Breast Pathology Course 2018

Case 34

61 year old female.

Core biopsy, left breast 9-10 o'clock mass.

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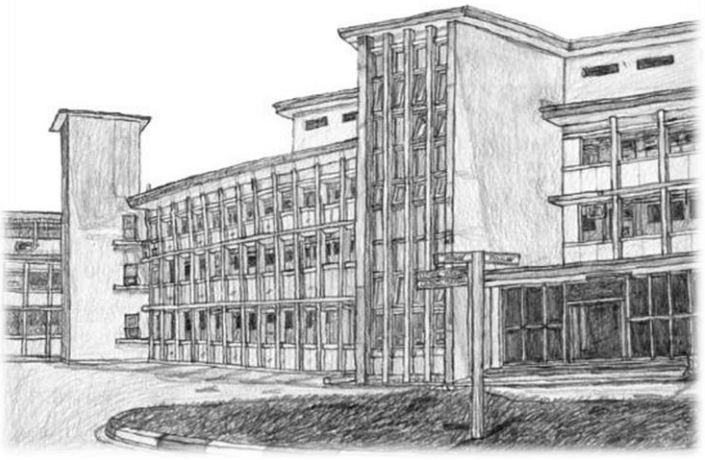
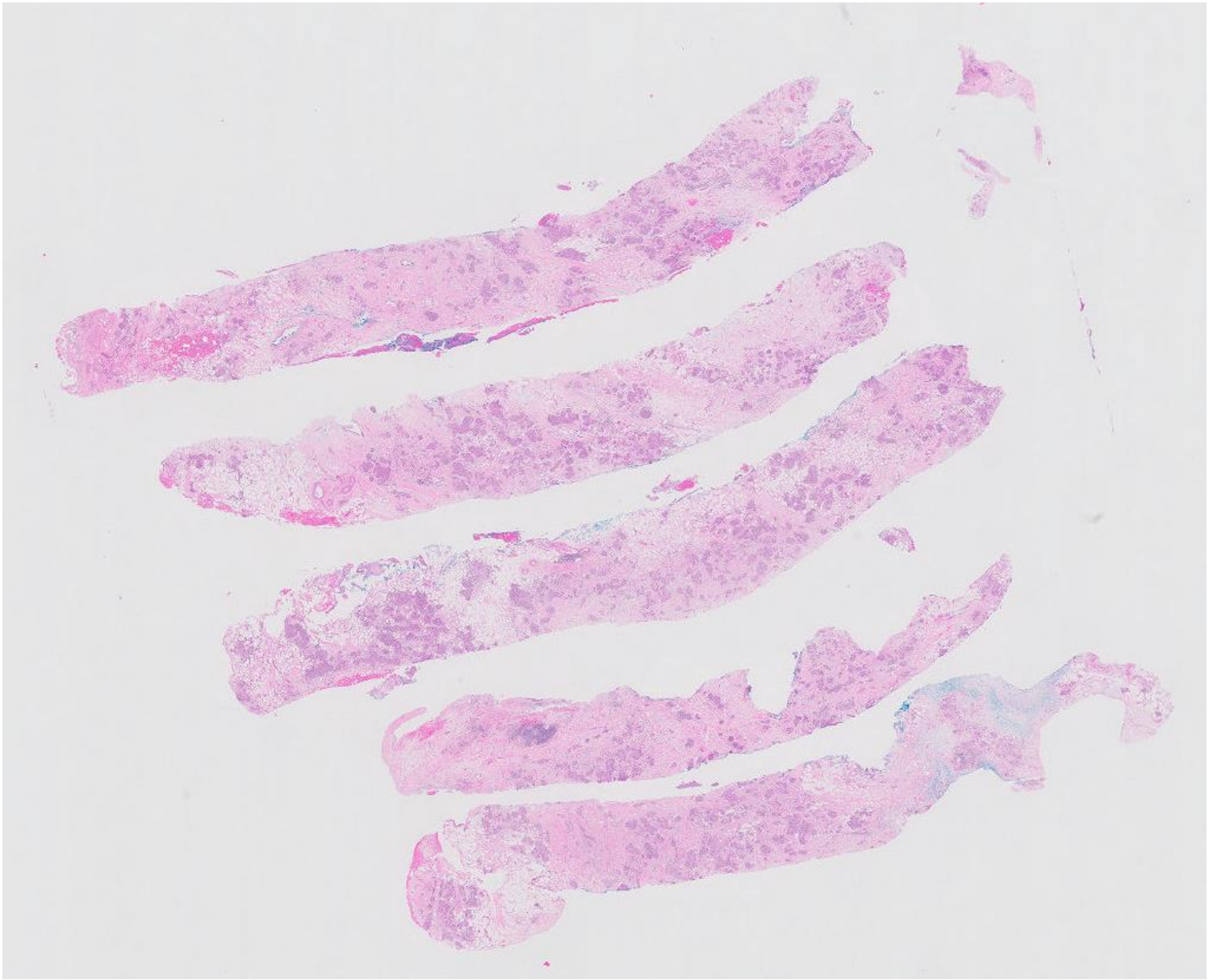
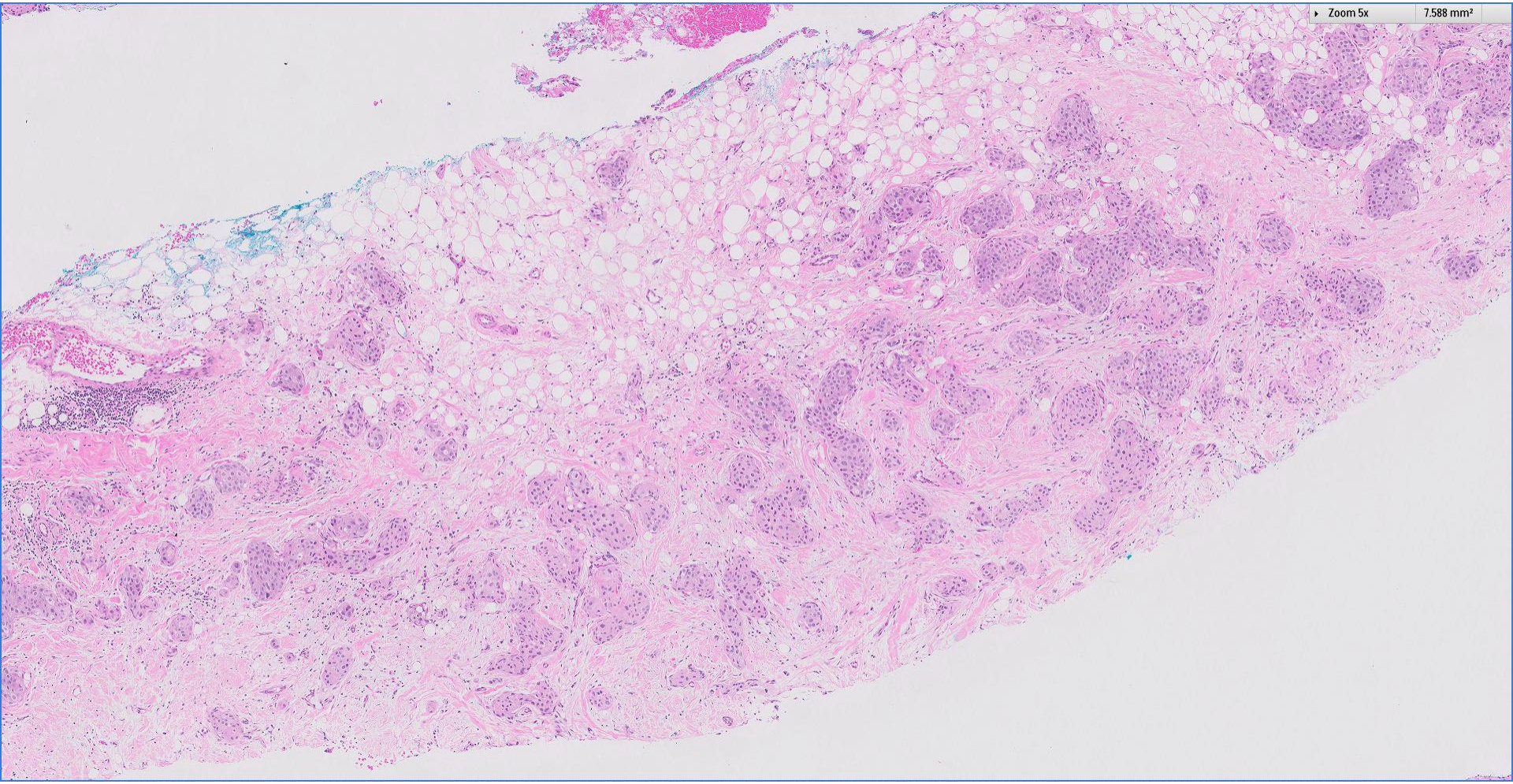
