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Original Article

The reliability of histological grade in breast cancer core needle biopsies depends on biopsy size: a comparative study with subsequent surgical excisions

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Abstract

Aims

In breast cancer patients undergoing neoadjuvant chemotherapy, histological grading needs to be performed on core needle biopsies (CNBs) that may not be representative of the whole tumour when they are small. Our aim was to study the influence of biopsy size on agreement rates for histological grade between CNBs and subsequent surgical excision biopsies (SEBs).

Methods and results

We calculated agreement and Cohen's κ between CNBs and SEBs of 300 early-stage breast cancers. The number of cores, total core length, total tumour length and tumour/tissue ratio were assessed for each CNB set. Agreement rates for grade were calculated for different classes of core number and tumour/tissue ratio, and for total core lengths and tumour lengths per CNB set in 5–15-mm intervals. Agreement on grade between CNBs and SEBs was 73% ($\kappa = 0.59$), with underestimation of grade in CNBs in 26% of cases and overestimation in 1% of cases. There was significantly higher concordance between CNBs and SEBs at a total core length of ≥50 mm than at a total core length of <50 mm (83% versus 68% agreement, P = 0.007), at a tumour length of ≥15 mm than at tumour length of <15 mm in CNBs (79% versus 67% agreement, P = 0.036), and at three or more cores than at fewer than three cores (75% versus 58% agreement, P = 0.048). The tumour/tissue ratio, pathological tumour size and radiological tumour size were not statistically different between concordant and discordant cases.

Conclusions

Agreement rates for histological grade in CNBs versus SEBs improve with increasing biopsy sample size.

References

1 Rakha EA, Ellis IO. An overview of assessment of prognostic and predictive factors in breast cancer needle core biopsy specimens. *J. Clin. Pathol.* 2007; **60**; 1300–1306.

2 Rakha EA, Reis-Filho JS, Baehner F *et al*. Breast cancer prognostic classification in the molecular era: the role of histological grade. *Breast Cancer Res.* 2010; **12**; 207–218.

3 Elston CW, Ellis IO. Pathological prognostic factors in breast cancer. I. The value of histological grade in breast cancer: experience from a large study with long-term follow-up. *Histopathology* 1991; **19**; 403– 410.

4 Amat S, Penault-Llorca F, Cure H *et al*. Scarff–Bloom–Richardson (SBR) grading: a pleiotropic marker of chemosensitivity in invasive ductal breast carcinomas treated by neoadjuvant chemotherapy. *Int. J. Oncol.* 2002; **20**; 791–796.

5 Huober J, von Minckwitz G, Denkert C *et al*. Effect of neoadjuvant anthracycline-taxane-based chemotherapy in different biological breast cancer phenotypes: overall results from the GeparTrio study. *Breast Cancer Res. Treat.* 2010; **124**; 133–140.

6 Harris GC, Denley HE, Pinder SE *et al*. Correlation of histologic prognostic factors in core biopsies and therapeutic excisions of invasive breast carcinoma. *Am. J. Surg. Pathol.* 2003; **27**; 11–15.

7 McIlhenny C, Doughty JC, George WD, Mallon EA. Optimum number of core biopsies for accurate assessment of histological grade in breast cancer. *Br. J. Surg.* 2002; **89**; 84–85.

8 Andrade VP, Gobbi H. Accuracy of typing and grading invasive mammary carcinomas on core needle biopsy compared with the excisional specimen. *Virchows Arch.* 2004; **445**; 597–602.

9 O'Leary R, Hawkins K, Beazley JC, Lansdown MR, Hanby AM. Agreement between preoperative core needle biopsy and postoperative invasive breast cancer histopathology is not dependent on the amount of clinical material obtained. *J. Clin. Pathol.* 2004; **57**; 193–195.

10 Daveau C, Baulies S, Lalloum M *et al*. Histological grade concordance between diagnostic core biopsy and corresponding surgical specimen in HR-positive/HER2-negative breast carcinoma. *Br. J. Cancer* 2014; **110**; 2195–2200.

11 Decker T, Ruhnke M, Schneider W. Standardized pathologic examination of breast excision specimen. Relevance within an interdisciplinary practice protocol for quality management of breast saving therapy. *Pathologe* 1997; **18**; 53–59.

12 Perry N, Broeders M, de Wolf C, Tornberg S, Holland R, von Karsa L. European guidelines for quality assurance in breast cancer screening and diagnosis. Fourth edition—summary document. *Ann. Oncol.* 2008; **19**; 614–622.

13 van Diest PJ, Baak JP, Matze-Cok P *et al*. Reproducibility of mitosis counting in 2,469 breast cancer specimens: results from the multicenter morphometric mammary carcinoma project. *Hum. Pathol.* 1992; **23**; 603–607.

14 Baak JP, Gudlaugsson E, Skaland I *et al.* Proliferation is the strongest prognosticator in nodenegative breast cancer: significance, error sources, alternatives and comparison with molecular prognostic markers. *Breast Cancer Res. Treat.* 2009; **115**; 241–254. 15 Dhaliwal CA, Graham C, Loane J. Grading of breast cancer on needle core biopsy: does a reduction in mitotic count threshold improve agreement with grade on excised specimens? *J. Clin. Pathol.* 2014; **67**; 1106–1108.

16 O'Shea AM, Rakha EA, Hodi Z, Ellis IO, Lee AH. Histological grade of invasive carcinoma of the breast assessed on needle core biopsy—modifications to mitotic count assessment to improve agreement with surgical specimens. *Histopathology* 2011; **59**; 543–548.

17 Kwok TC, Rakha EA, Lee AH *et al*. Histological grading of breast cancer on needle core biopsy: the role of immunohistochemical assessment of proliferation. *Histopathology* 2010; **57**; 212–219.

18 Dowsett M, Nielsen TO, A'hern R *et al*. Assessment of Ki67 in breast cancer: recommendations from the International Ki67 in Breast Cancer working group. *J. Natl Cancer Inst.* 2011; **103**; 1656–1664.

19 Varga Z, Diebold J, Dommann-Scherrer C *et al.* How reliable is Ki-67 immunohistochemistry in grade 2 breast carcinomas? A QA study of the Swiss working group of breast- and gynecopathologists. *PLoS ONE* 2012; **7**; e37379.

20 Monticciolo DL. Histologic grading at breast core needle biopsy: comparison with results from the excised breast specimen. *Breast J.* 2005; **11**; 9–14.

21 Zheng J, Alsaadi T, Blaichman J *et al*. Invasive ductal carcinoma of the breast: correlation between tumor grade determined by ultrasound-guided core biopsy and surgical pathology. *AJR Am. J. Roentgenol.* 2013; **200**; W71–W74.

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