

CDIS \ DIN

**UTILITA' DEL
LINFONODO SENTINELLA**

CDIS / DIN

LINFONODO SENTINELLA

Revisione di 21 lavori pubblicati

Periodo 2000-2006

N. Pazienti: 2196

N. SN positivi: 91(4%)

N. Linfonodi positivi nel cavo ascellare: 0

Van Deurzen CHM, et al. Is there an indication for sentinel node biopsy in patients with ductal carcinoma in situ of the breast? A review. Eur J Cancer 2007;49:993-1001.

CDIS / DIN LINFONODO SENTINELLA

19 lavori

Periodo 1994-2006

N. Pazienti con CDIS/DIN alla biopsia: 3731

**N. Pazienti con CDI nell'istologia definitiva: 721
(19%)**

Van Deurzen CHM, et al. is there an indication for sentinel node biopsy in patients with ductal carcinoma in situ of the breast? A review. Eur J Cancer 2007;49:993-1001.

CLIS/LIN

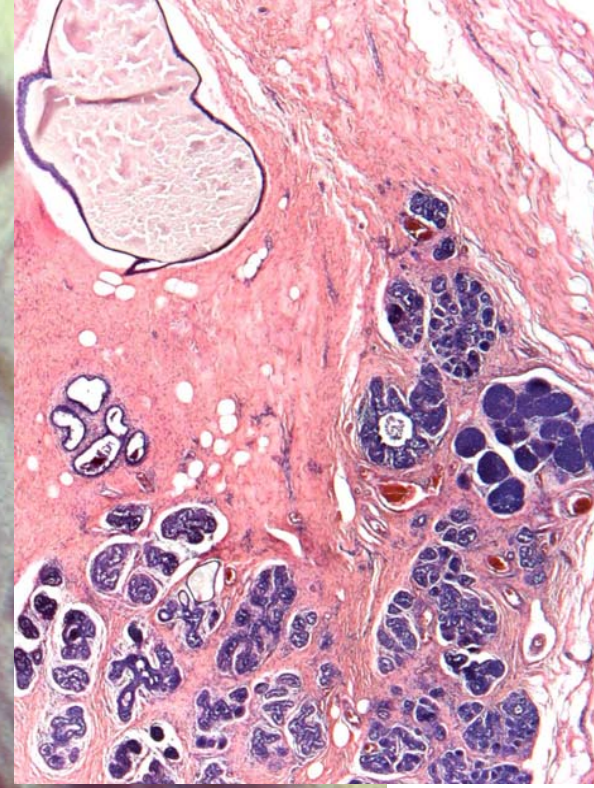
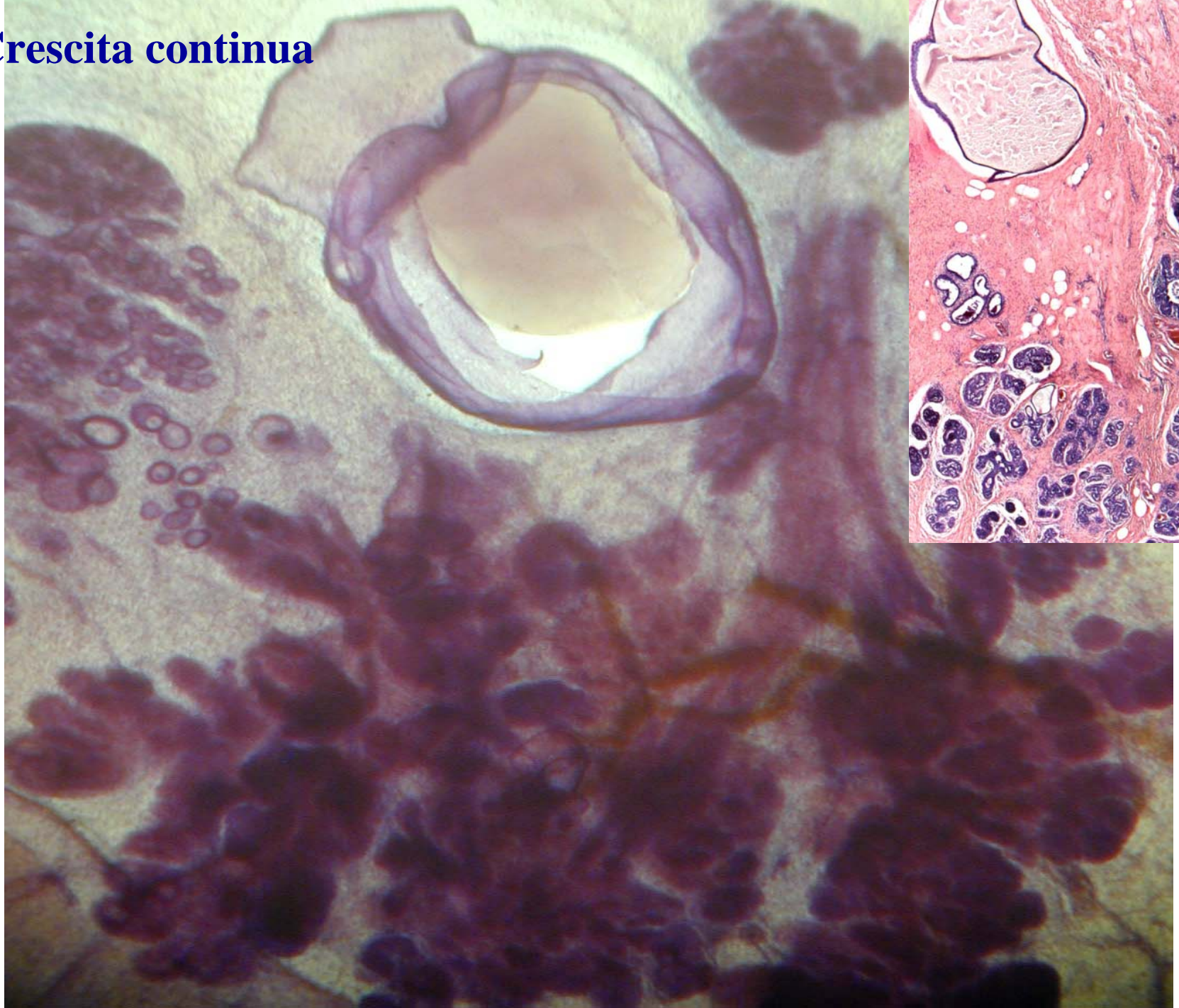
Virchows Arch (2006) 448: 256–261
DOI 10.1007/s00428-005-0116-y