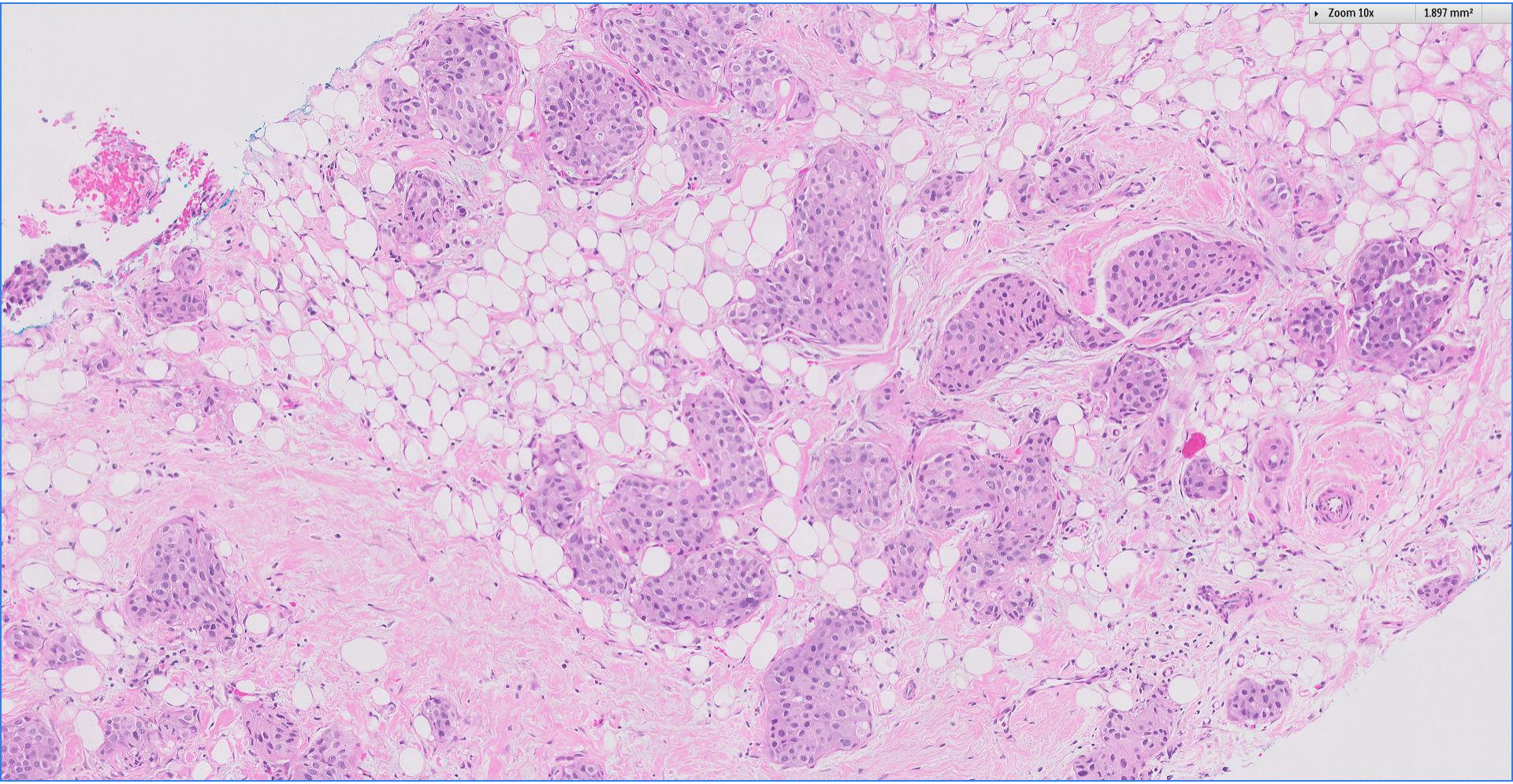
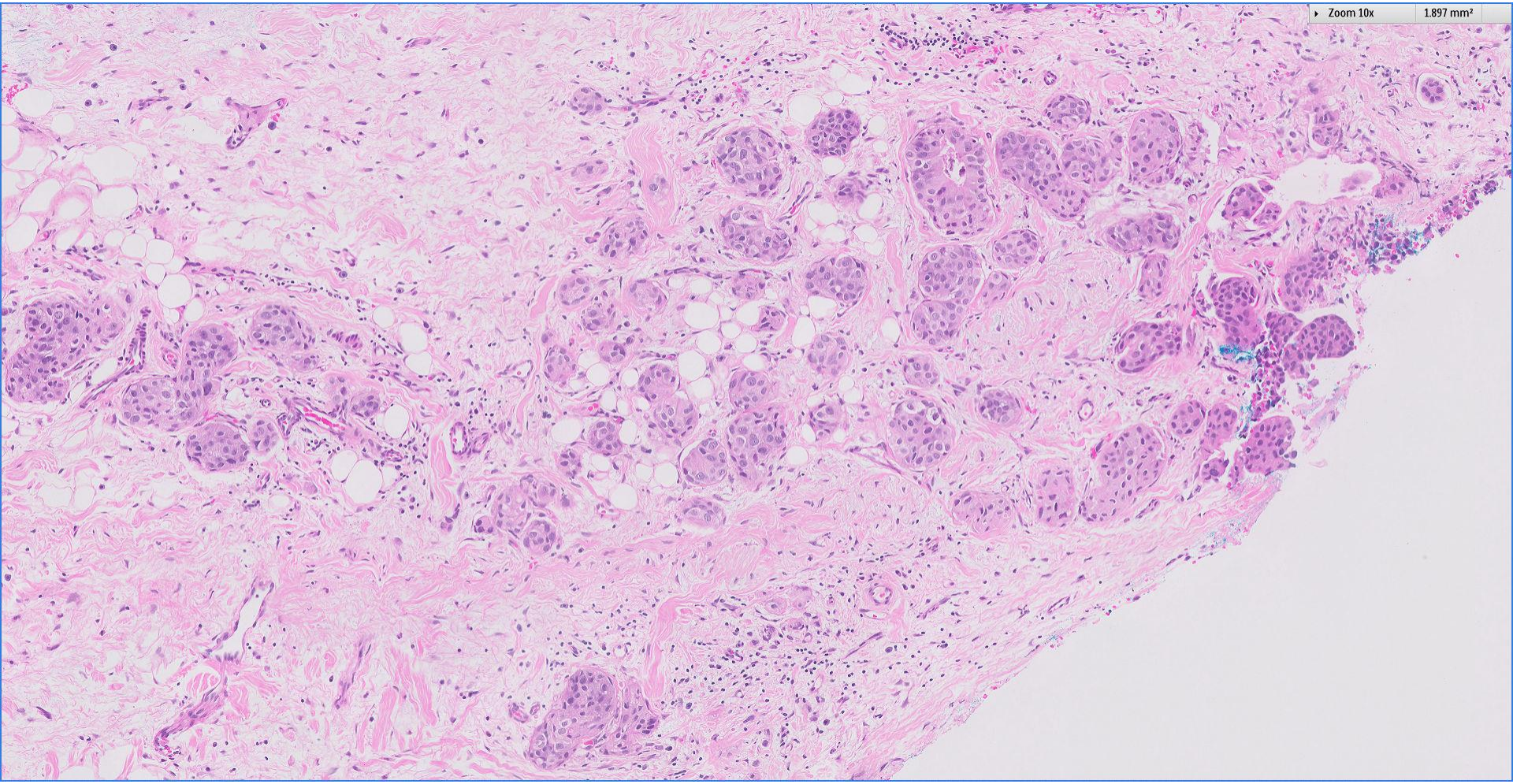
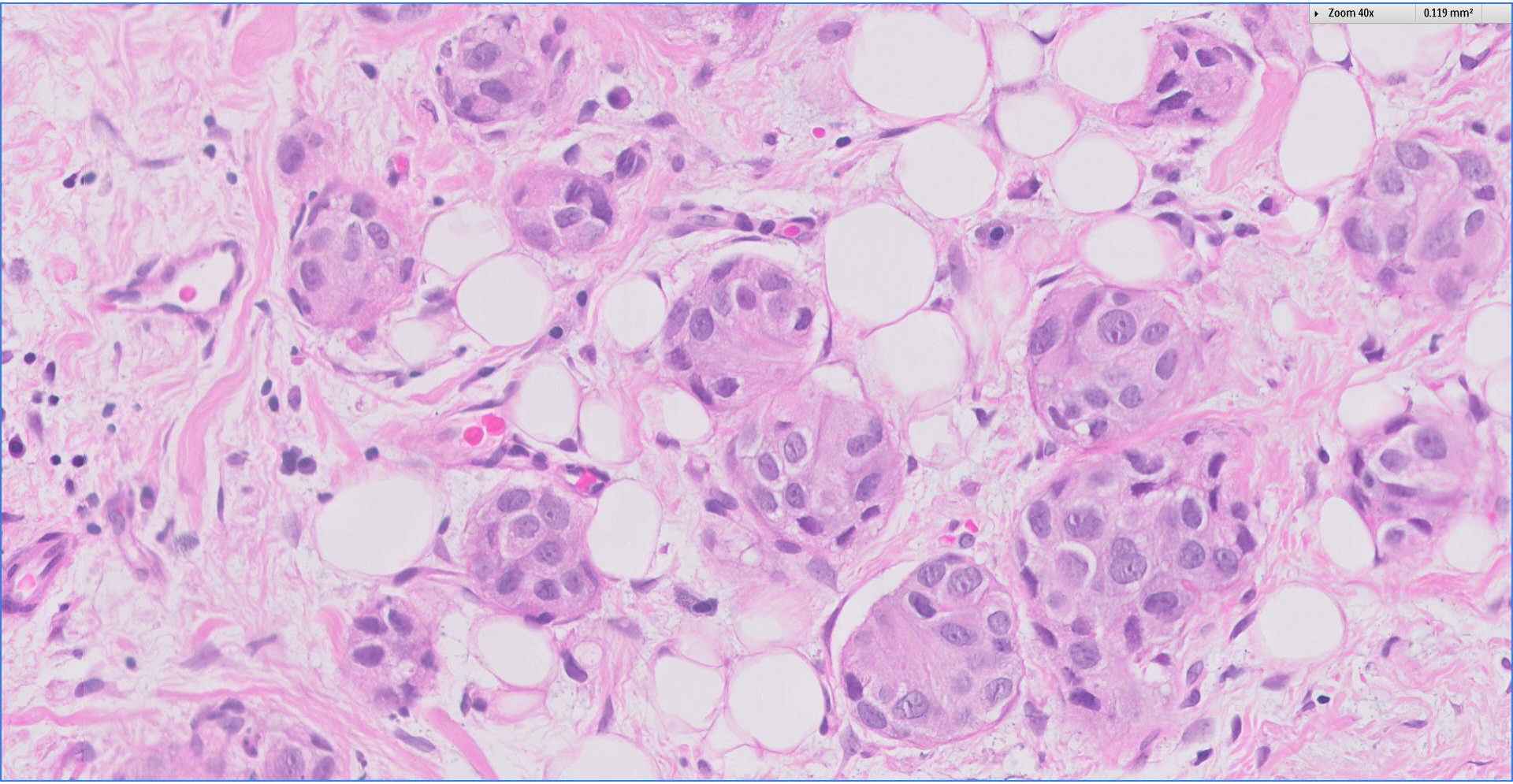





