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Case 9

73 year old female with a one week history of a painless right breast lump.
Excision performed after core biopsy diagnosed invasive cancer.

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Division of Pathology
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SingHealth DukeNUS
ACADEMIC MEDICAL CENTRE
PATHOLOGY

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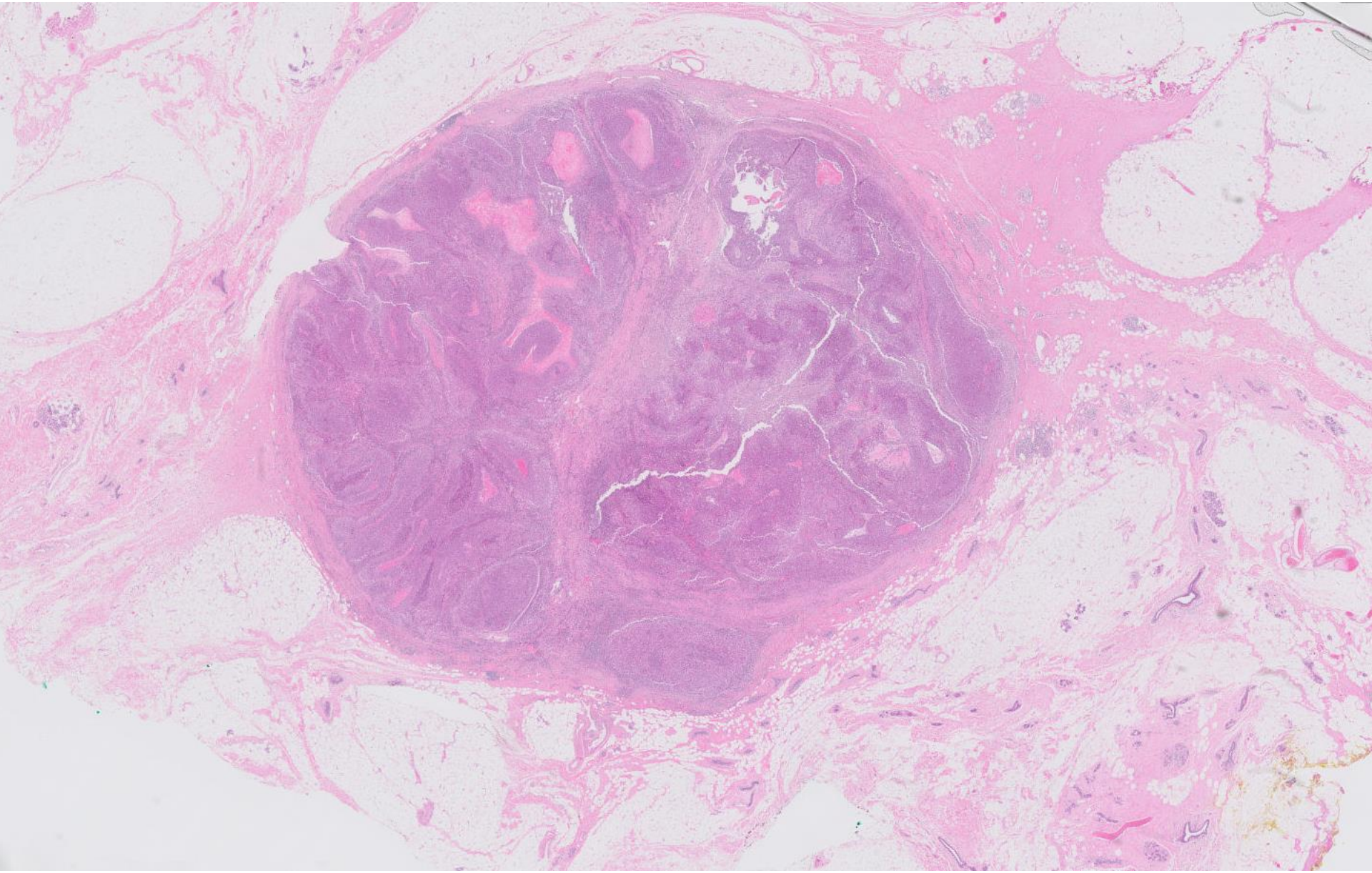
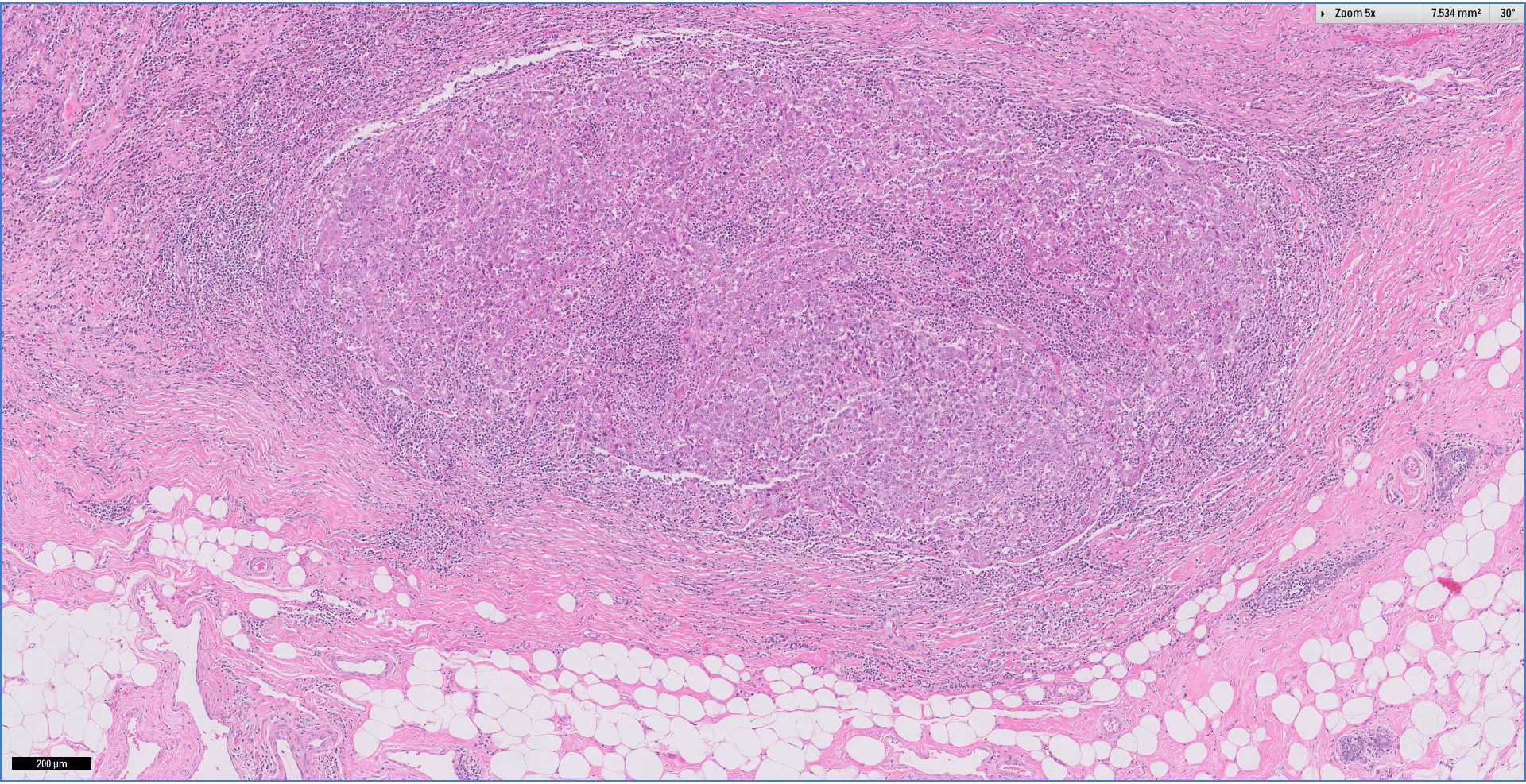
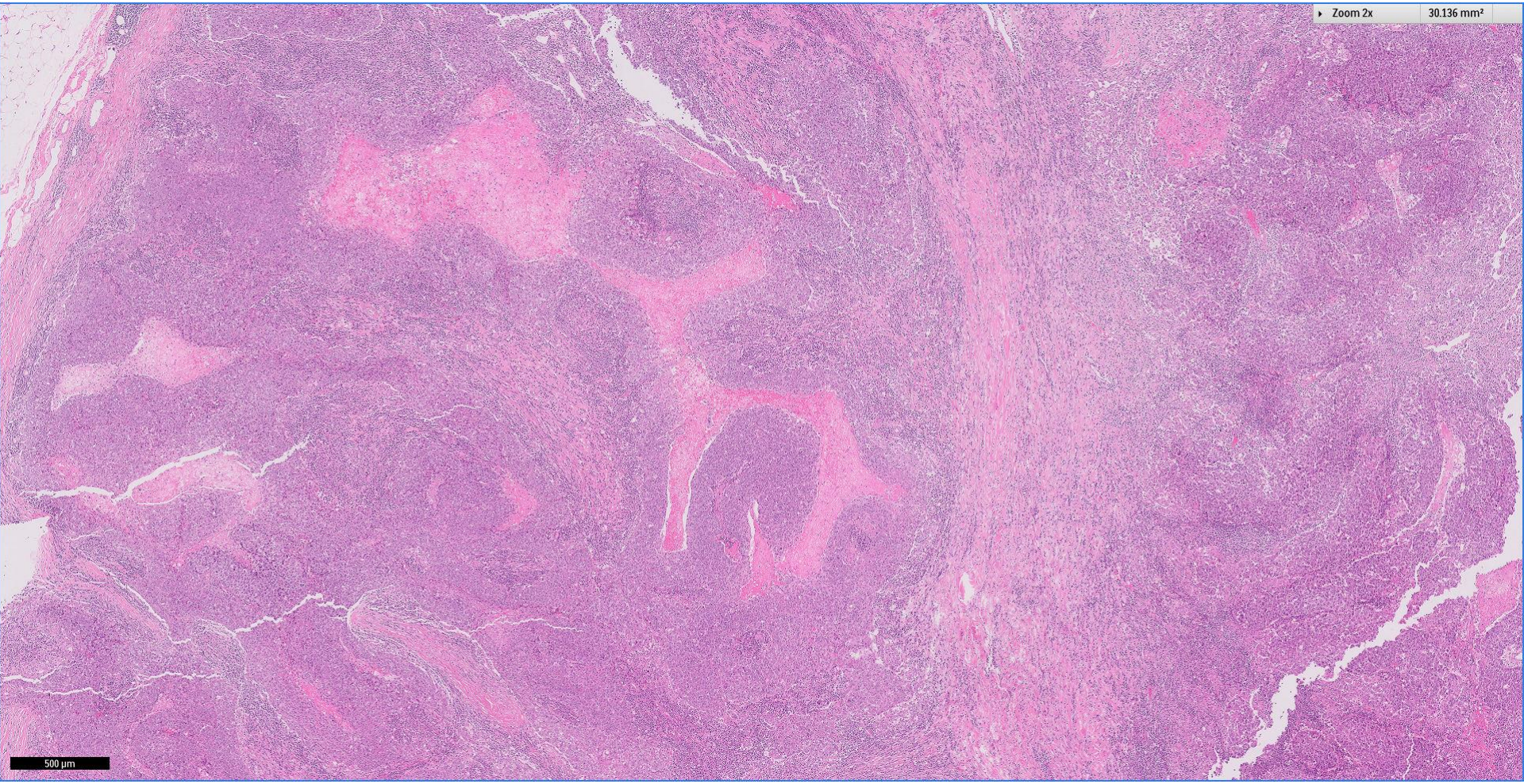