ORIGINAL ARTICLE

**Maria P. Foschini · Alberto Righi · Maria C. Cucchi ·
Teresa Ragazzini · Stefano Merelli · Bruna Santeramo ·
Vincenzo Eusebi**

**The impact of large sections and 3D technique on the study
of lobular in situ and invasive carcinoma of the breast**

Crescita continua

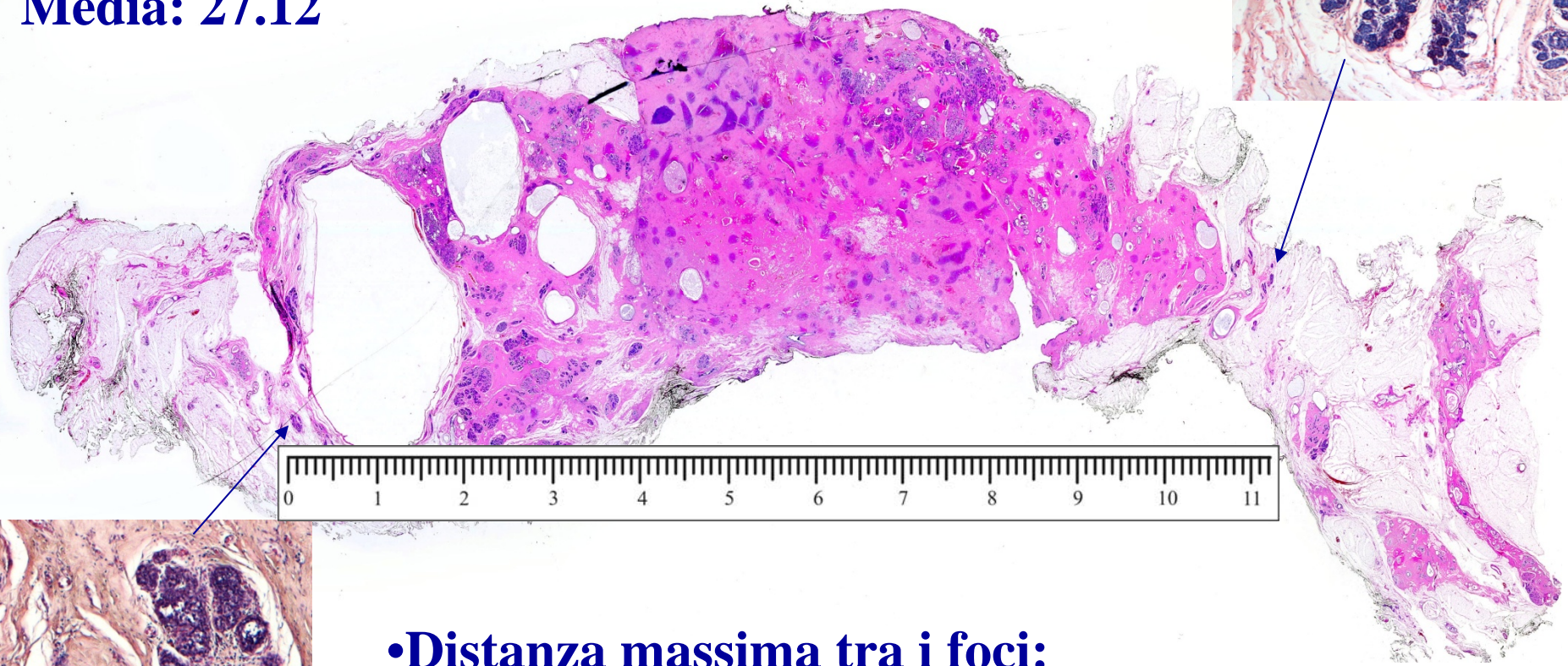


•N. FOCI:

2-77

6\13 > 20 foci (46%)

