- Initially reported as "breast tumor resembling tall cell variant of papillary thyroid carcinoma" (Eusebi, 2003)
 - -Solid papillary carcinoma resembling tall cell variant of papillary thyroid carcinoma (Foschini, 2017)
- Rare: ~50 reported cases to date
- No thyroglobulin or TTF-1 expression; no BRAF or RET alterations
 - -unrelated to papillary thyroid carcinomas

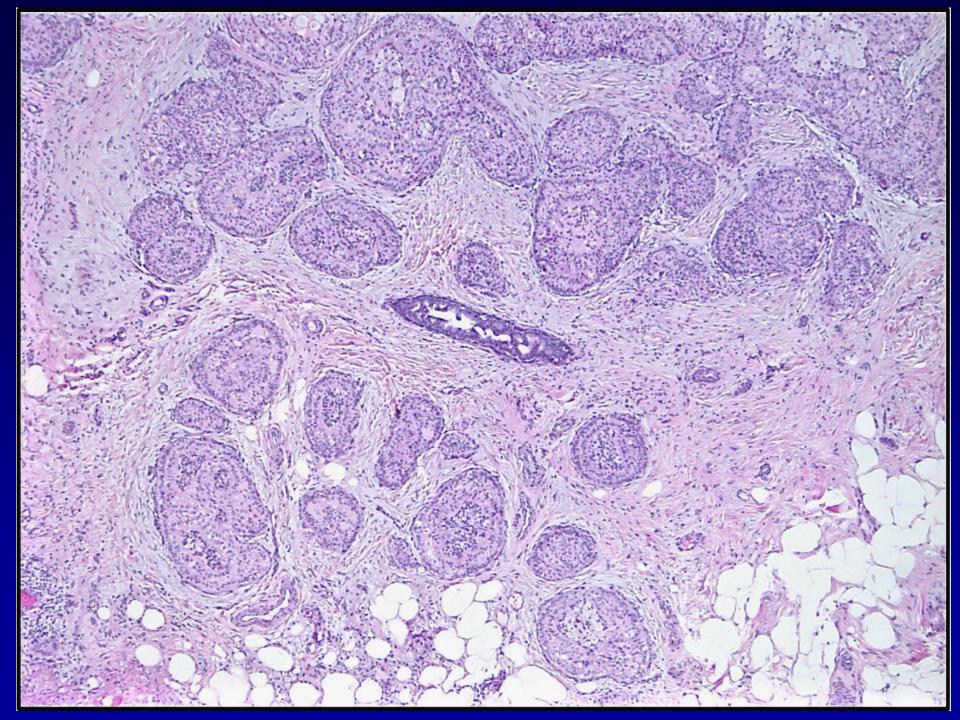
- Primarily older women (median age, 64 yrs)
- Small, mostly mammographically detected (median size, 1.5 cm)