Zoom 5x
7.588 mm²


Zoom 10x
1.897 mm²


Zoom 10x
1.897 mm²


Zoom 40x
0.119 mm²

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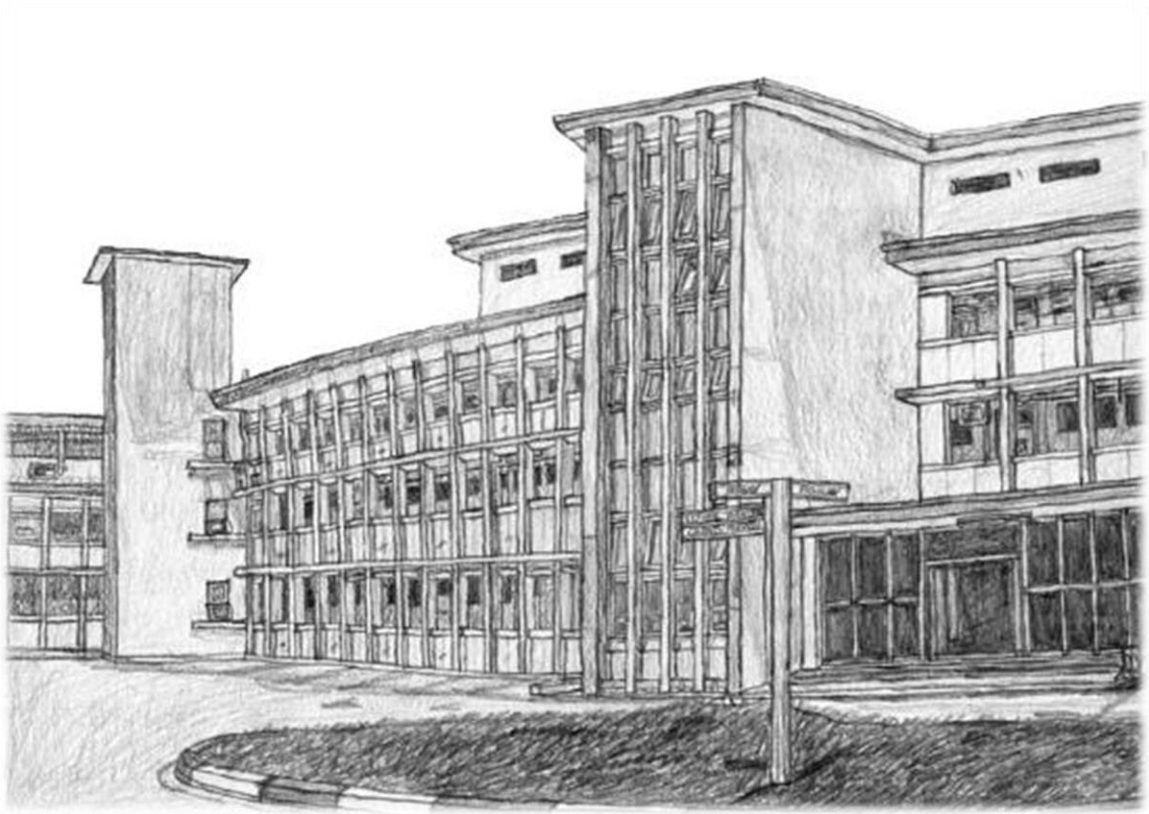