Media: 27.12

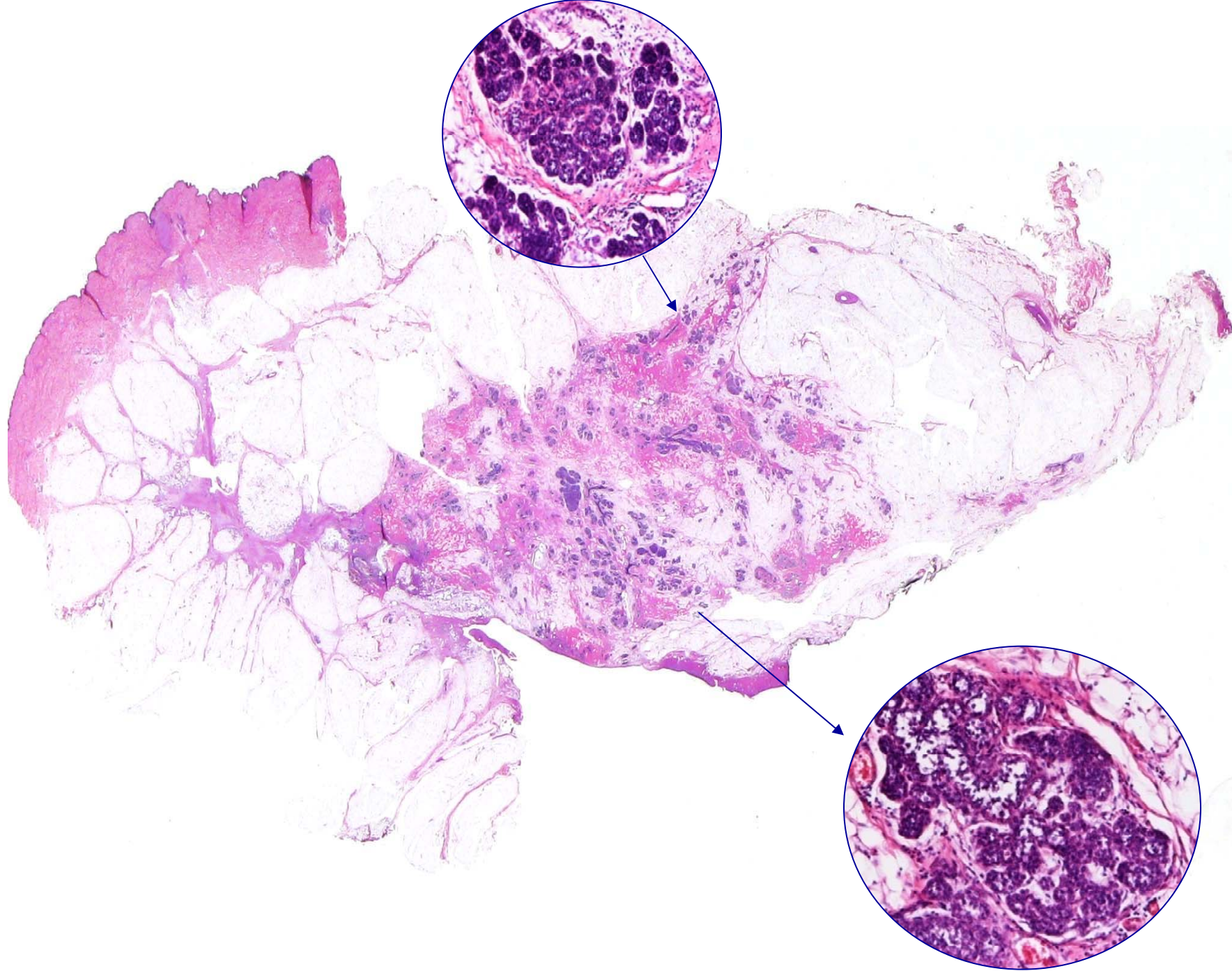


•Distanza massima tra i foci:

