

HISTOPATHOLOGY REPORT

BASE HOSPITAL WARAKAPOLA

Name: - J.S.Perera

Gender: - Female

Case Number: - 655/W/23

Date of Procedure: - 13-09-2023

Sample Received Date: - 18-10-2023

Age: - 75 yrs.

Ward: - ward 05

BHT /Clinic :- 21773

Requested by: - Dr.R.A.Y.Rupasinghe
(VS)

Conclusion: -

Tumour site - Wide local excision of left breast lump

Tumour size - 30mm

Tumour type - Invasive ductal carcinoma (NOS)

Tumour grade (Nottingham) - Grade 3 (Total - 8/9)

(Tubule formation - Score 3, Nuclear pleomorphism - score 2, mitosis - score 3)

DCIS - Absent

LCIS - Absent

Resection margins - skin (anterior) 5mm clearance, Deep - 1mm clearance
superior Inferior, medial, lateral well clear

Lymphovascular emboli - Present

Perineural invasion - Absent

Paget's disease - Absent

Background breast tissue - Unremarkable

Lymph nodes - Total number of lymph nodes - 4

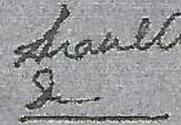
Total number of lymph nodes with tumour - 0

Stage (TNM) - pT2 No

Block 1E is available for hormonal status (ER, PR, Her2, Ki67)

09.11.2023

Date



Dr. Avanthi Rajapakse
(MBBS, MD Path)
Consultant Histopathologist

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Specimen: - (1) Wide local excision of left breast lump

(2) Left axillary lymph nodes

Macroscopy:-

(1) Fatty tissue with skin ellipse measuring 95x60x40 mm. Skin ellipse measuring 70x40 mm. There is a tumor measuring 30x25x20 mm, touching posterior surface, 5mm to skin, 30mm to lateral surface, 15mm to inferior surface and 30mm to superior surface.

(2) Fatty tissue collectively measuring 45x40x20 mm. Four lymph nodes identified.

Microscopy:- (1) Sections from the tumour show a 30mm, Grade III invasive ductal carcinoma. The tumour is composed of sheets and irregular clusters of cells (Tubules <10% - Score 3). Nuclear pleomorphism is moderate (Score 2) Mitotic activity is 25/10hpf (Score 3). Foci of necrosis are noted.

No DCIS or LCIS identified.

It is 1mm from deep, 5mm away from the skin and well away from all other margins – inferior, superior, medial and lateral .

Lymphovascular emboli identified. No perineural invasion identified. Background breast tissue is unremarkable. No paget's disease.

(2) 4 lymph nodes with reactive changes. No tumour deposits.

To: Whom This May Concern
21/08/24

RE: JAYAKODI ARACHCHIGE SUNETHRA PERERA

The abovementioned is a 76 year old Sri Lankan lady who was recently diagnosed with Metastatic Breast Cancer, and is on first line palliative Carboplatin / Gemcitabine. Her comorbidities include hypertension, and hyperlipidaemia, on medications. She also underwent total hysterectomy and bilateral salpingo-oophorectomy for a complex pelvic mass which was diagnosed as mucinous cystadenoma of the ovary.

Oncologic History

- She was initially diagnosed with Stage 2A CA Left Breast 8/2023 when she presented with a left breast mass which was biopsied and proven to be invasive carcinoma, grade 2, Ki67 45%, ER-, PR-, HER2-
- Staging CT scan showed no obvious distant metastases
- She underwent Left Wide Local Excision and Sentinel Lymph Node Biopsy 13/9/23
- Histopathology confirmed pT2N0 invasive carcinoma, 3cm in diameter, grade 3, positive for lymphovascular infiltration with clear surgical margins. Zero out of 4 lymph nodes were involved.
- She received adjuvant chemotherapy with 6 cycles of 3-weekly IV CMF from 4/12/23 to 21/3/24
- This was followed by adjuvant radiotherapy (2-field) 25# completed 5/2024
- She subsequently was found to have bilateral lung lesions on CT scan in 7/2024 when she developed persistent cough
- Biopsy of a left lung lesion confirmed adenocarcinoma, pending additional stains such as mammoglobin TTF-1 etc but not including ER/PR/HER2
- The tumour specimen is also being sent for PD-L1 (SP263 assay) and somatic testing of HRR genes
- She was started on 3-weekly Carboplatin Gemcitabine 12/8/24 and reports some improvement in her cough
- She subsequently sought an opinion with our institution

In summary, this is an elderly Sri Lankan lady with history of Stage 2A Left Breast Cancer (Triple Negative) who underwent Left Wide Local Excision and Sentinel Lymph Node Biopsy 13/9/23, followed by Adjuvant CMFx6 and Adjuvant Radiotherapy completed in 5/2024. She subsequently developed Distant Relapse with Symptomatic Lung Metastases in 7/2024, for which she's on First Line Carboplatin Gemcitabine.

Our recommendation is as follow:

1. Complete Histopathological Investigations

-If the histological features are consistent with Metastatic Breast Cancer, then it is imperative to confirm A) ER/PR/HER2 status to direct targeted therapy (HER2 status should be defined as HER2-negative, HER2-low, or HER2-positive)

B) PD-L1 testing should be performed if this is Triple Negative Breast Cancer relapse, with the 22C3 Assay to determine if she would benefit from addition of Pembrolizumab as per KEYNOTE-355 (Patient would require PD-L1 CPS of 10 or more)

C) Next Generation Sequencing of the tumour specimen would be helpful if this was with a large gene panel covering tumour-agnostic indications e.g. TRK fusions, RET, MSI. One example of a testing platform would be FoundationOne CDx to provide comprehensive screening.

2. Germline Genetic Testing

-This would be helpful to determine if the patient would benefit from PARP inhibitors, and also understand the implications on her family members



3. Re-Assessment of the Disease after 2-3 cycles of Chemotherapy

-If the disease is responding, one could consider 4-6 cycles of doublet chemotherapy, followed by maintenance single agent chemotherapy to minimise toxicities

For your information please.

Thank you.

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