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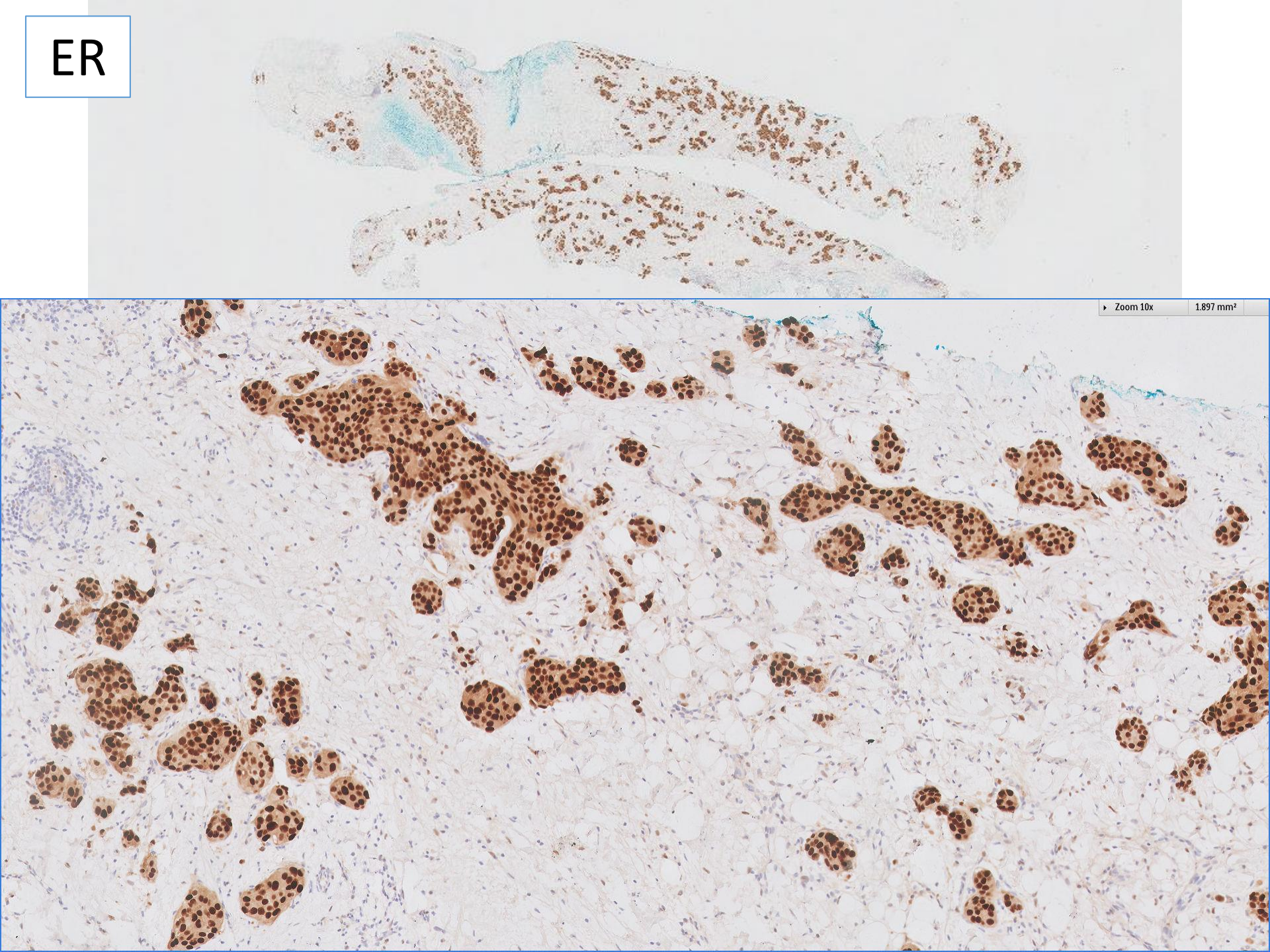