5 - 112 mm

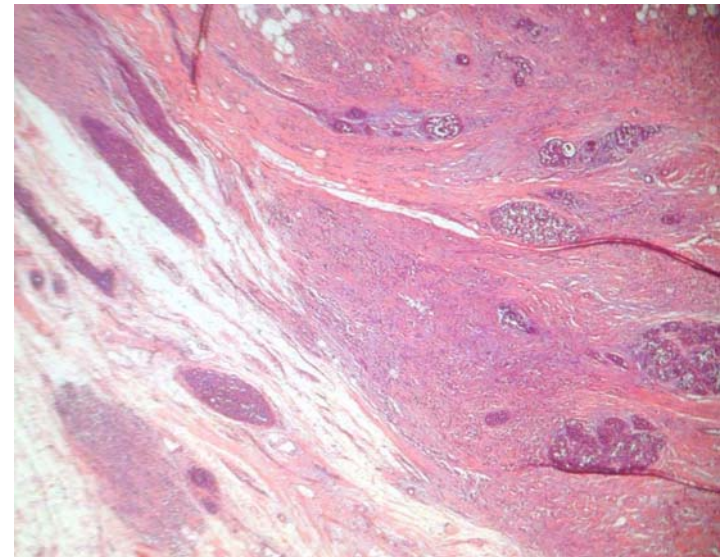
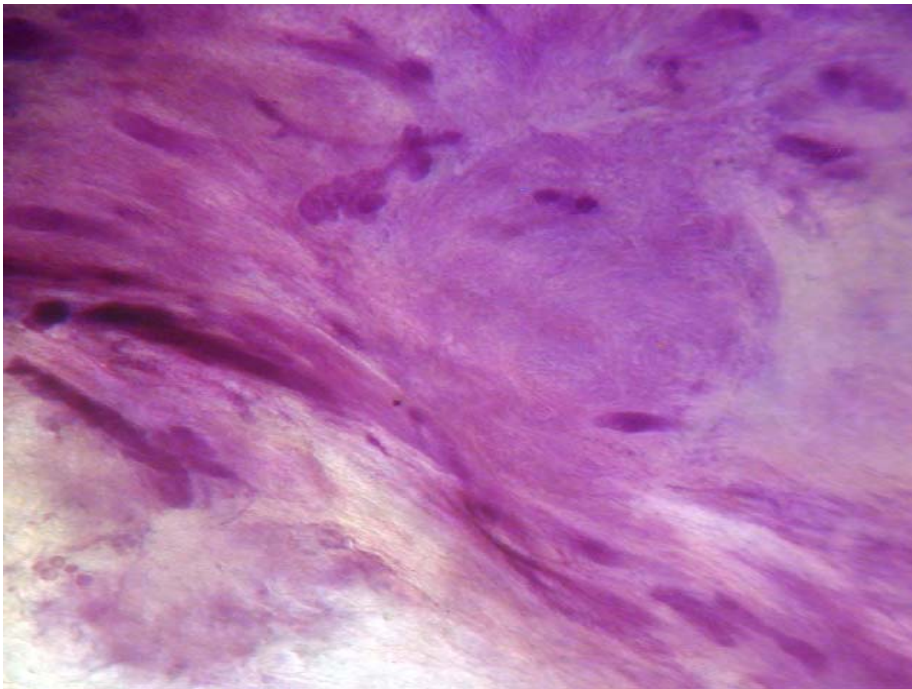
9\13 > 20 mm (69%)

Media: 37.9 mm



Neoplasia lobulare in situ \LN e carcinoma lobulare infiltrante

- **CLI intrappola foci di LN**
- **179\240 foci LN presenti all'interno di CLI**
- **Relazione tra LN\CLI**



CLIS / LIN

relazione invasivo

- **CLIS/LIN**
- **LOH su 16p, 16q, 17p e 22q**
- **Perdita espressione Caderina E**
- **Simili al carcinoma lobulare invasivo**

Reis-Filho JS, Lakhani SR: Genetic alterations in pre-invasive breast lesions. Breast Cancer Research 2003;5:313-319.

