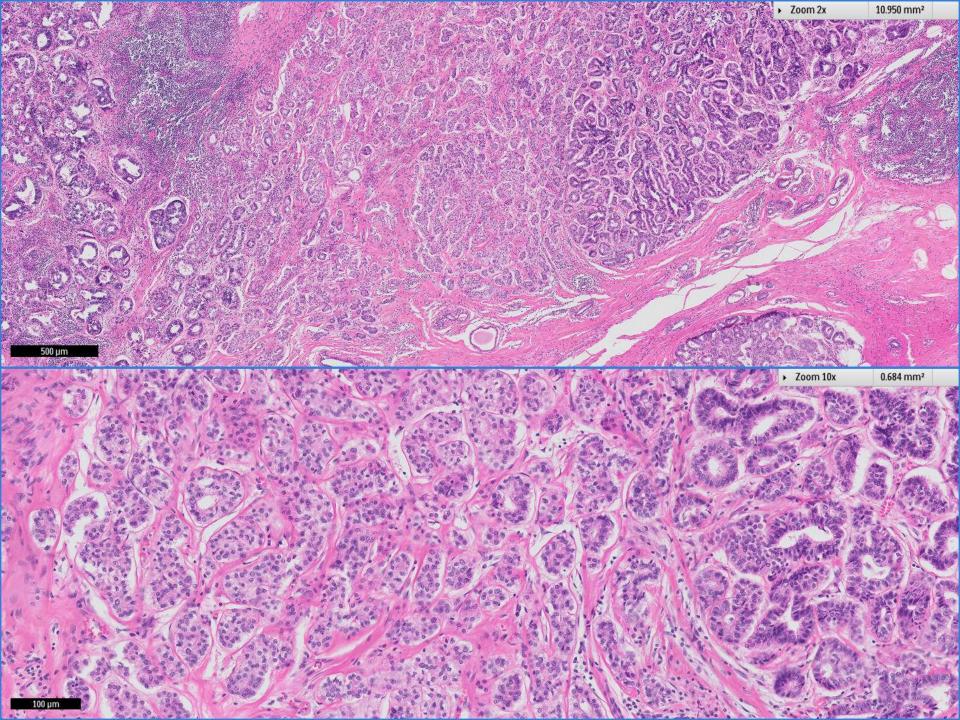


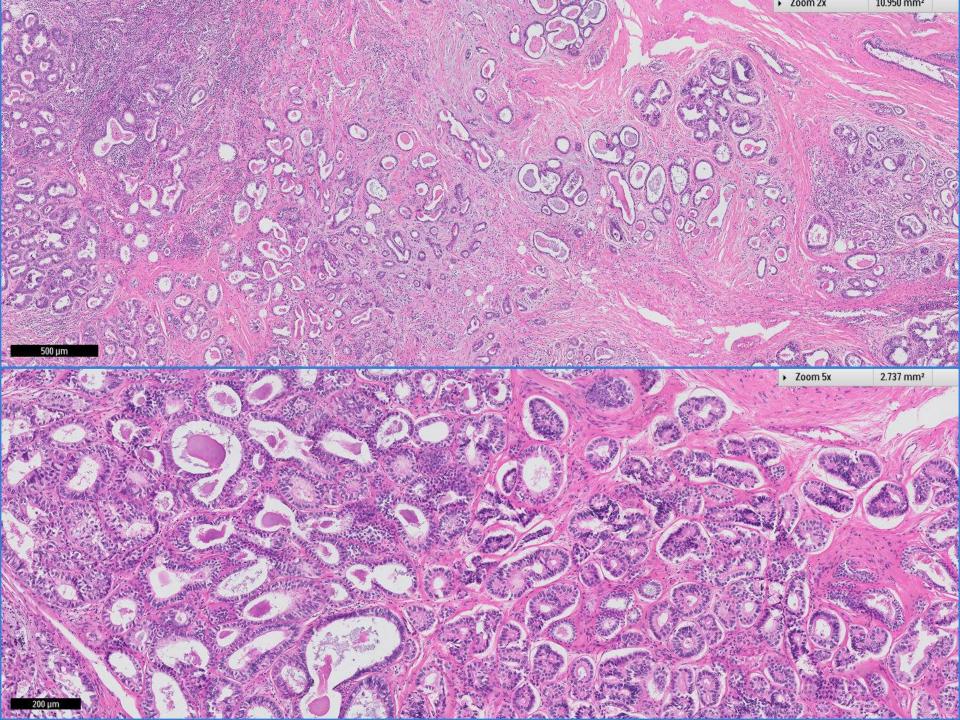


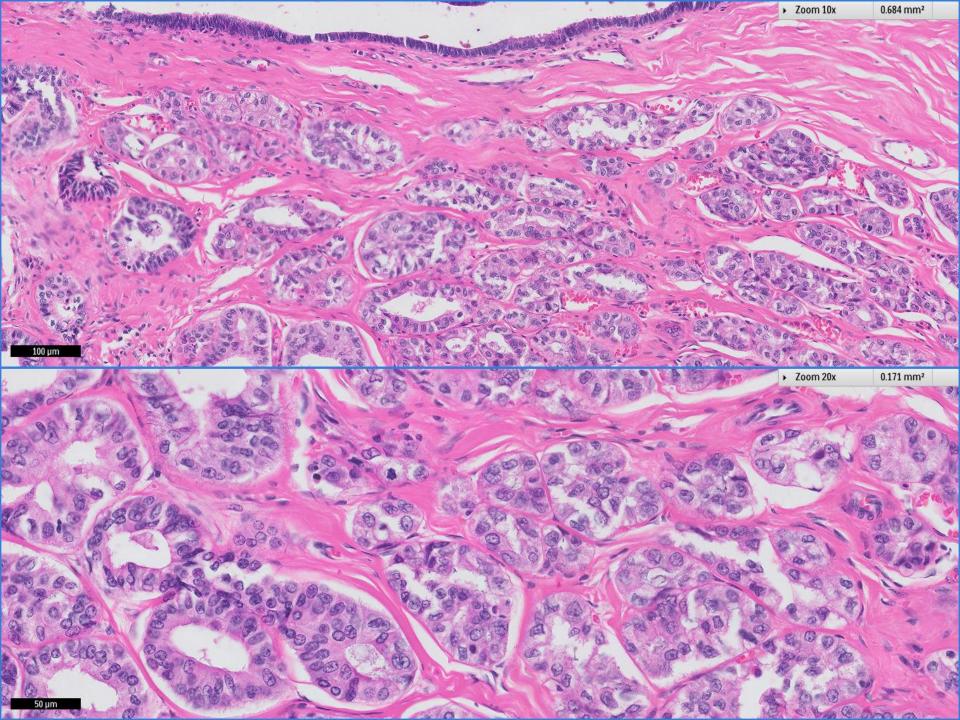




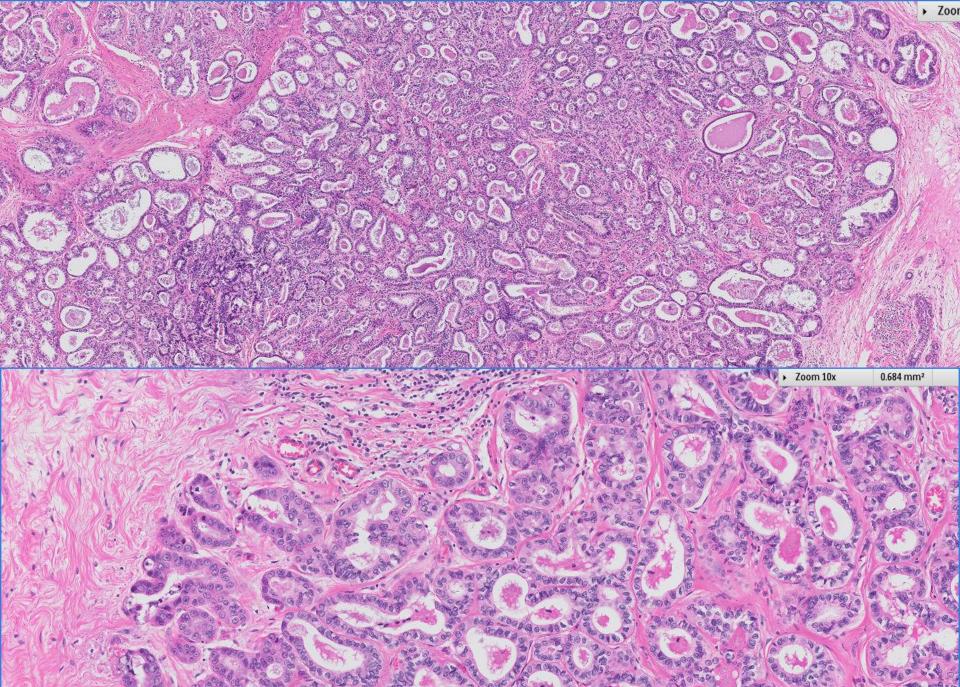


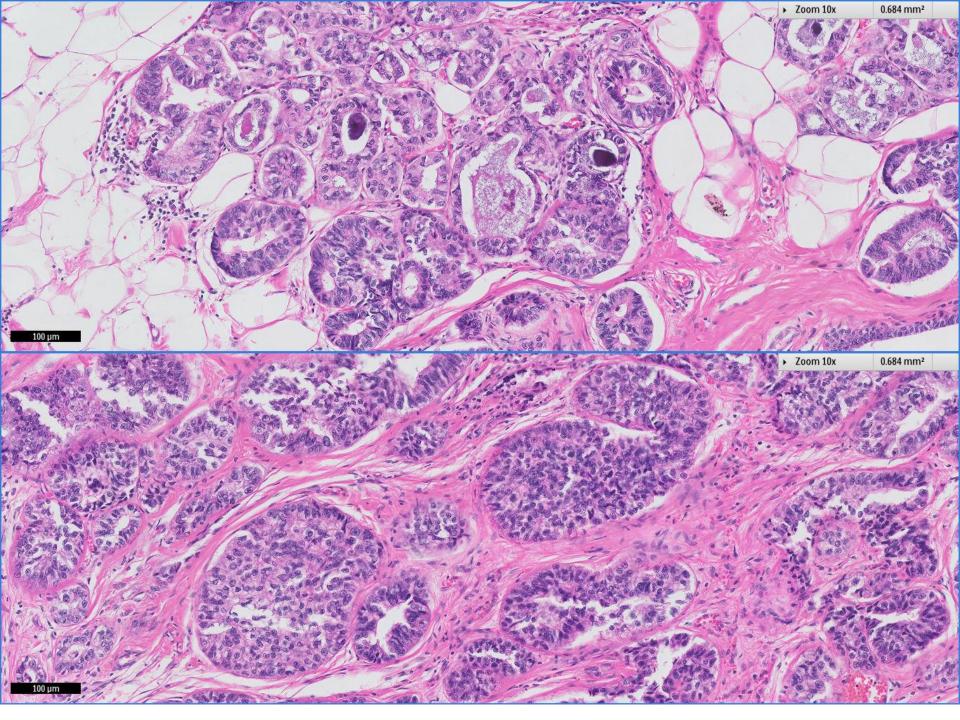


