

## **Tumour focality (Core and Non-core)**

Presence of a single tumour focus is the most common clinical situation, but breast cancer can present with multiple tumour foci as a consequence of a number of scenarios, including:

- Extensive ductal carcinoma in situ (DCIS) with multiple associated foci of invasive carcinoma.
- A large dominant primary tumour focus with surrounding smaller satellite foci.
- In-breast metastatic deposits due to lymphovascular invasion (LVI).
- Multiple synchronous independent primary tumours which may be of different type, grade and receptor status (historically this form of multifocality has been classified as multicentricity).

Identification of the presence of multiple tumour foci requires further clarification through measurement of the main foci, the overall extent of disease (DCIS and invasive foci) and their type, grade and receptor status to determine which of the above forms of multifocality is present. Ipsilateral multifocal disease, even if of different types, should be dealt with in a single report.

It can be difficult, if not impossible, on rare occasions to determine whether two adjacent foci represent satellite foci or one lesion mimicking this process due to the plane of sectioning. A practical approach is required; the presence of intervening normal tissue and increasing distance between foci are features that indicate that these are more likely to be multiple foci than a localised process. A distance of 5 mm or greater is used to define a separate focus.