Relazione clonale CLS/LIN

Carcinoma lobulare infiltrante

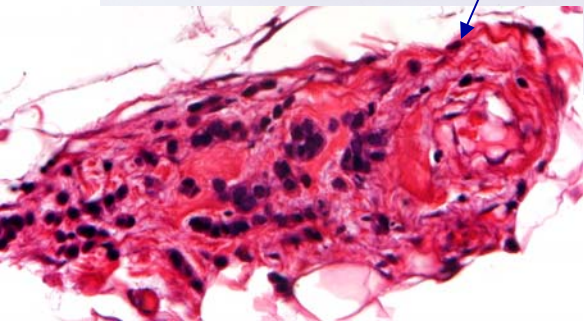
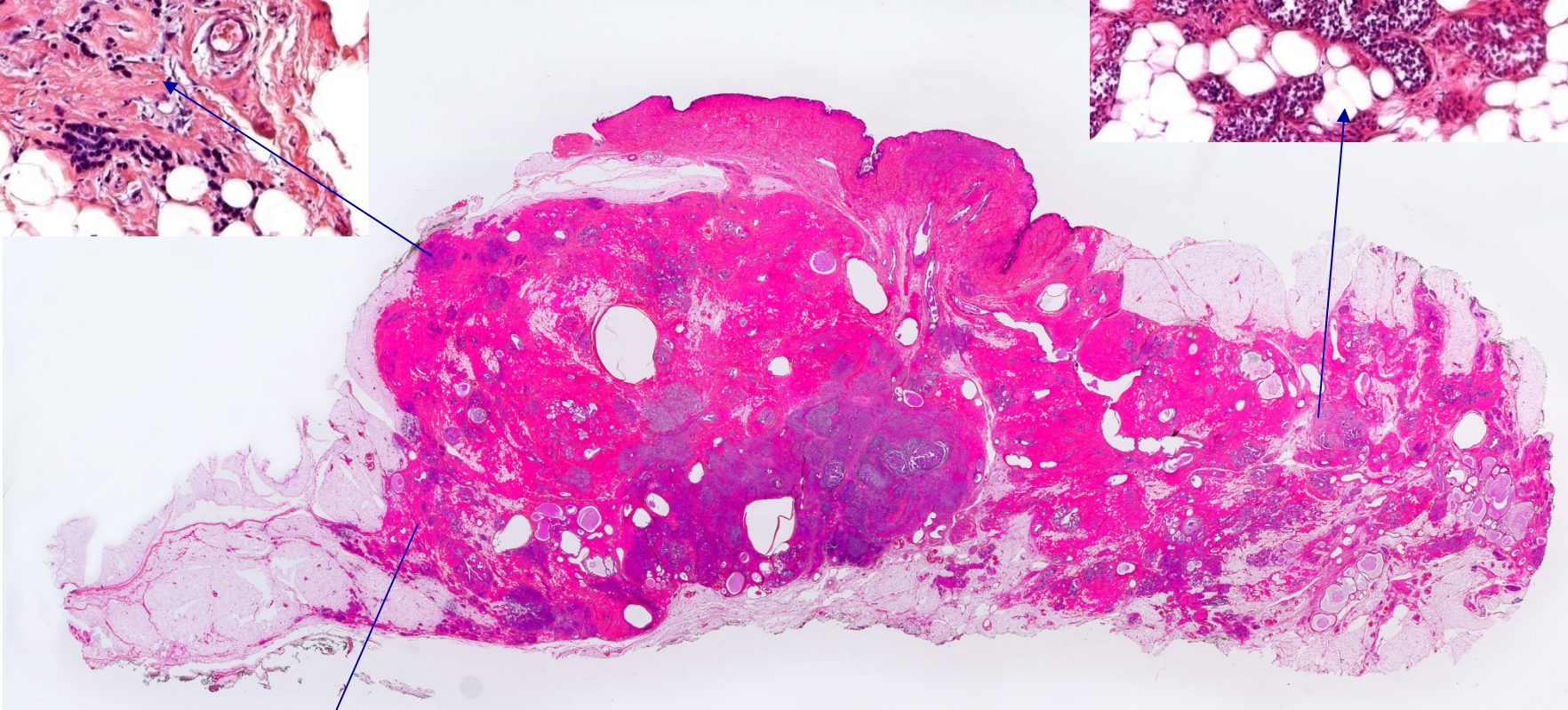
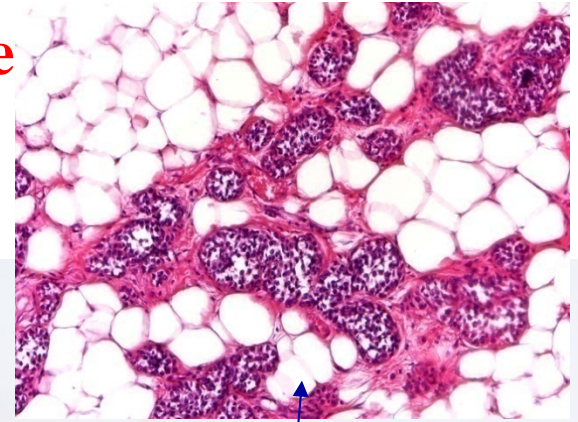
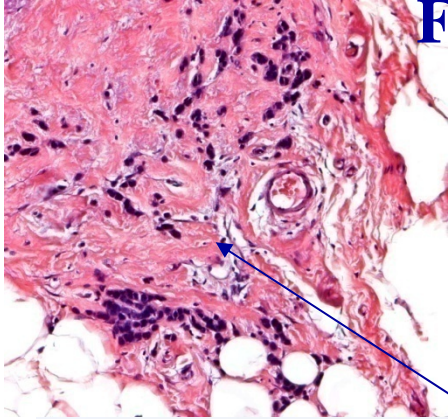
*Morandi L, Marucci G, Foschini MP, Cattani MG,
Pession A, Riva C, Eusebi V.*

*Genetic similarities and differences between lobular in
situ neoplasia (LIN) and invasive lobular
carcinoma of the breast.*

Virchows Archiv 2006;449(1): 14-23.

Carcinoma lobulare infiltrante

Focolai multipli 10\13



- **CDIS gr1 e LN\CLIS
dimensioni simili**
- **Associazione frequente**
- **Alterazioni molecolari simili
(LOH 16q)**
- **Diverse da CDIS gr 2\3**