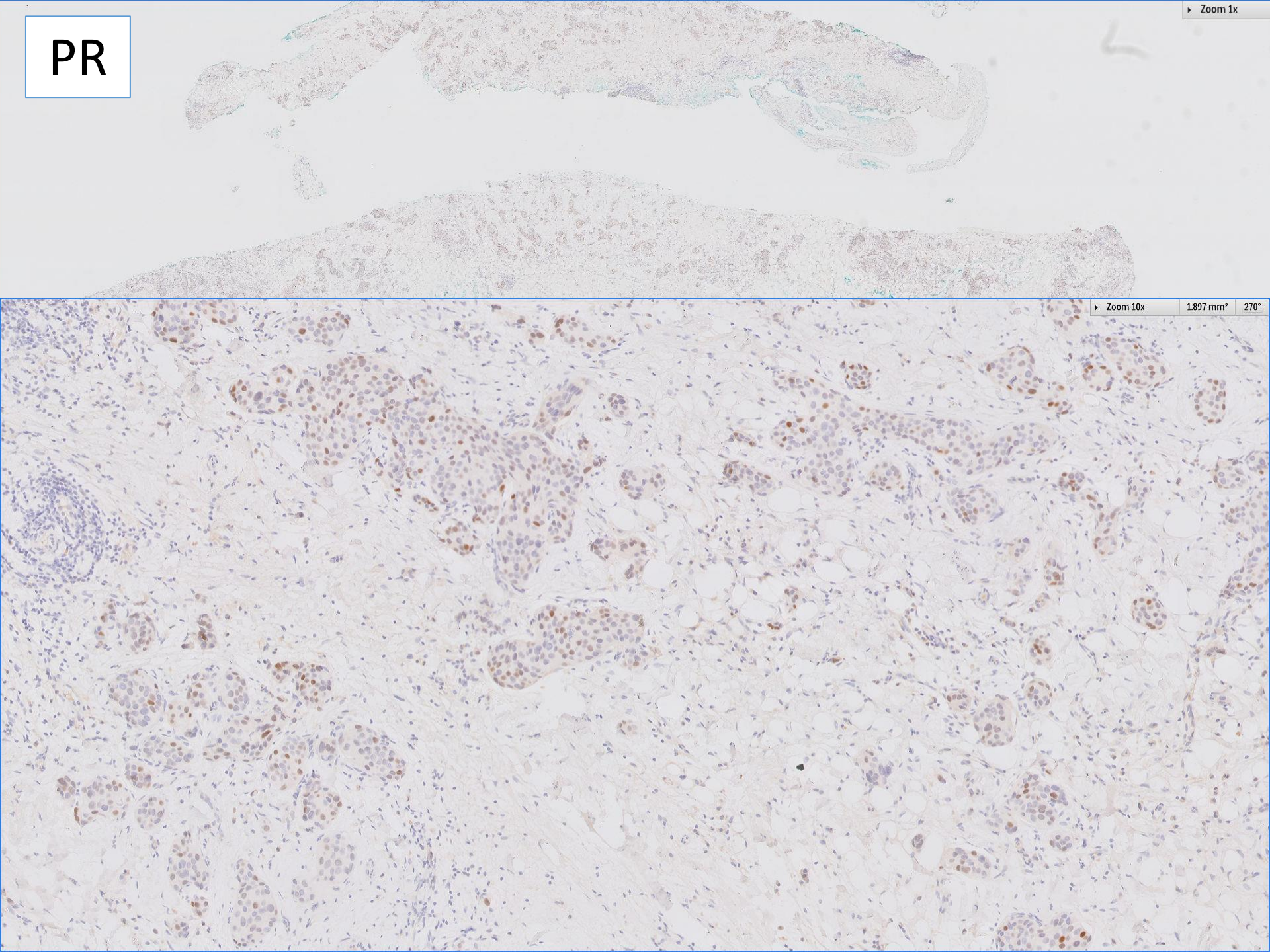
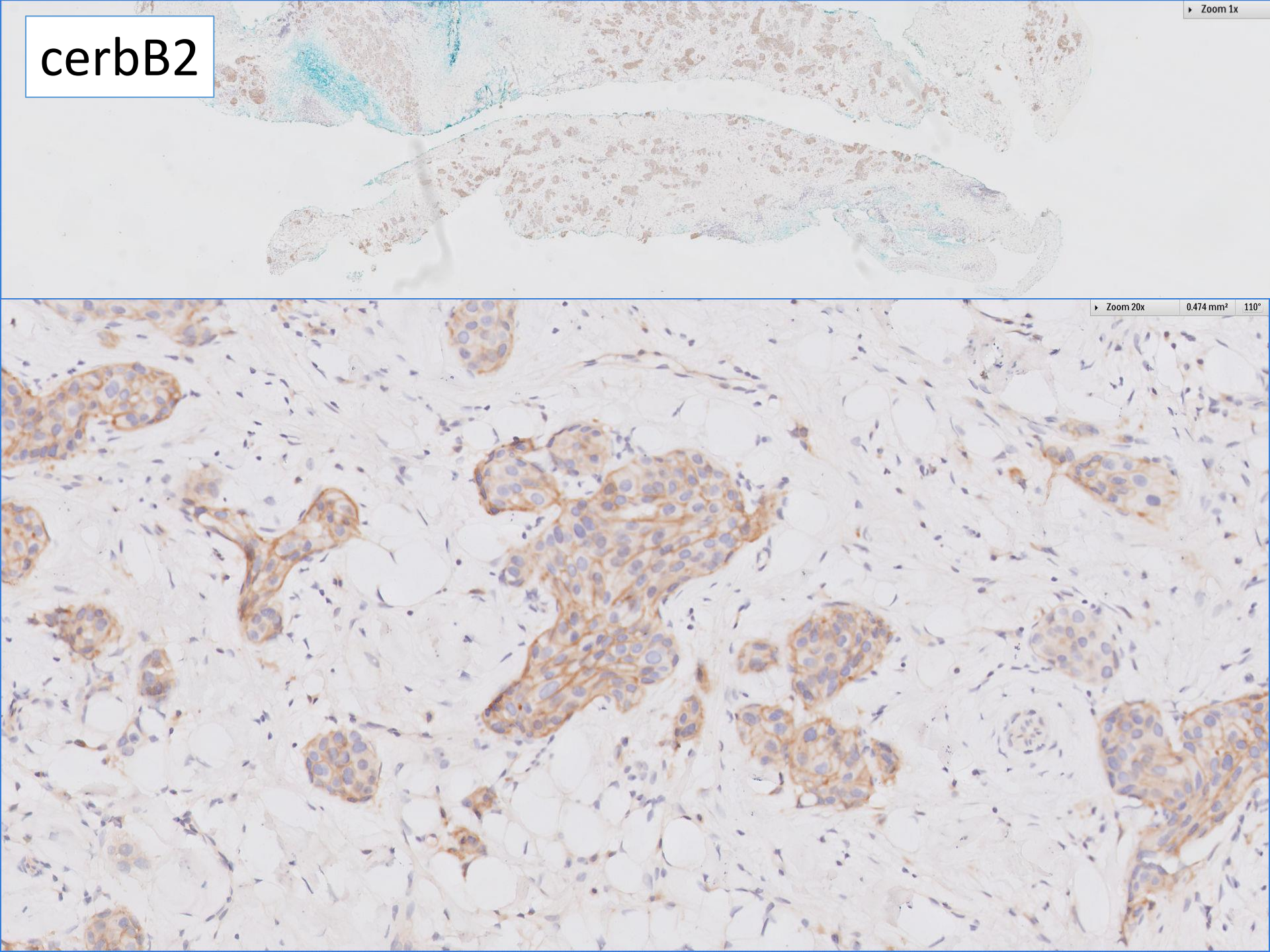
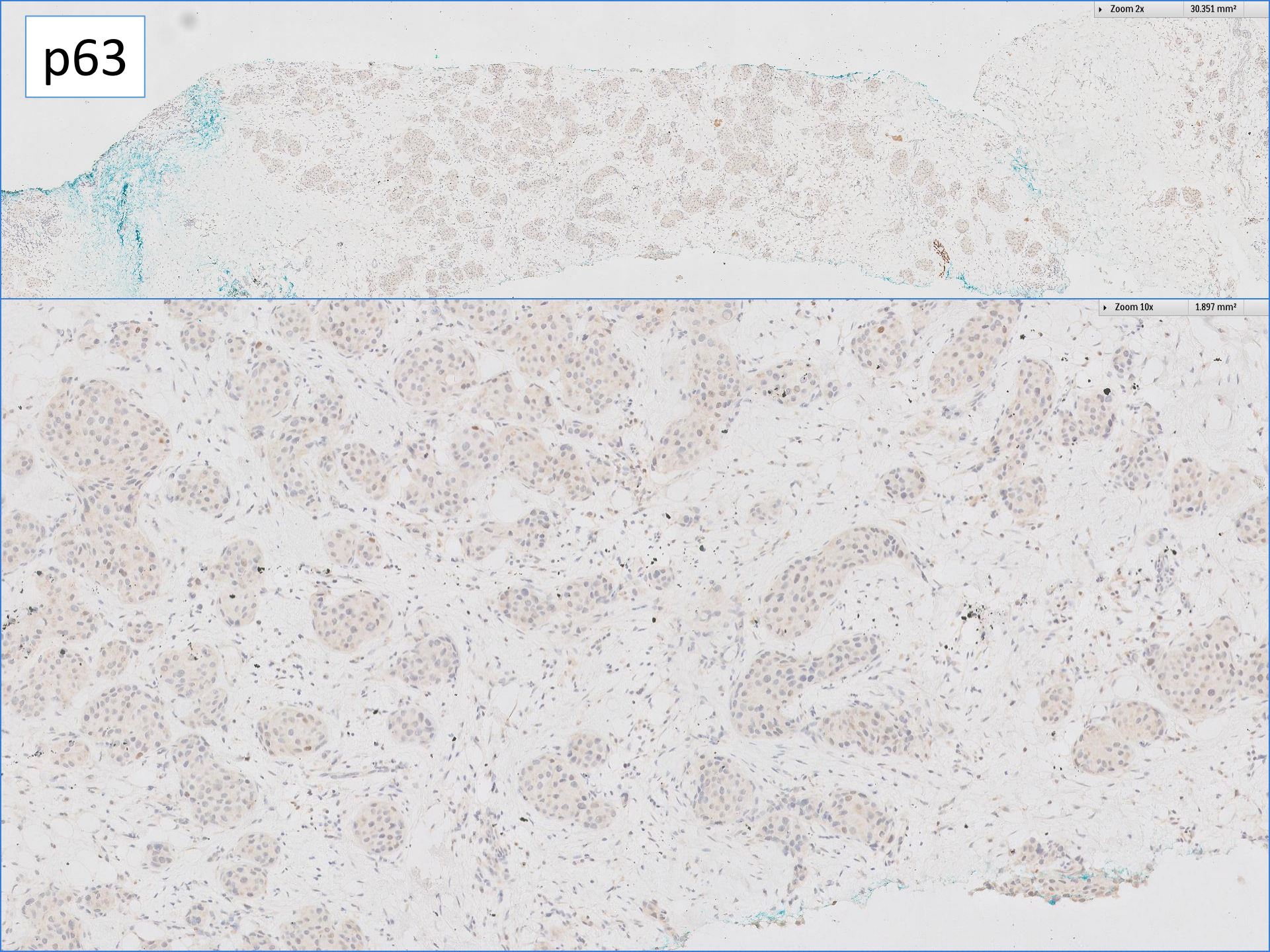
ER

