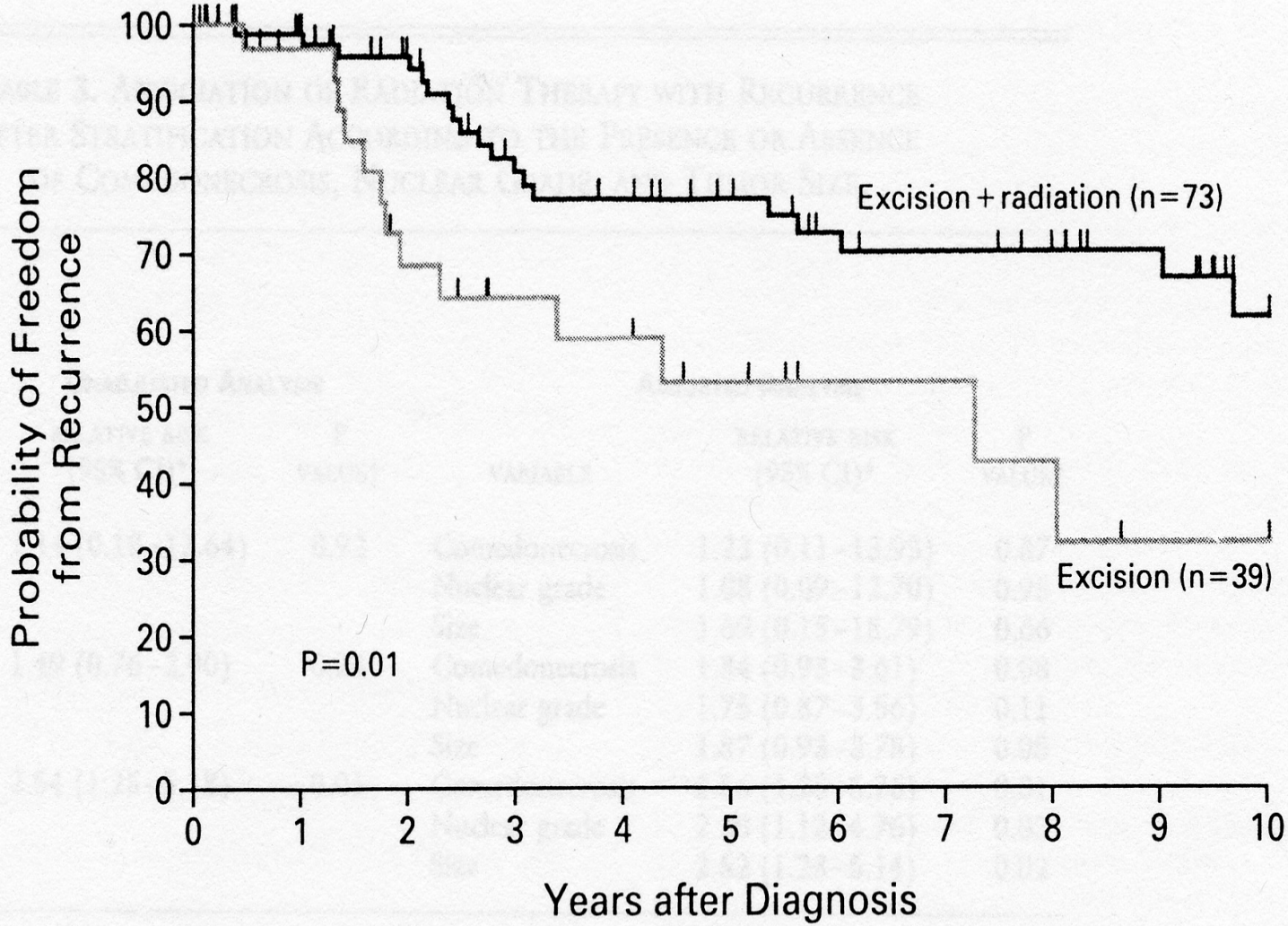


Figure 3. Recurrences in 112 Patients with Ductal Carcinoma in Situ and Excision Margins Less Than 1 mm Wide.