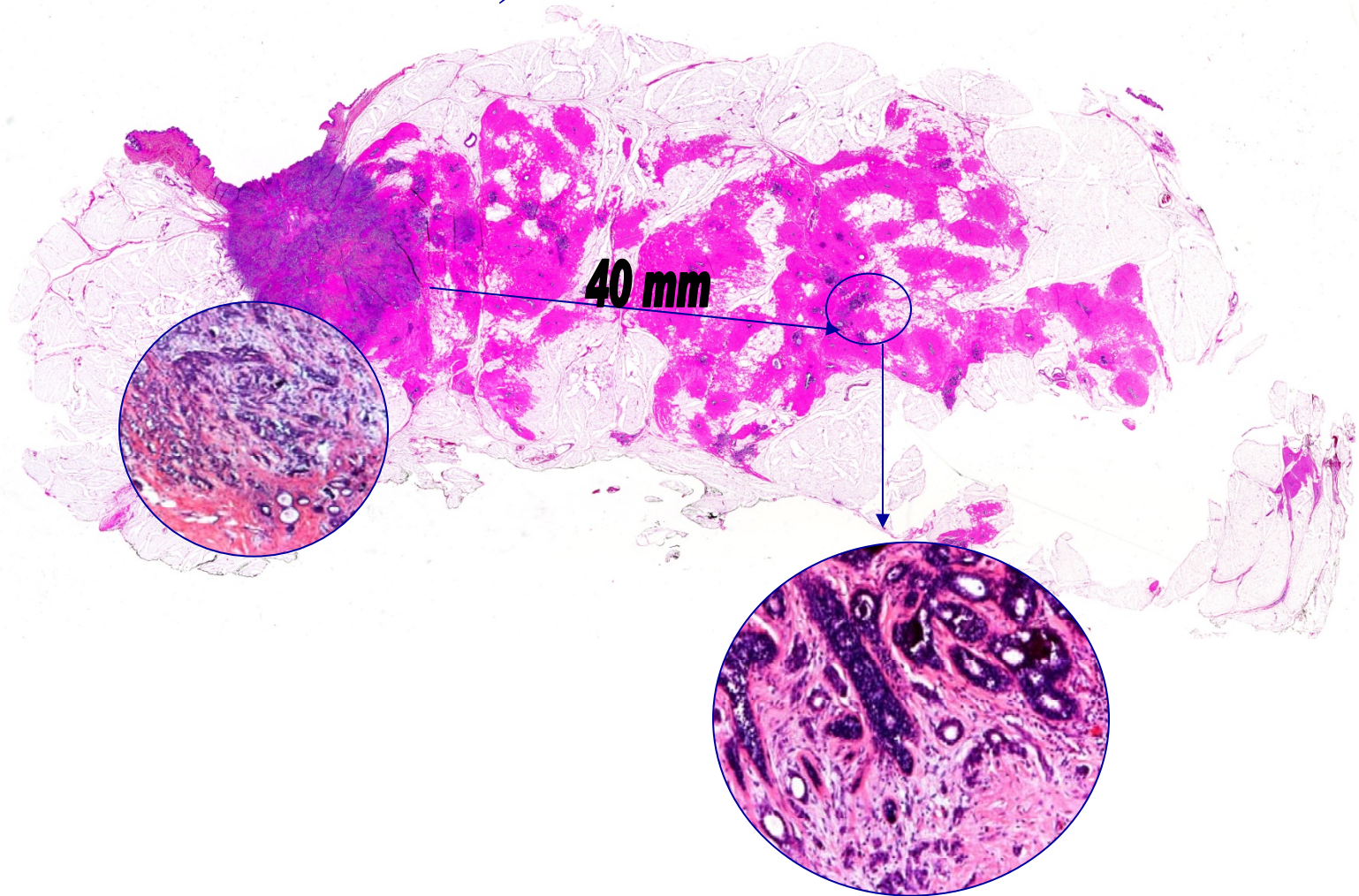
Conclusioni

- **Macrosezioni utili per valutare crescita ed estensione del carcinoma mammario**
- **Relazione tra CDIS\CDI**
- **Relazione tra LN\CLI**
- **CDIS G1 e LN\CLIS lesioni più estese**