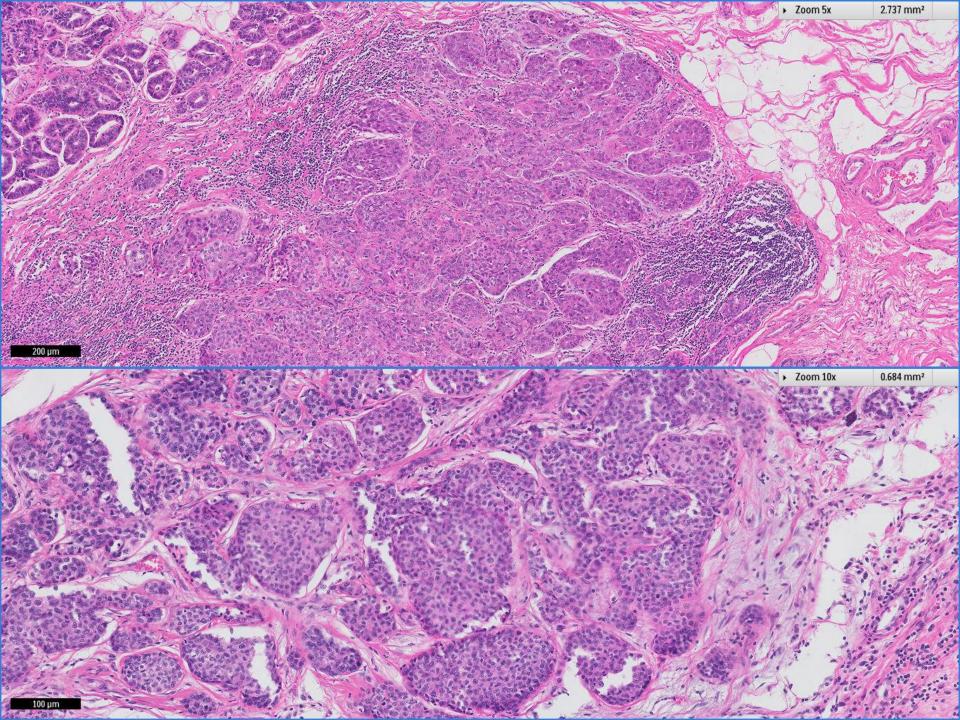


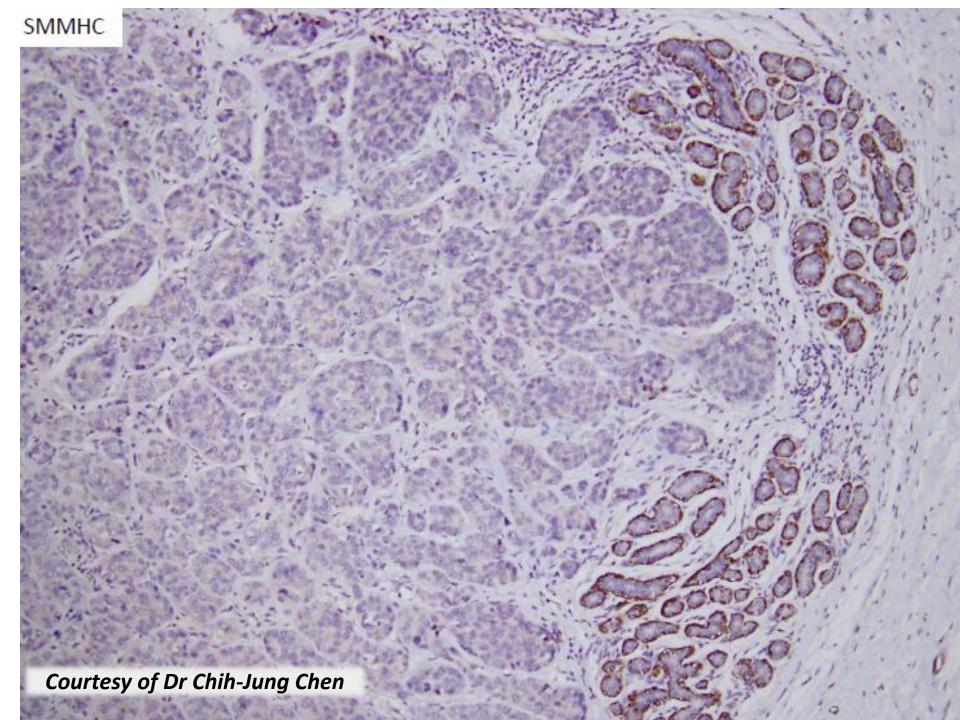


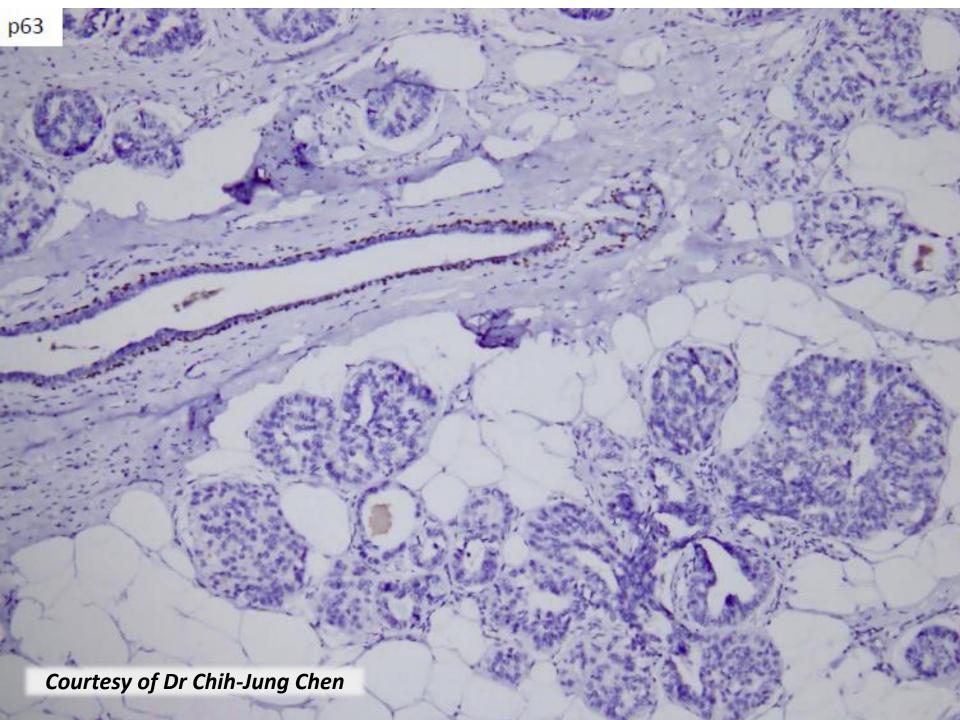


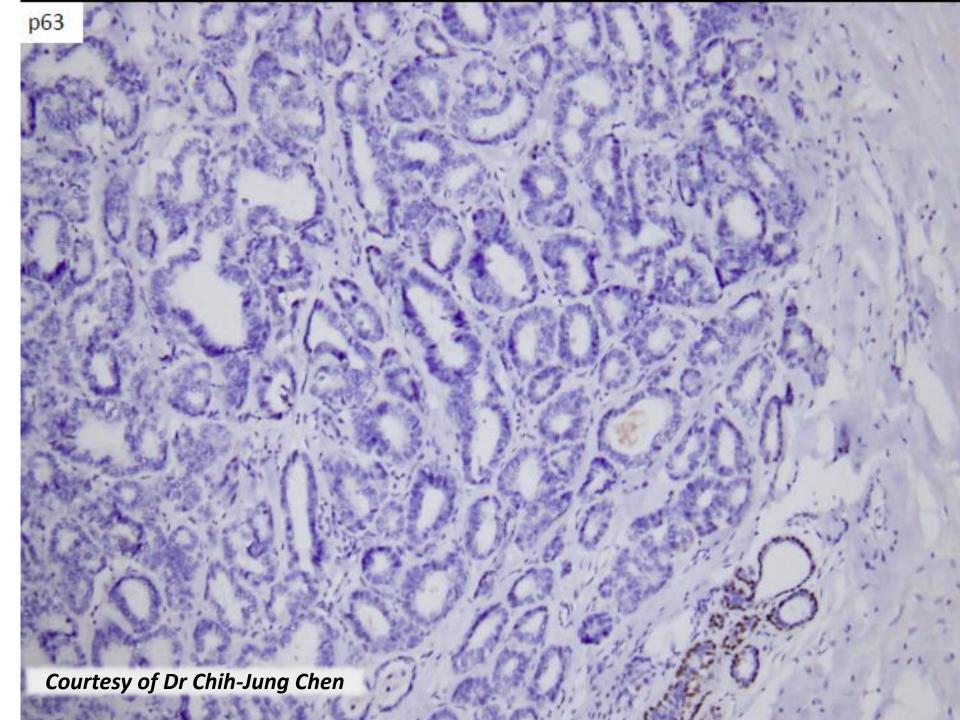


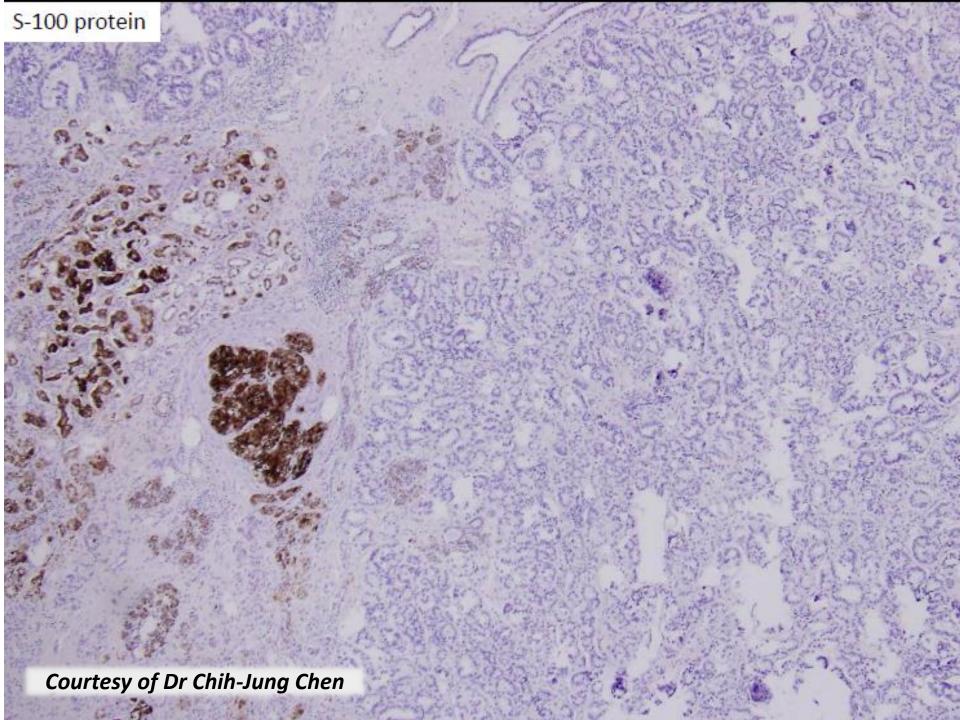


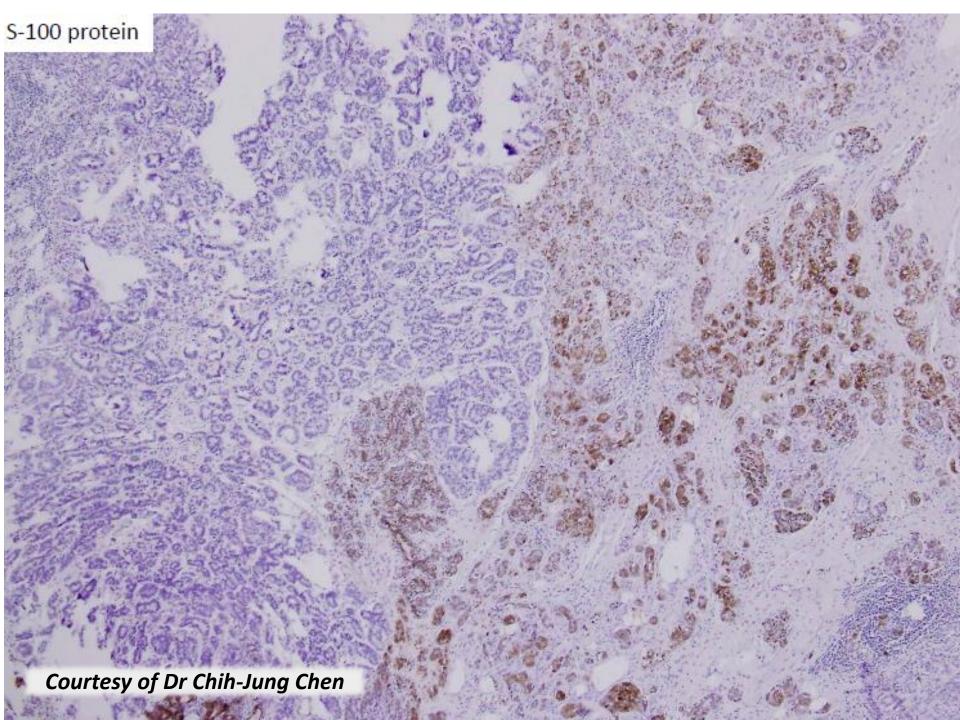


