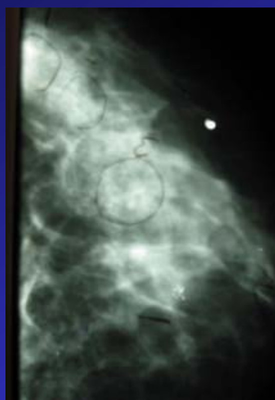
Breast Oncology Cases

BCCA Annual Conference
November 27, 2004

Ms. MB

- **41 yr old with palpable mass in her Rt UOQ**
  - **Local discomfort with cyclic mastalgia**
- **Risk factors:**
  - **FHx: Mother, 72 had unilateral CA**
  - **PMHx: Unremarkable**
- **P/E: No abnormalities detected apart from diffuse thickening more pronounced in the UOQ of the R breast**



Mammogram Report

- Dense breast tissue
- Diffuse microcalcification with branching and irregular borders
- Calcification covers > 5 cm
- No mass seen
- Lt Breast normal
- Bi-Rads 4

Management Options

- Follow up Mammogram in 6 months
- FNAbx
- Stereotactic Core Biopsy
  - 1 site vs multiple sites
- Fine Wire Localization & Bx
- Lumpectomy

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Ms. MB Management Decision

- Stereotactic Core Biopsy of at least two sites, preferably those at the greatest distance from each other

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Biopsy Report

- High grade Ductal carcinoma in situ at both biopsy sites associated with calcifications
- No evidence of invasive cancer
- Non-invasive cancer covers full length of all cores

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Ms MB Surgical Management Options

- **Lumpectomy to clear margins**
- **Mastectomy**
- **Skin sparing mastectomy with primary reconstruction**
- **Bilateral Mastectomy +/- Reconstruction**

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Management Decision

- Unilateral skin sparing mastectomy with immediate reconstruction with TRAM flap

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Final Diagnosis ::

1. Right mastectomy:
   - A. Infiltrating carcinoma of the breast:
     - i) Ductal carcinoma, no specific type;
     - ii) Size = 1.0 cm (measured on glass slide);
     - iii) Grade I (Nottingham Score: Tubule formation = 1/3, Nuclear score = 2/3, Mitotic score = 1/3, Total = 4/9);
     - iv) Located in lower outer quadrant, 0.5 cm from deep margin;
     - v) No lymphovascular invasion;
     - vi) No lymph nodes submitted with this specimen;
     - vii) Estrogen receptor status strongly positive (block "A5");
   - B. Ductal carcinoma in-situ (DCIS):
     - i) Located in upper outer, lower outer, and upper inner quadrants;
     - ii) High nuclear grade with comedo necrosis, intermediate nuclear grade, and low nuclear grade DCIS each identified;
     - iii) High nuclear grade DCIS located within 0.4 cm of deep margin;
     - iv) Estimated total extent at least 5.6 cm;
   - C. Non-tumorous breast showing benign fibrocystic changes and an intraduct papilloma.
   - D. Unremarkable nipple with no pagetoid extension onto skin.
2. Specimen labelled "core biopsy site, right breast" consisting of skin showing dermal scar formation.

Further Management?

- Would you offer Axillary node dissection?

41 yr old woman with a grade 1 T1 breast cancer, highly ER positive

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Her Choice

- No further surgery, close observation of the axilla only
- Oral tamoxifen for 5 years

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Ms LC

- 55 year old women
- 7 years previously had right lumpectomy and ALND for 1.2 cm grade 2 ductal cancer, node negative, ER positive
- Had breast radiation and no other treatment
- Now presents with partially mobile mass in lateral right axilla with tethering of overlying skin
- Paresthesias in intercostal-brachial nerve

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Management Options

- Radiation to axilla
- Surgery
- Hormonal Therapy
- Chemotherapy
- Combinations of therapy

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Management

- FNA of mass confirms adenocarcinoma consistent with breast primary
- Metastatic work-up otherwise negative
- CT of axilla 3.5 cm mass involving skin and lateral aspect of pectoralis major, no chest wall invasion, no obvious neurovascular involvement

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Surgical Management

- Exploration of axilla with excision of mass, lateral edge of involved pectoralis major, overlying slip of latissimus dorsi muscle (lateral axillary arch) and overlying skin
- Sacrifice of intercostal brachial nerve
- Pathology- single metastatic node- 3.5 cm with extranodal extension into soft tissue tho' margins clear
- ?Further management

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Further Management

- Axillary radiation
- Tamoxifen

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