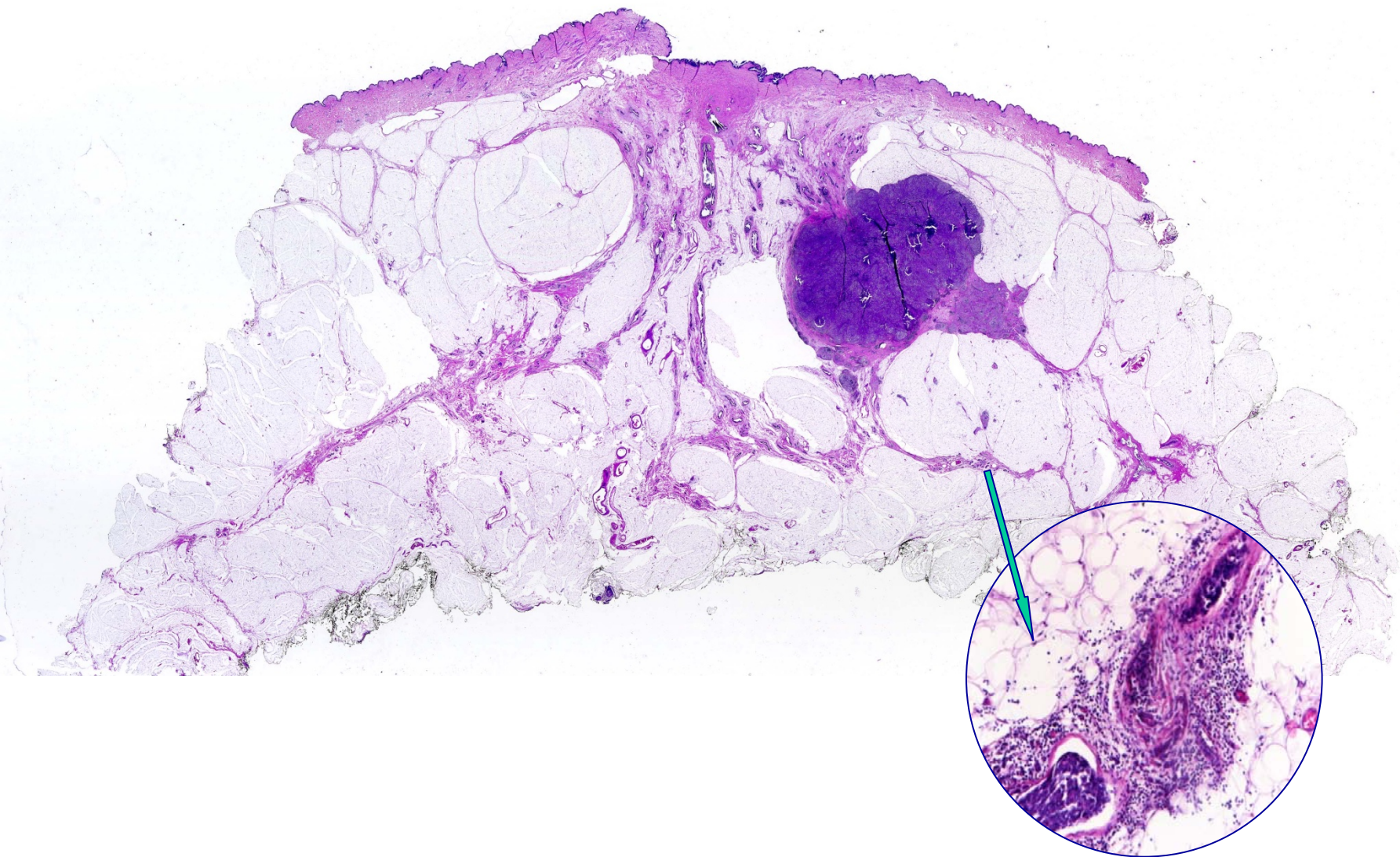
Carcinoma duttale infiltrante

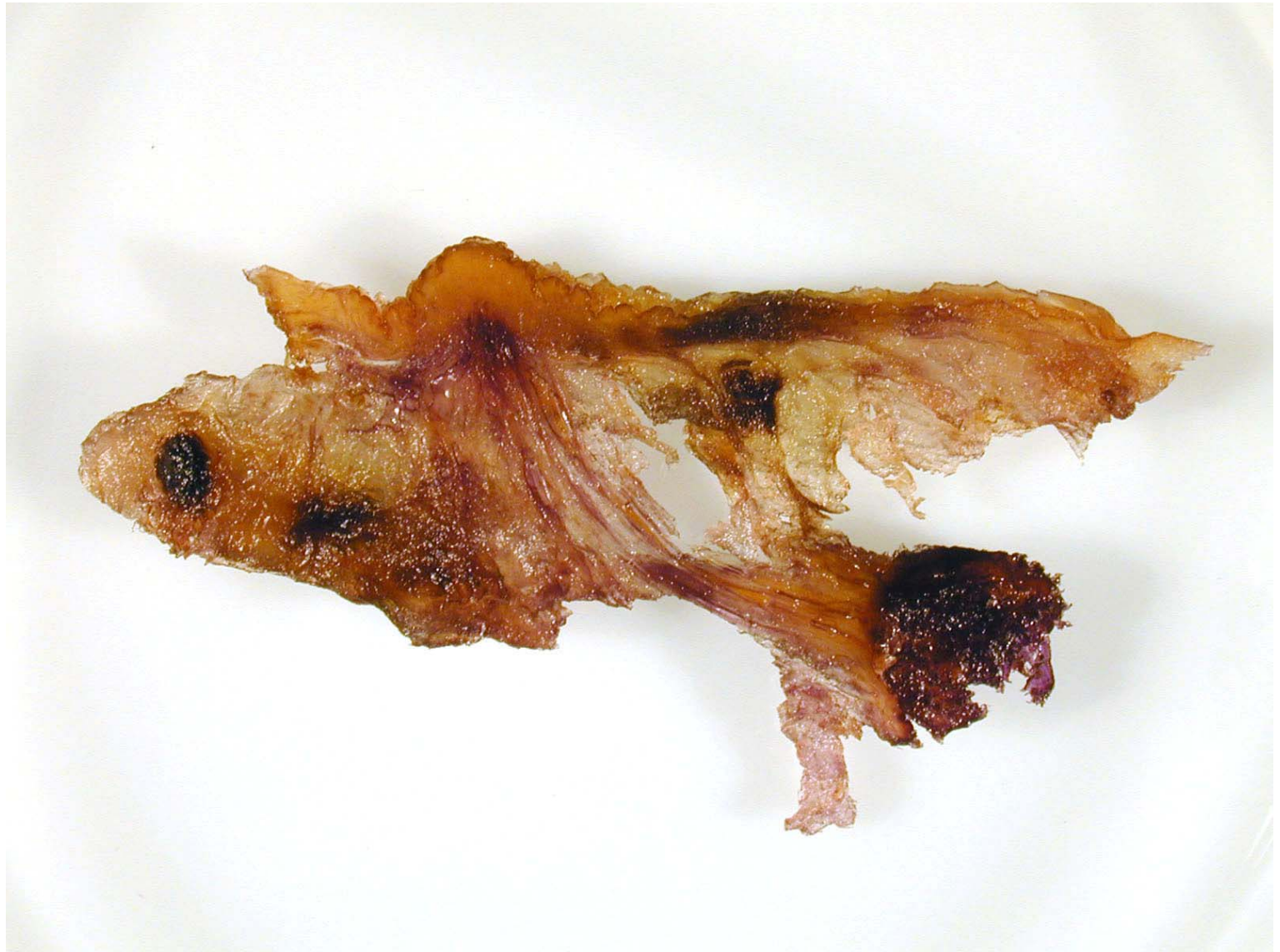
- **Rare le forme multiple**
- **Legate ad invasione vascolare sia a focolai multipli di CDIS**