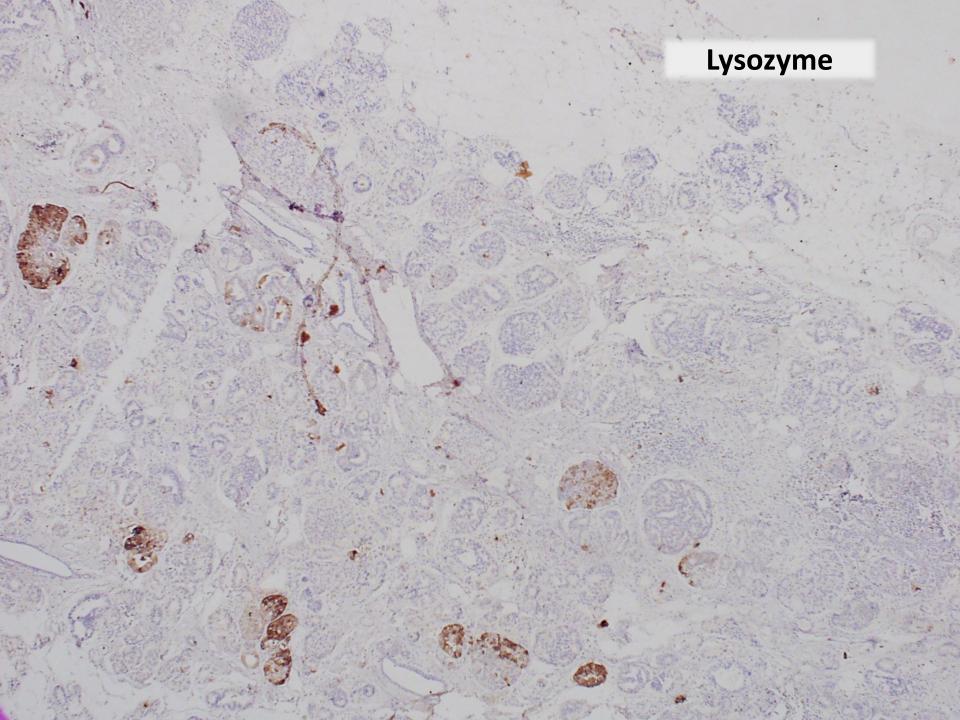


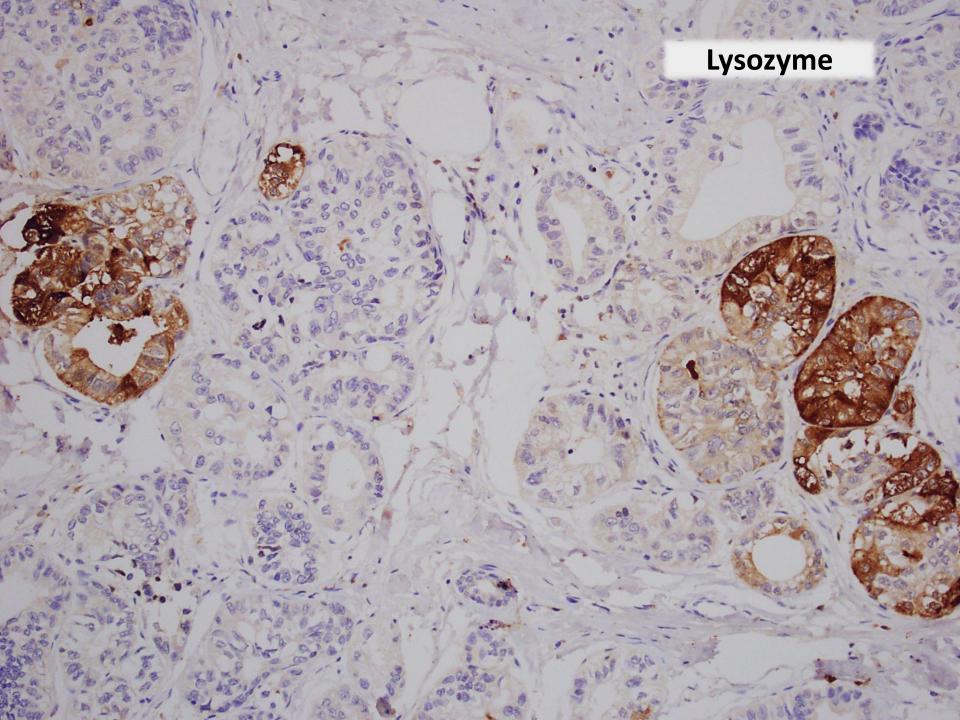












ETV6 gene rearrangement is observed in small discrete clusters.

### Diagnosis

Breast tumour excision ~

Invasive carcinoma with microglandular adenosis-like areas, acinic and secretory differentiation

ER negative, PR negative, cerbB2 negative









# Secretory carcinoma

- A rare, low-grade, translocation-associated invasive carcinoma that shows solid, microcystic and tubular architectures.
- Synonym: juvenile breast carcinoma.
- Accounts for <0.15% of all breast cancers.</li>
- Affects both males and females.
- Median age of presentation is 25 years (range, 3–87 years).
- Clinically well-circumscribed & mobile masses, often located near the areola, especially in men and children.









# Secretory carcinoma

- Epithelial membrane antigen (EMA), alpha lactoalbumin and S100 protein are frequently expressed.
- Estrogen receptor (ER), progesterone receptor (PR), HER2 and p63 are negative
- E-cadherin, keratins 8 and 18, CD117, and alphasmooth-muscle actin can be expressed.









# Secretory carcinoma

- Associated with a characteristic balanced translocation, t(12;15), that creates a ETV6-NTRK3 gene fusion.
- Differential diagnosis with acinic carcinoma is based on the absence of the ETV6-NTRK3 translocation in acinic carcinomas.