Data were analyzed according to treatment. The benefit from the addition of radiation therapy was significant (P=0.01 by the log-rank test). The tick marks indicate patients whose data were censored.

DCIS/DIN

BIOLOGIA

Long-Term Follow-Up of In Situ Carcinoma of the Breast

Vincenzo Eusebi, MD, FRCPath,* Elisa Feudale, MD,‡ Maria P. Foschini, MD,* Andrea Micheli, DS,‖ Alberto Conti, MD,§ Cristina Riva, MD,† Silvana Di Palma, MD,‡ and Franco Rilke, MD, FRCPath‡

● Eighty cases of duct carcinoma in situ (DCIS) of the breast have been investigated by a cohort-retrospective study. These consisted of 8.5 per 1,000 of 9,446 breast biopsies originally diagnosed as benign, between 1964 and 1976, with a mean follow-up of 17.5 years. There were forty-one cases (51%) of DCIS of clinging type (CC); 30 cases (37.%) of CC associated with other types of DCIS; nine cases of DCIS other than CC two of which were DCIS of comedo-type. Invasive duct carcinoma (IDC) subsequently developed in 11 patients (14%), whereas DCIS recurred in 5 (6%). The recurrence was ipsilateral in 12 of these 16 patients. IDC appeared more frequently, with high statistical significance, when the lesion present in the original biopsy showed pleomorphic (P) nuclei (ie, poorly differentiated cyto-nuclear morphology). The Standardized Morbidity Ratio (SMR) was 8.0 (95% CI; 2.9-17.5) with the general population as reference. IDC that developed following a lesion displaying P nuclei also showed a statistically significantly more aggressive behavior. It is suggested that when cases of DCIS are followed-up for a considerable length of time, a two-wave pattern of aggressiveness becomes apparent. IDC that develops after a poorly differentiated DCIS leads to death more precociously than that appearing after other types of DCIS, especially those showing more bland nuclear cytology.

INCIDENCE OF IDC IN DCIS WITH MONOMORPHIC AND PLEOMORPHIC NUCLEI

TYPE OF NUCLEUS	CASES OBSERVED	CASES EXPECTED	SMR (95% CI)
M	5	4.405	1.1 (0.4-2.6)
P	6	0.647	9.3 (3.4-20.2)
TOTAL	11	5.054	2.2 (1.1-3.9)

Table 8. IDC Following DCIS: Survival According to Nuclear Morphology of DCIS

	No. Cases	IDC	DOD	NED	Interval (yrs)
DCIS P	14	6	6	0	1-12 (mean 8.6)
DCIS M	66	5	1	4	12-20 (mean 15.4)

Abbreviations: P, pleomorphic nuclei (poorly differentiated cyto-nuclear morphology); M, monomorphic nuclei (well-differentiated cyto-nuclear morphology); DCIS, duct carcinoma in situ; DOD, died of disease; NED, no evidence of disease; IDC, invasive duct carcinoma.