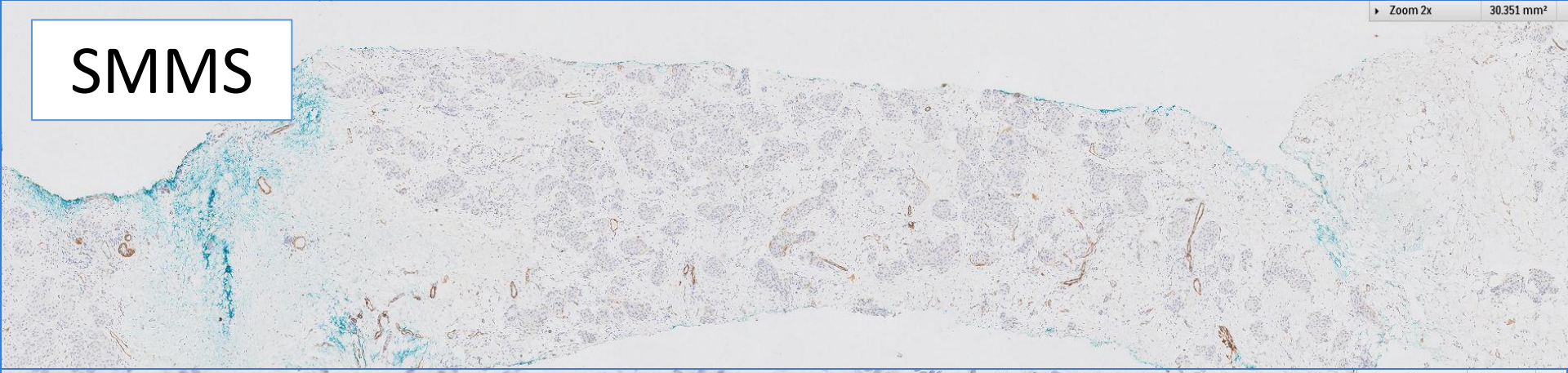


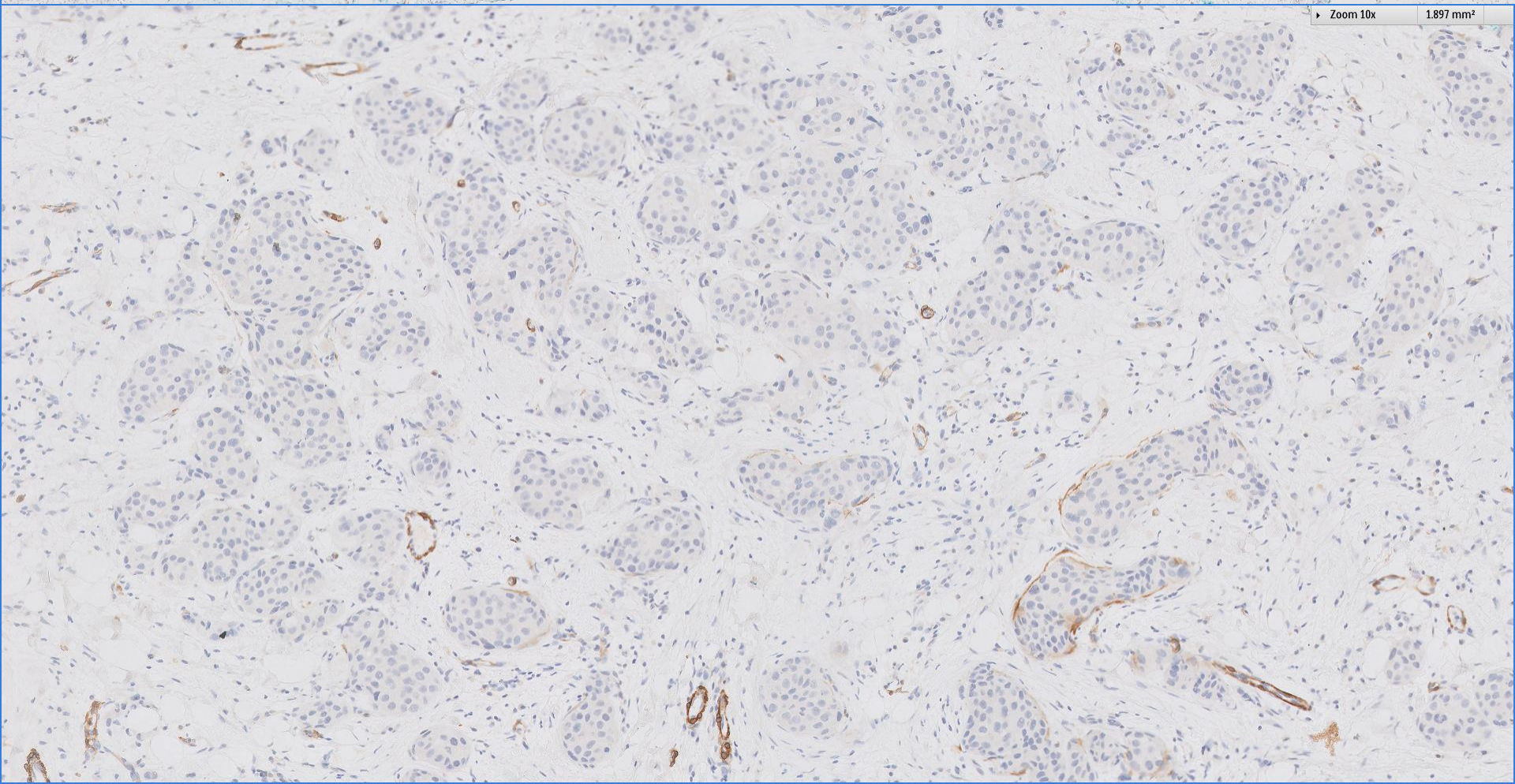

PR
Zoom 1x
Zoom 10x
1.897 mm²
270°

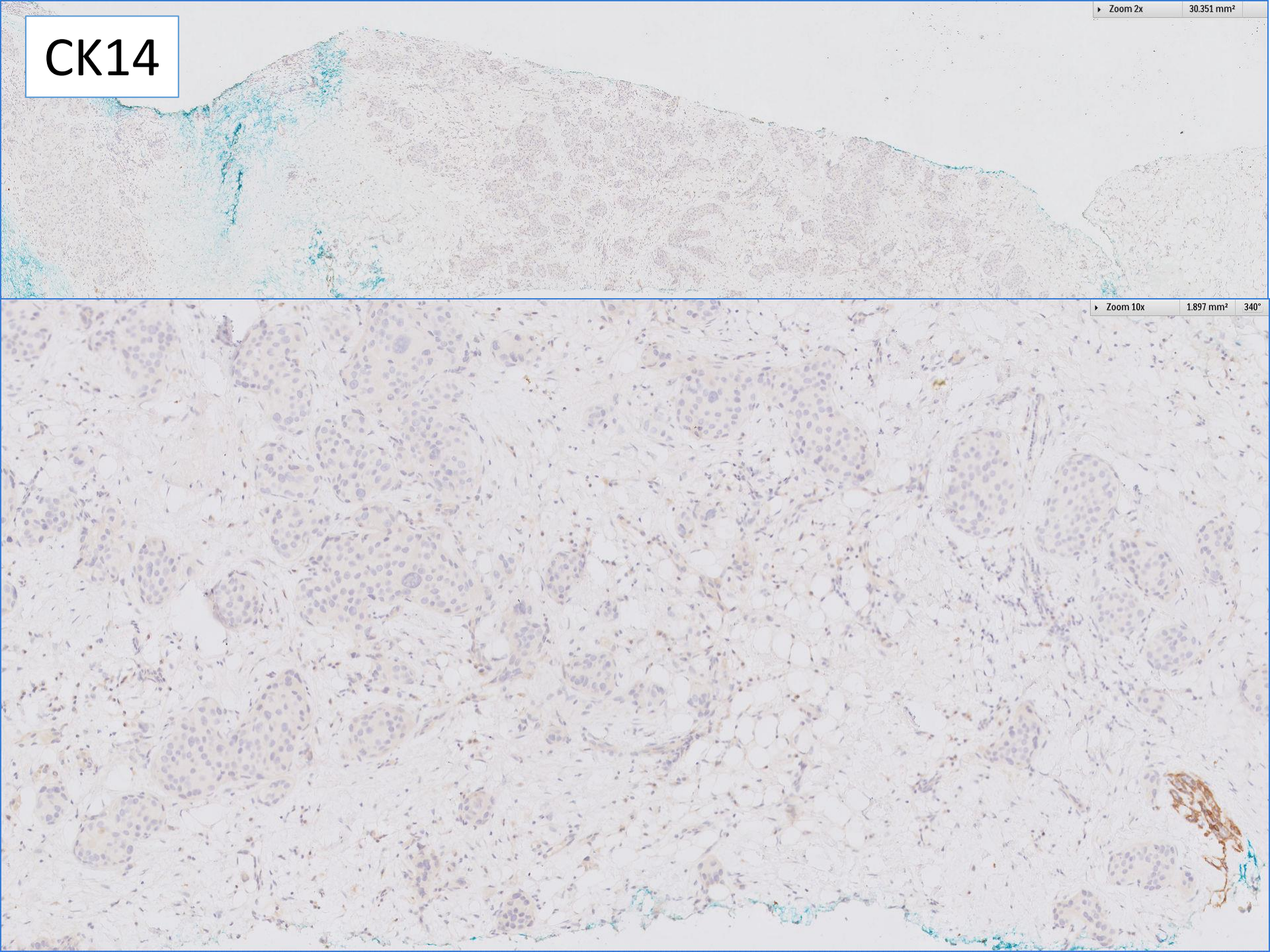

cerbB2
Zoom 1x
Zoom 20x
0.474 mm²
110°


p63
Zoom 2x
30.351 mm²
Zoom 10x
1.897 mm²

SMMS






CK14
Zoom 2x
30.351 mm²
Zoom 10x
1.897 mm²
340°

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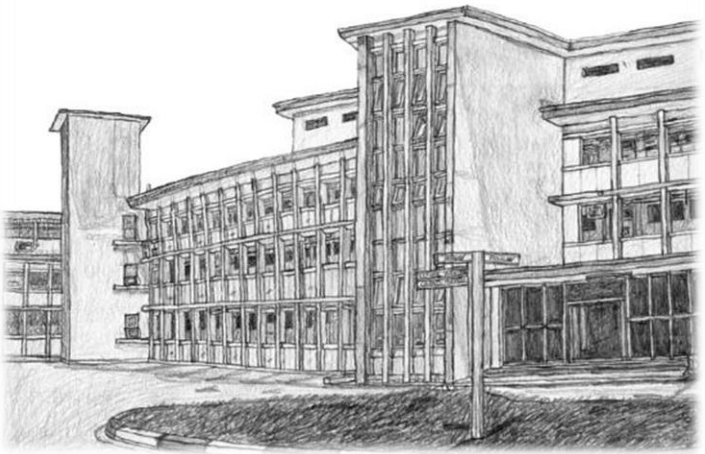
Diagnosis

Core biopsy, left breast 9-10 o'clock mass ~

Invasive carcinoma with ductal features, provisional grade 2.