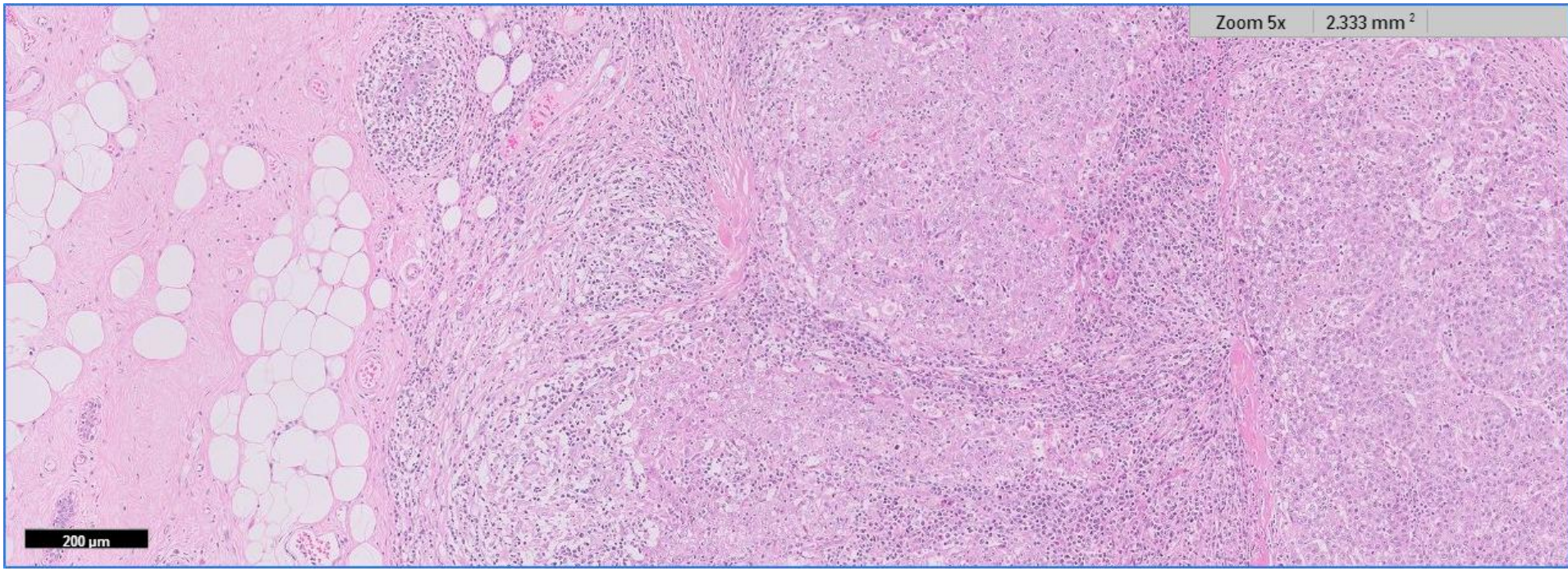
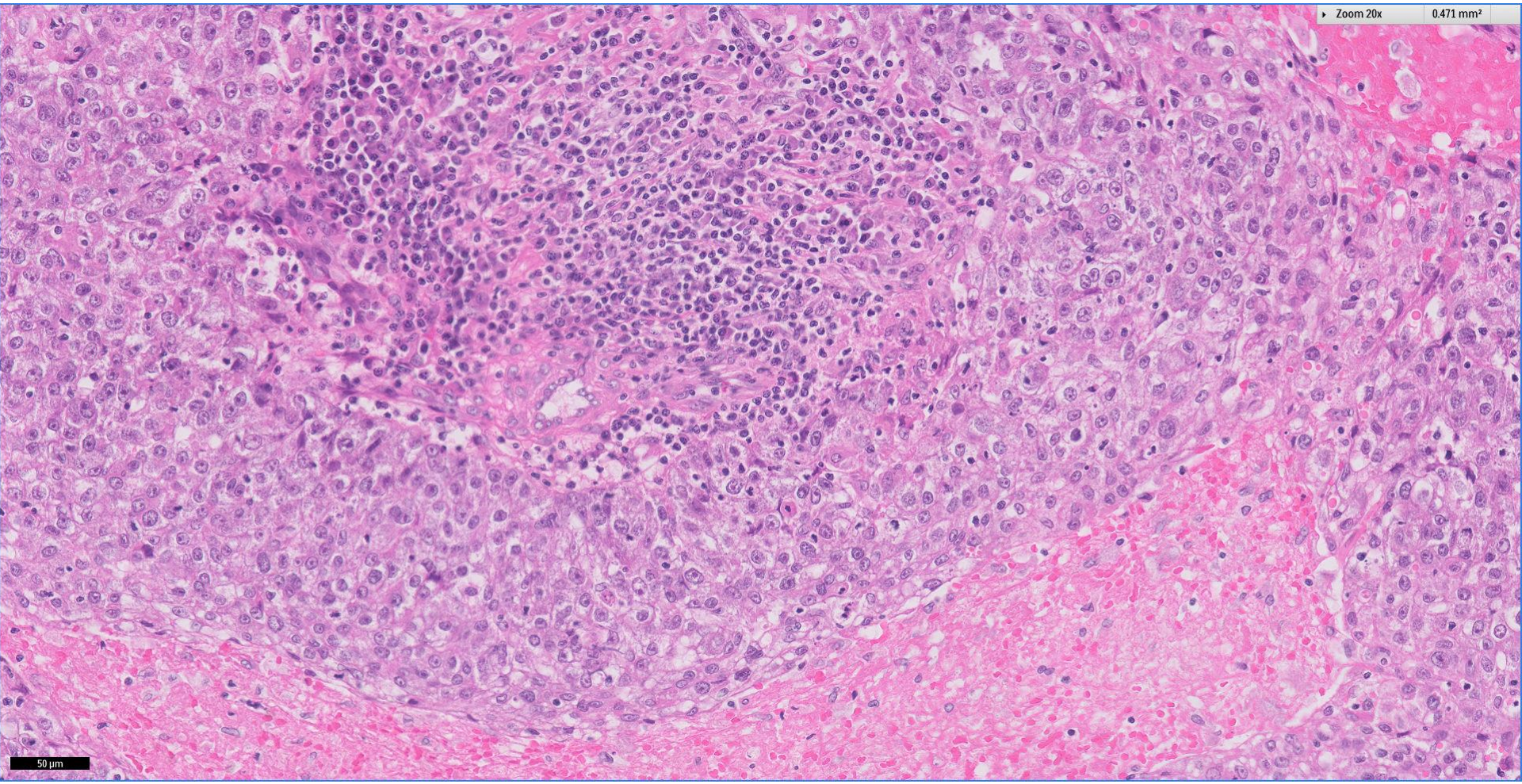
International Academy of Pathology
Singapore Division