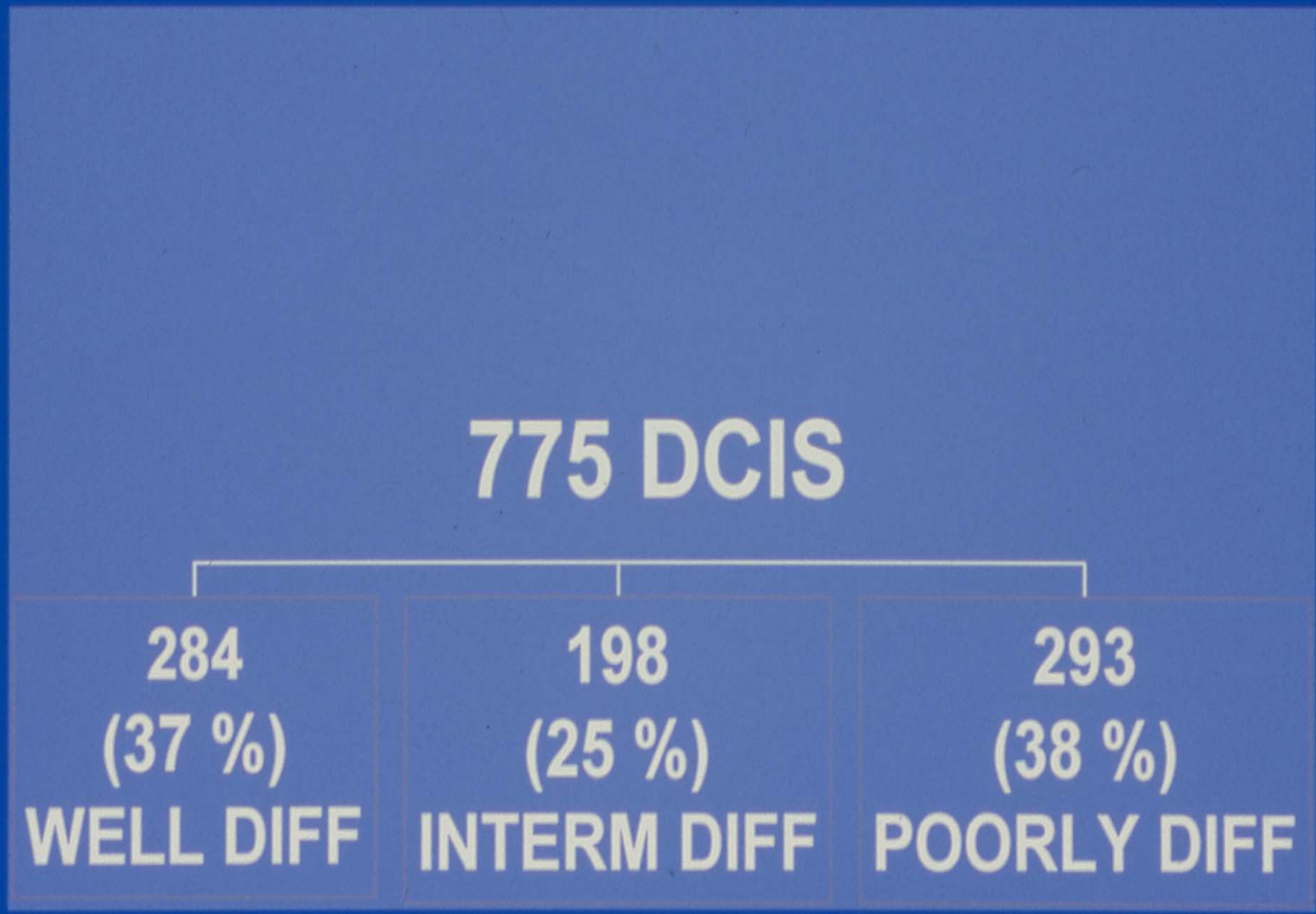
Risk Factors for Recurrence and Metastasis After Breast-Conserving Therapy for Ductal Carcinoma-In-Situ: Analysis of European Organization for Research and Treatment of Cancer Trial 10853

By Nina Bijker, Johannes L. Peterse, Luc Duchateau, Jean-Pierre Julien, Ian S. Fentiman, Christian Duval, Silvana Di Palma, Joëlle Simony-Lafontaine, Isabelle de Mascarel, and Marc J. van de Vijver