ER positive, PR positive, cerbB2 equivocal (2+).



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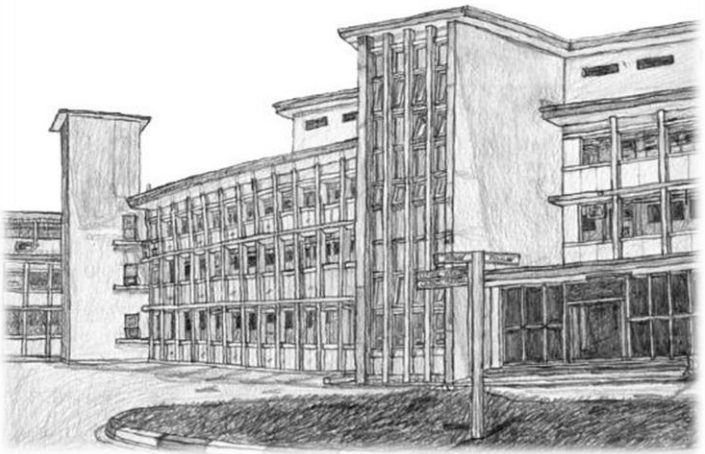
Follow-up~

- Found to have metastatic disease to bone (T10), ER positive, PR positive, cerbB2 negative on workup after core biopsy diagnosis of invasive breast cancer.



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Learning points

- Invasive carcinoma with nested pattern may be mistaken for non-invasive disease.
- Clues to invasive disease ~
  - No retention of lobular architecture, best appreciated at low magnification
  - Extension of tumour nests into adipose tissue
  - Disruption of stroma around the tumour nests, eg oedema, inflammation, desmoplasia
  - Accompanying invasive disease with more conventional appearances, with ragged irregular tumour outlines and coalescent tumour nests
- Adjunctive immunohistochemistry.

Learning points

- Apart from determining receptor status (ER, PR, cerbB2) in primary breast carcinoma, it is recommended that it also be established in the metastatic disease.
- Discordance rates of receptor status between primary and metastatic disease range from 6 to 48%.
- Treatment options influenced by receptor status of metastatic disease.

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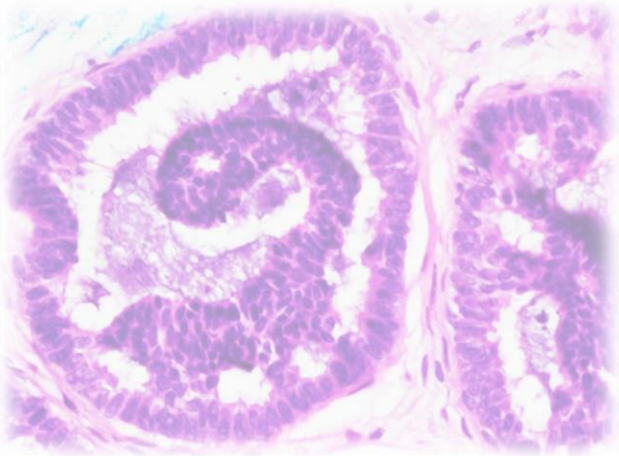
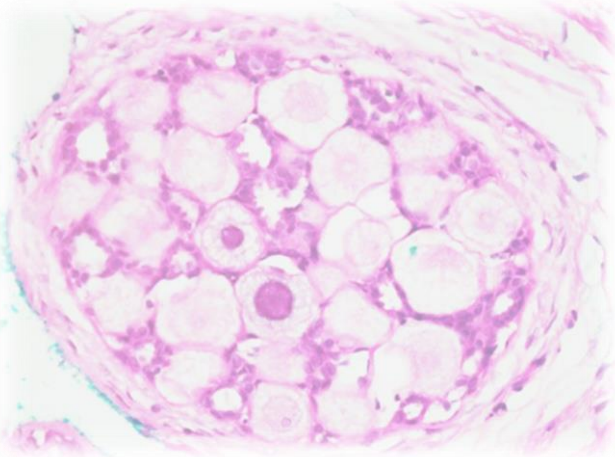
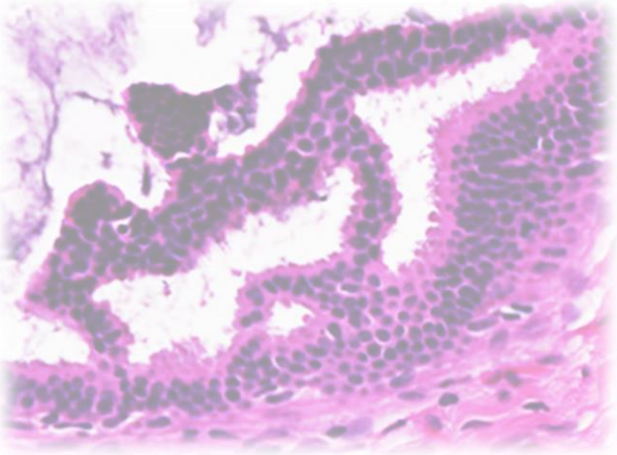
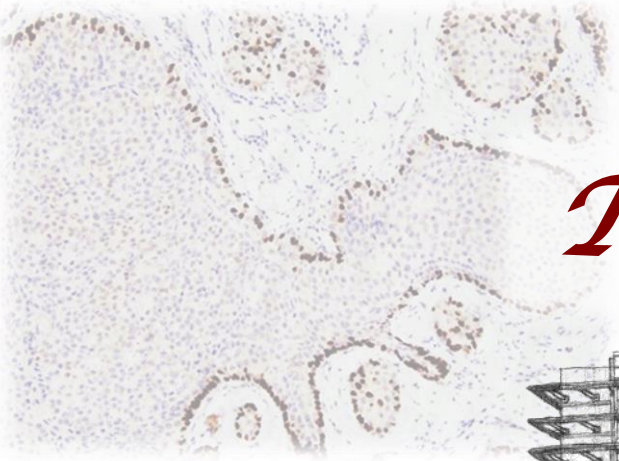

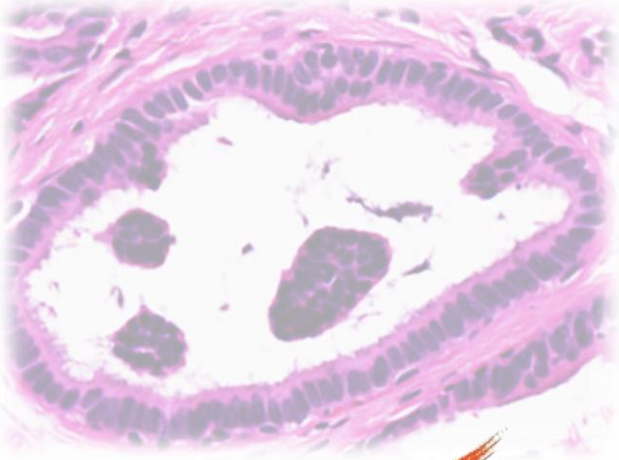

Thank you!

THE ACADEMIA, SINGAPORE GENERAL HOSPITAL 09.05.2014

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