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Extended Abstract
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Pathology Congress 2017: Interpretation of hormone receptors, Her2/neu and Ki-67 in mammary carcinoma - Ahmed M Abdelaziz Amer - Cairo University, Egypt.

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Immunohistochemistry (IHC) conglomerates anatomical, immunological and biochemical practices to recognize specific tissue mechanisms using a specific antigen-antibody reaction labeled with a visible reporter molecule. This bond is then visualized through the use of various enzymes which are coupled to the antibodies used. The enzyme acts on a chromogenic substrate to cause the deposition of a colored material at the site of antibody-antigen bonds. IHC is not only essential for the accurate diagnosis of malignant tumors, but also plays a central role in prognostic assessment (for example, estrogen and progesterone receptors in breast cancer) and treatment strategies (for example, Her2 / neu in certain breast cancers). Hormone receptor and Her2 / neu testing is recommended on all primary invasive breast carcinomas and on recurrent or metastatic tumors. If the hormone receptors and Her2 / neu are both negative on a baseline biopsy, repeated testing on a subsequent sample should be considered, especially when the results are inconsistent with the histopathological results. Other biomarker tests (for example, Ki-67 or multi-gene expression tests) are optional and are not currently recommended for all carcinomas. Guidelines published by the American Society of Clinical Oncology (ASCO) and the College of American Pathologists (CAP) require the recording of specific pre-analytical and analytical variables that may affect test results. Information regarding validation or verification of the test must be available at the laboratory. Any deviation from validated laboratory methods must be recorded. Appropriate positive and negative controls should be used and evaluated.

Invasive Mammary Carcinoma (IMC)

Invasive breast carcinoma, also known as invasive breast carcinoma, is a tumor that has features of both ductal and lobular carcinoma. These are not two different cancers, but one that has characteristics of the two common types of breast cancer.

Diagnosis steps, including:

• Digital mammography

• Ultrasound

• MRI

• Balance sheet planning

• Biopsy

• Pathology

What is the treatment of invasive breast carcinoma?

Invasive breast carcinoma is treated with a lumpectomy or mastectomy, depending on the size and location of the tumor. Your oncology team may also recommend chemotherapy and / or radiation therapy, hormone therapy, or targeted biological therapy.

What is the prognosis for invasive mammary carcinoma?

The prognosis depends on individual markers, including the staging of your tumor. Your doctor will discuss your prognosis with you. In general, with modern treatments, the prognosis for invasive breast carcinoma is similar to ductal and lobular carcinoma.

Invasive breast carcinoma (BMI) Invasive breast carcinoma, also known as invasive breast carcinoma, is a tumor that has both ductal and lobular carcinoma. These are not two different cancers, but one that has characteristics of the two common types of breast cancer.

Invasive ductal carcinoma (IDC), sometimes called invasive ductal carcinoma, is the most common type of breast cancer. About 80% of entirely breast cancers are offensive ductal carcinomas. Invasive means that the cancer has "invaded" or spread to surrounding breast tissue. Ductal means that cancer started in the milk

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ducts, which are the "pipes" that carry milk from the milk-producing lobules to the nipple. Carcinoma refers to any cancer that starts in the skin or in other tissues that cover internal organs - such as breast tissue. Overall, "invasive ductal carcinoma" refers to cancer that has passed through the wall of the milk duct and started to invade breast tissue. Over time, invasive ductal carcinoma can spread to the lymph nodes and possibly other parts of the body.

According to the American Cancer Society, more than 180,000 women in the United States discover that they have invasive breast cancer each year. Furthermost of them are spotted with invasive ductal carcinoma. Although invasive ductal carcinoma can affect women at any age, it is more common as women age. Conferring to the American Cancer Society, approximately two-thirds of women are 55 or older after they are diagnosed with invasive breast cancer. Invasive ductal carcinoma also affects men

Surgery for IDC:

Surgery is used to treat IDC not only to remove the breast tumor itself, but also to confirm whether or not the cancer is in the lymph nodes. Surgery is considered a local treatment because it only treats the tumor and the surrounding area in most cases, surgery is the first treatment for IDC. However, if the tumor is large or the cancer has spread to too many lymph nodes or other parts of the body, treatments such as chemotherapy or hormone therapy may be given first to reduce the cancer. Possible surgical procedures used to treat CDI include:

Lumpectomy: Surgery that removes only the tumor (the "bump") and part of the normal tissue that surrounds it. Sometimes the axillary lymph nodes (under the arms) are removed for examination. Learn more about lumpectomy.

Mastectomy: Surgery that removes part or all of the breast tissue. There are several types of mastectomy that remove different amounts of tissue. Fractional or segmental mastectomy (sometimes also called quadrantectomy): Surgery that eradicates the part, or segment, of the breast that contains the tumor. In some cases, up to a quarter of the breast must be removed. Depending on your situation, your doctor may also want to remove certain lymph nodes.

Total or simple mastectomy: Surgery that removes only breast tissue, without removing the lymph nodes or any muscle tissue under the breast.

Modified radical mastectomy: Surgery that removes the breast, the lining of the chest wall and some of the lymph nodes under the arm.

Radical mastectomy: Surgery that removes the breast, all the muscle under the breast, and the lymph nodes under the arm. However, radical mastectomy is not often performed today because the more limited forms of this surgery are generally just as effective.

If you are having a mastectomy, you may decide that you also want to have breast reconstruction. It is an additional surgery to reconstruct the breast. Breast reconstruction can often be done at the time of the mastectomy, or it can be done at a later date. You can discuss with your surgeon what is best for your individual situation.

Biography: Ahmed M Abdelaziz Amer is Professor and Head of the Department of Pathology, Faculty of Medicine, and Cairo University in Egypt. He obtained his doctorate in pathology in 1991. He graduated from the Faculty of Medicine at Cairo University in 1982. He joined the pathology department, completed his training in pathology and obtained a master's degree in pathology in 1987 He is a consultant and head of pathology. Unit in Almokhtabar laboratory.

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