JCO 19:2263-71,2001

5 anni FU

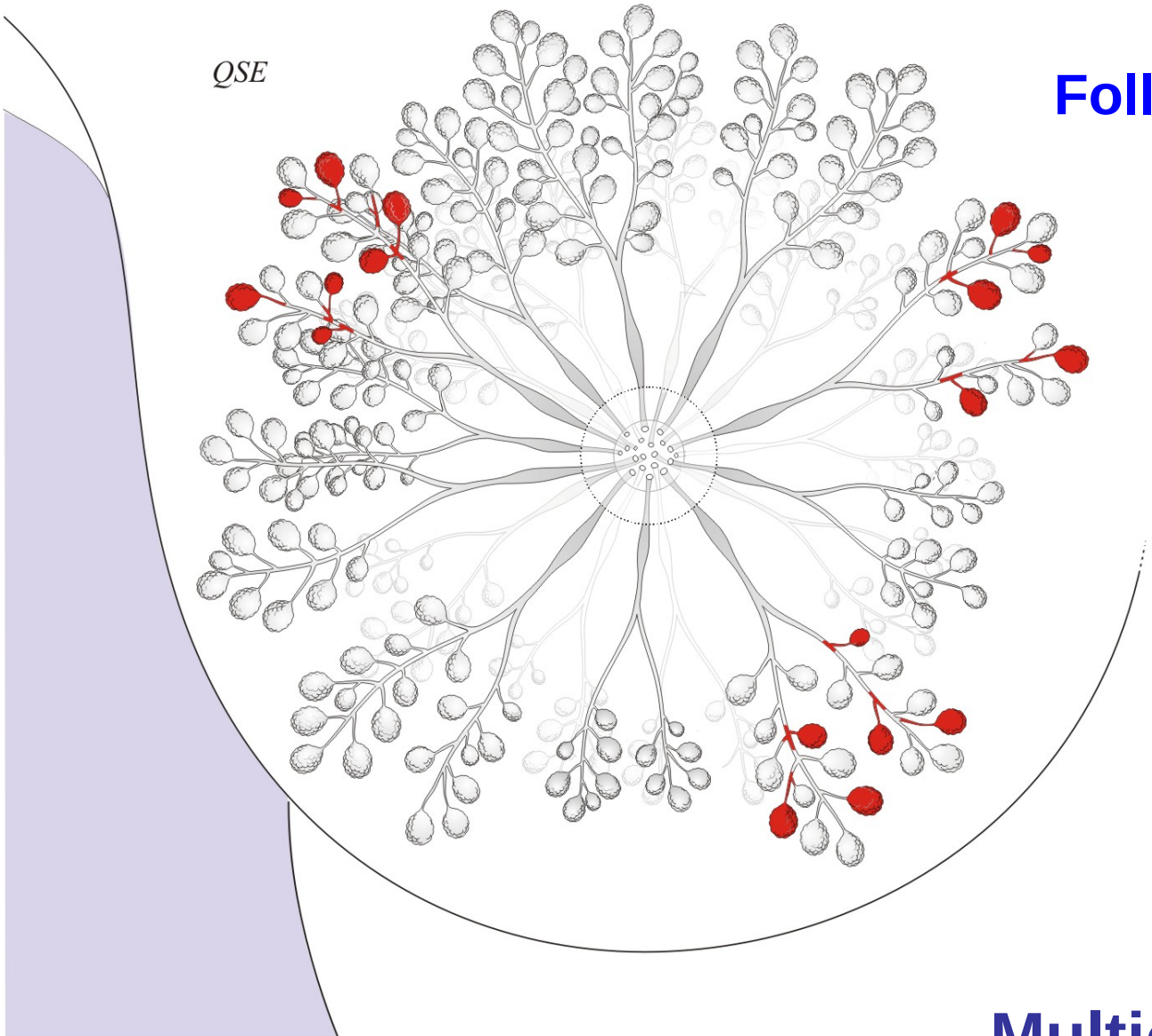
NINA BIJKER ET AL.



66 DCIS RECURRENCE FROM

- 9 WELL DIFFERENTIATED
- 25 INTERM. DIFFERENTIATION (1.1%)
- 32 POORLY DIFFERENTIATED (7.35%)

Escissione
+
Follow up



DCIS g.1

Multicentrico (multifocale)

LCIS/LIN/LN

LN CLINICAL FEATURES

WHO 2003

The lesion is multicentric in as many as 85% of patients and bilateral in 30% to 67% of patients who have been treated with bilateral mastectomy.

Lobular In situ and invasive carcinoma of the breast are interrelated multicentric lesions: a histological and 3D study.