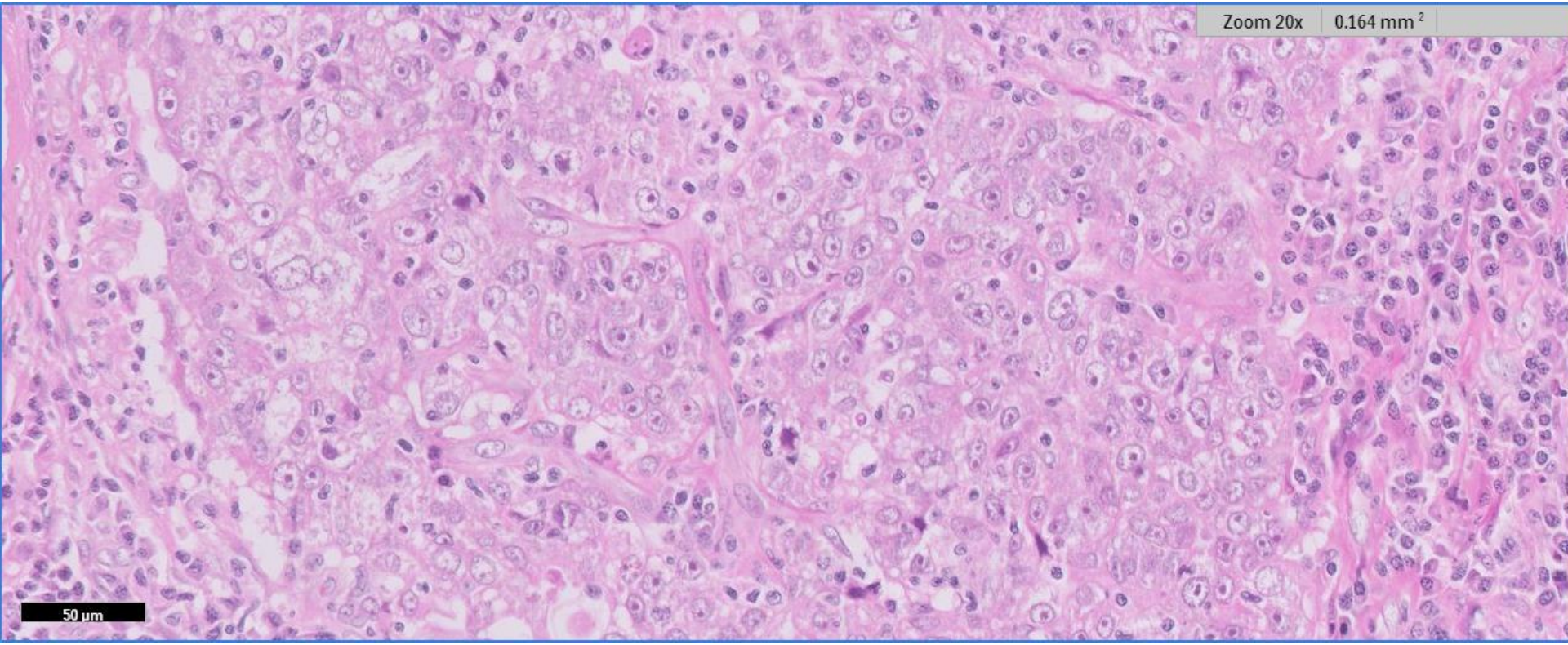



Zoom 5x
7.534 mm²
30°
200 µm


Zoom 2x
30.136 mm²
500 µm


Zoom 5x
2.333 mm ²
200 µm


Zoom 20x
0.471 mm²
50 µm


Zoom 20x
0.164 mm ²
50 µm

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Diagnosis

- Invasive carcinoma with medullary features, grade 3
- ER-, PR-, HER2-

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Discussion

- Cancers historically recognised as medullary carcinoma showed the following features:
  - Circumscription, with “pushing” margins
  - High histological grade
  - Syncytial architecture >75%
  - Poor/ no glandular formation
  - Prominent tumour-infiltrating lymphocytes

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Discussion

- Typically triple-negative
- Variably express basal markers, e.g. CK5/6, CK14, EGFR, p63
- Many breast cancers in patients with germline BRCA1 mutations show medullary features

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Discussion

- However, this entity suffered from poor interobserver reproducibility
- The good prognosis observed in these tumours may be explained by the presence of TILS, which may also be present in high-grade cancers not meeting criteria for medullary carcinoma

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Discussion

- For clinical purposes, these tumours may be considered to represent one end of the TIL-rich, IBC-NST spectrum
- The WHO Classification of Tumours, Breast Tumours (5th Edition) recommends categorising these tumours as “Invasive Breast Carcinoma, NST” with inclusion of descriptive modifiers i.e. medullary pattern

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Thank You

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