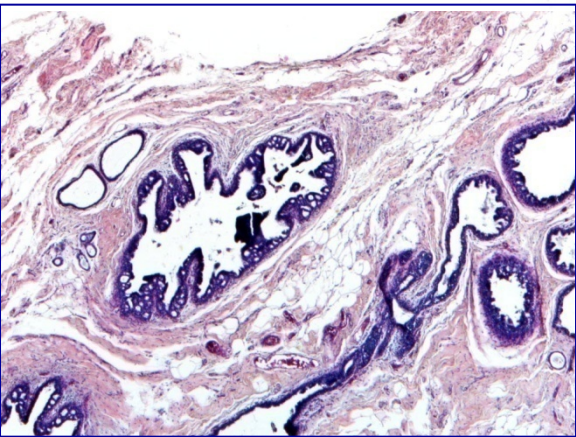
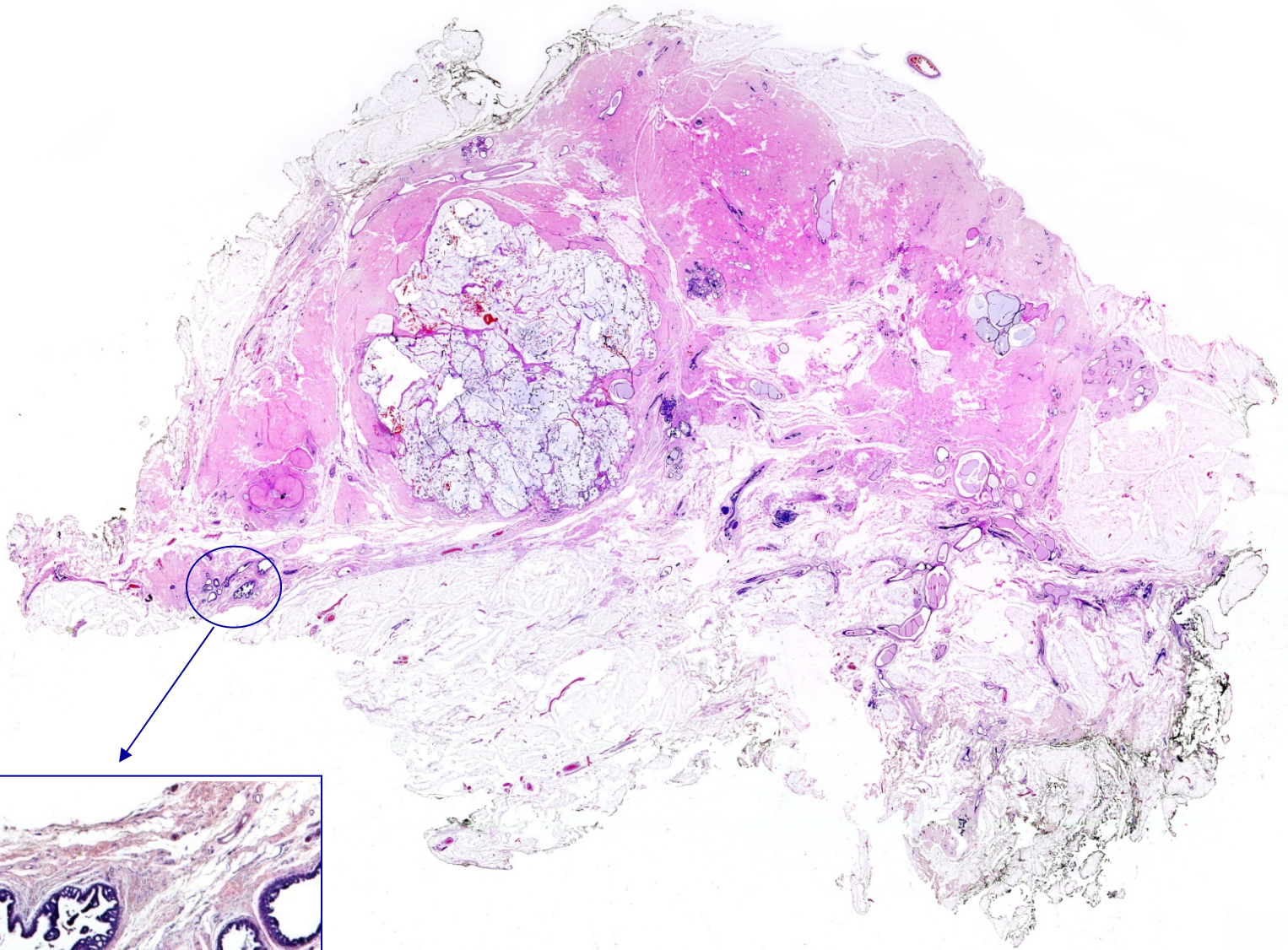
**1\5 due aree di CDI gr2 associati
a CDIS ben differenziati
(distanza max 40 mm)**



**4\5 con infiltrazione vascolare
(distanza max 35mm)**







Carcinoma in situ of the female breast. 10 year follow-up results of a prospective nationwide study.

Ottesen GL, et al. Breast Cancer Res Treat 2000, 62:197-210

Recidive prevalentemente nelle forme
poco differenziate

CDIS basso grado “small nuclear size”

6% dopo 5 anni

16% dopo 16 anni