Maria P. Foschini; A. Righi; Maria C. Cucchi; Teresa Ragazzini; S. Merelli, Bruna Santeramo; V. Eusebi

Virchows Archiv, Dec. 2005

13 Cases

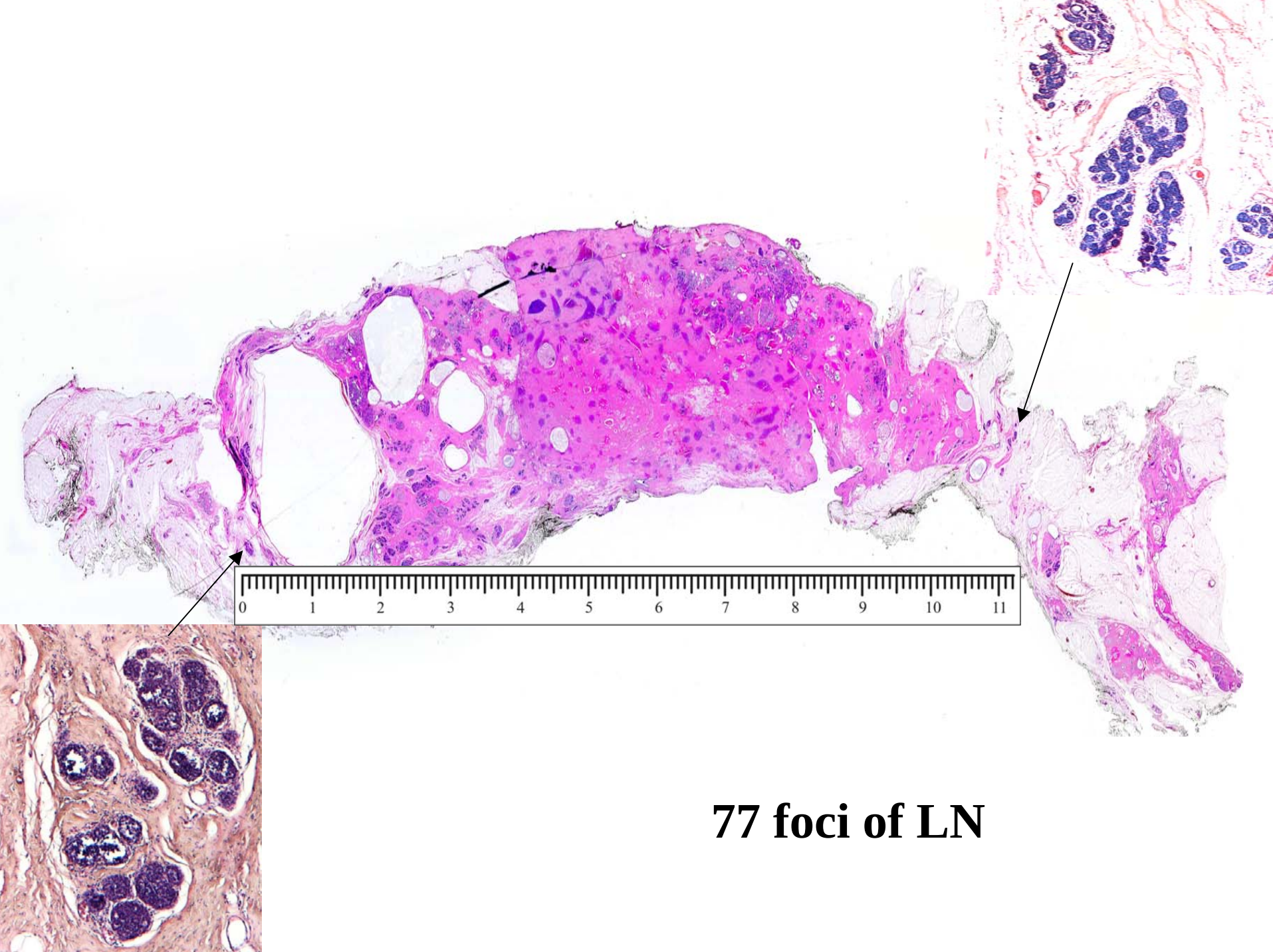
Number of LN foci:

- **Range 2-77; mean 23.9**
- **7 Cases (53.8%) number of LN foci over 10**

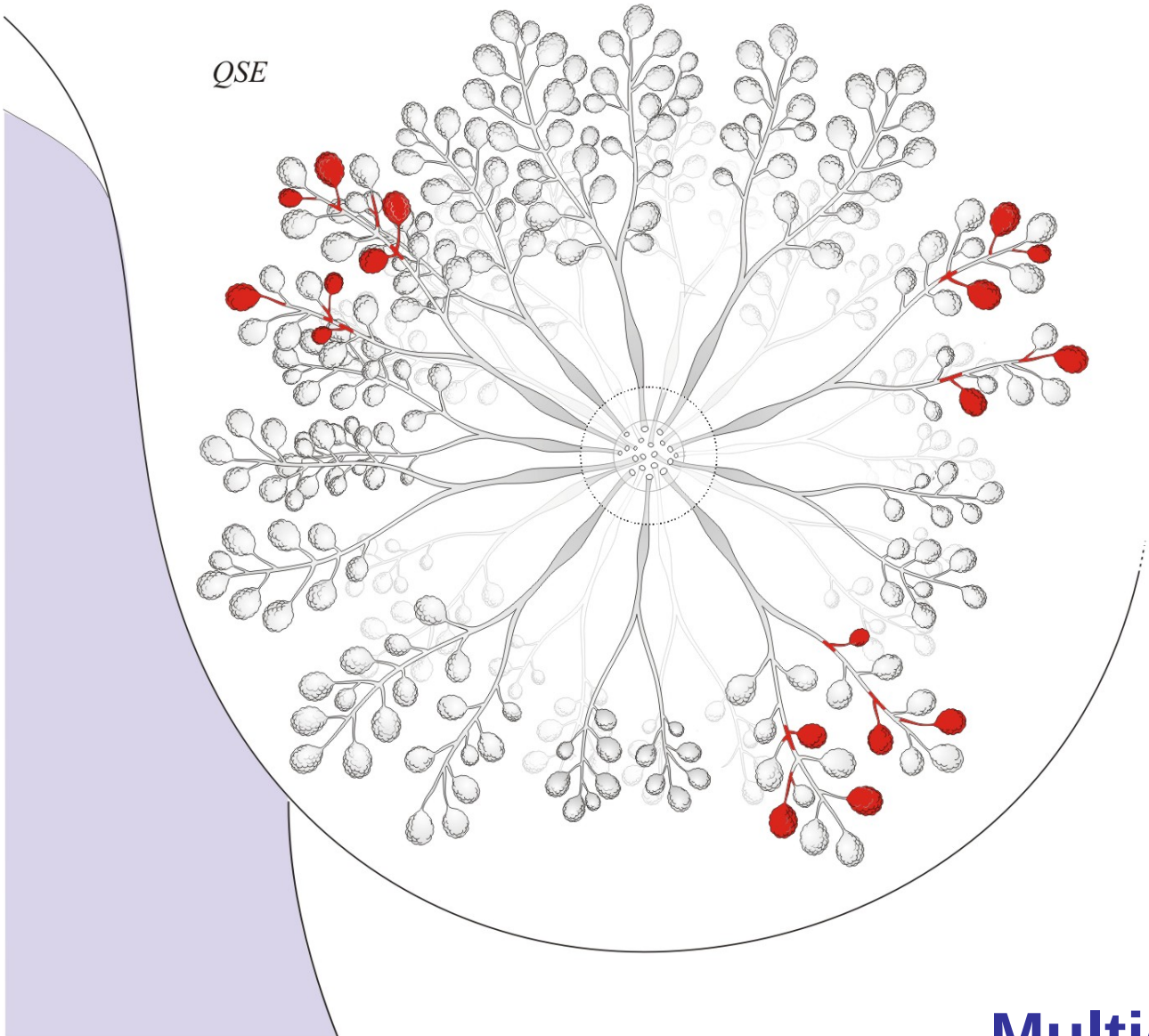
13 Cases

Maximum distance between LN foci measured on macrosections

- **Range 5 mm to 112 mm (mean 37.9mm)**
- **In 9 cases (40%) the maximum space over 20 mm.**



77 foci of LN



Neoplasia Lobulare& DCIS g.1

Multicentrico (multifocale)

LN

QUALE TRATTAMENTO:

ISTOTIPO

BIOLOGIA

Page D.L. et al.

Atypical lobular hyperplasia as a unilateral predictor of breast cancer risk: a retrospective cohort study.

Lancet 316: 125-129, 2003.

Page et al. (2003)

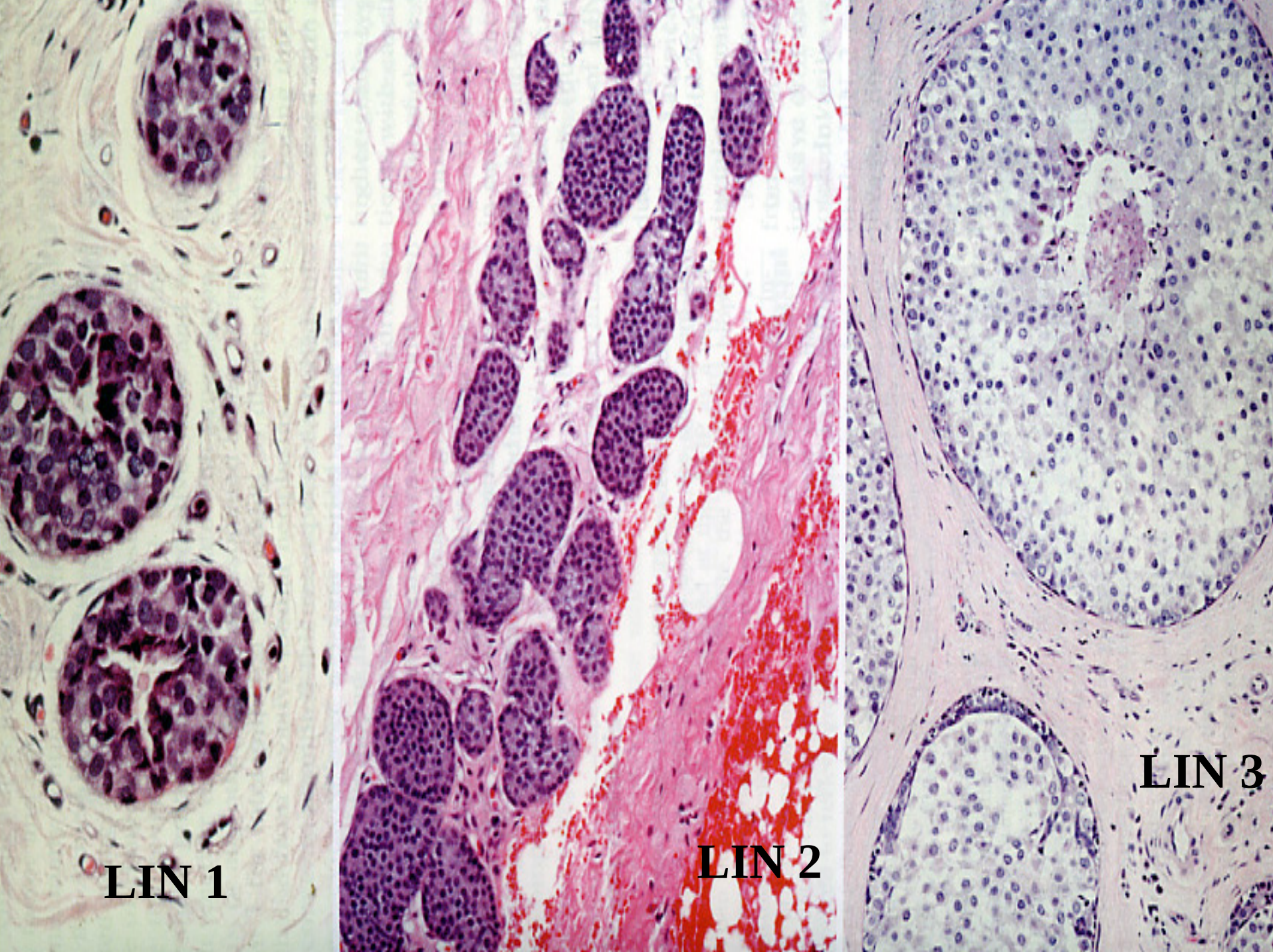
20% of LN (50 casi) hanno sviluppato un CI (dopo 14.8 anni in media; rischio 3.1). Di questi 68% carcinoma ipsilaterale e 24% carcinoma controlaterale.

Virchows Arch (2002) 440:134–138
DOI 10.1007/s00428-001-0541-5

ORIGINAL ARTICLE

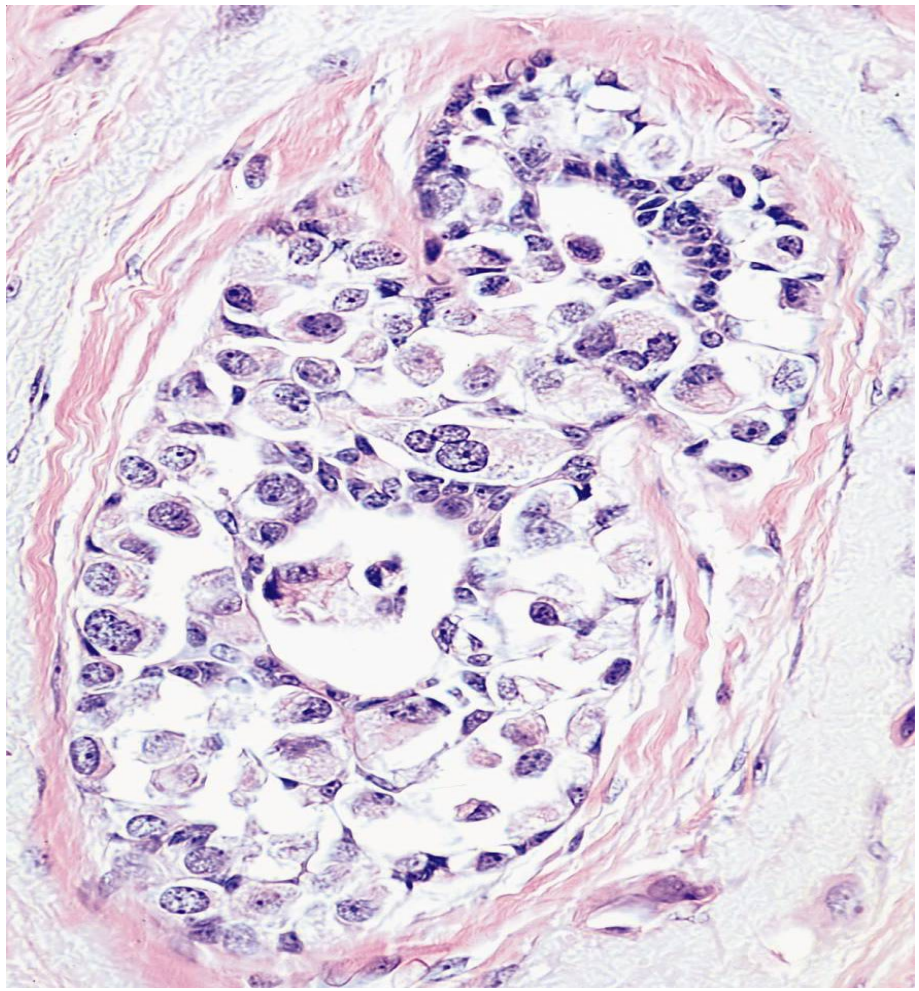
Gary L. Bratthauer · Fattaneh A. Tavassoli

Lobular intraepithelial neoplasia: previously unexplored aspects assessed in 775 cases and their clinical implications


LIN 1
LIN 2
LIN 3

LIN 3

- **DISTENDED ACINI**
- **CENTRAL NECROSIS**
- **PLEOMORPHIC CELLS**
- **SIGNET RING CELLS**



Trattamento LIN

Escissione con margine libero per LIN 1&2 e FU

Mastectomia LIN 3

AFIP Series of Tumor Pathology
4th Edition

Fatteneh Tavassoli & Vincenzo Eusebi

Tumors of the Breast

Washington (DC) 2006

PROBLEMS IN BREAST PATHOLOGY

COURSE DIRECTOR

J.G.AZZOPARDI

MALTA

6 MAGGIO 2006