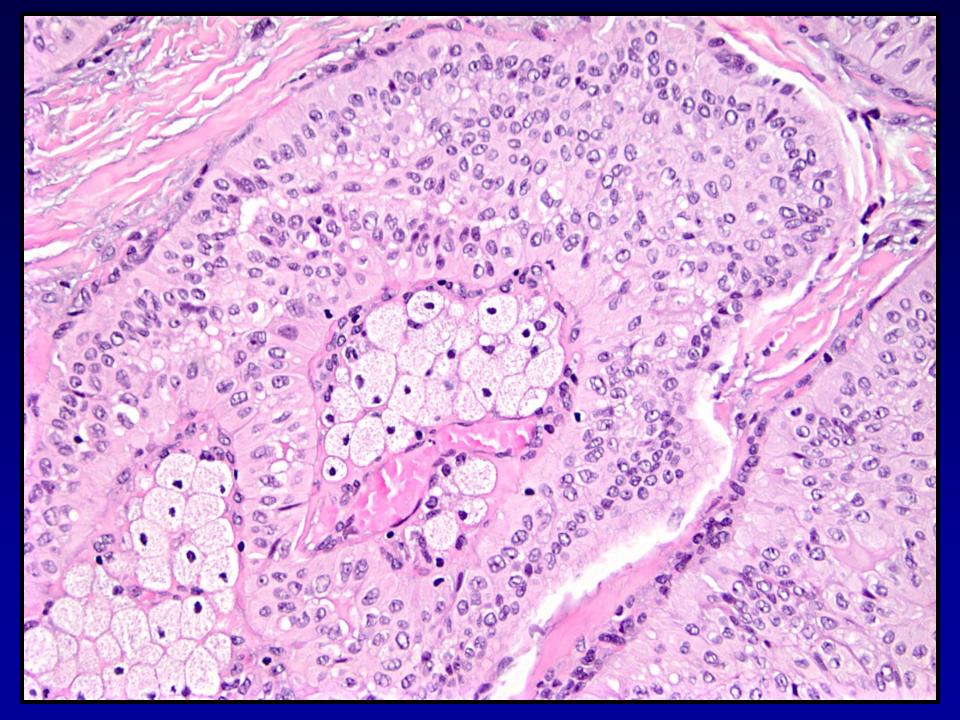
Key Histologic Features

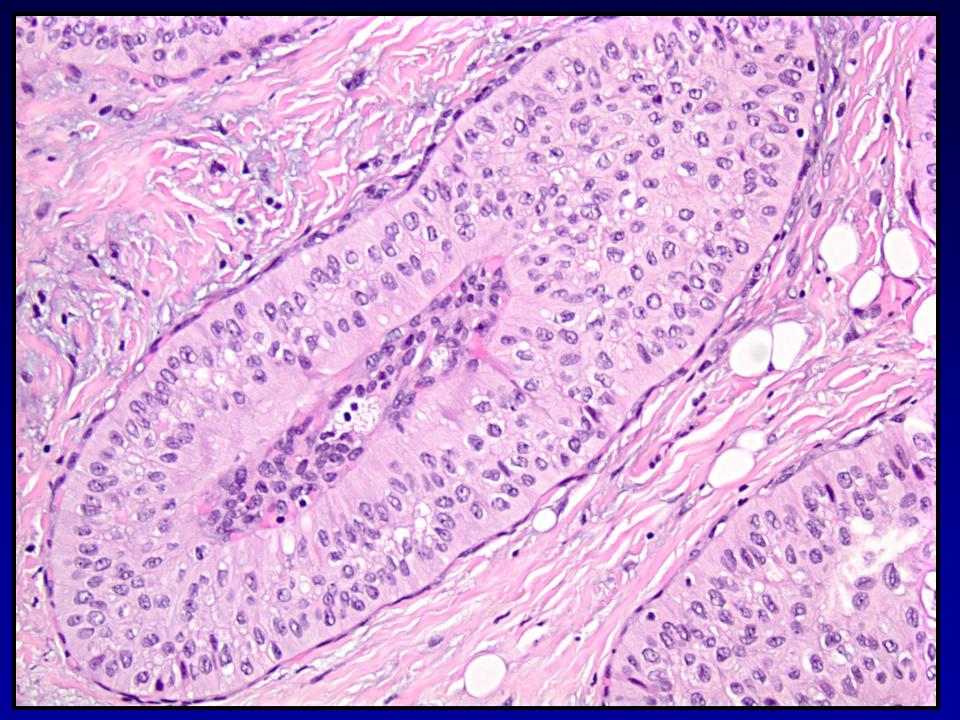
- Solid, circumscribed nodules of columnar epithelial cells haphazardly distributed throughout breast stroma
- Many nodules contain fibrovascular cores, some with foamy histiocytes
- Collagenous stroma with little desmoplasia

Key Histologic Features

- Columnar epithelium often present in double layer with cells appearing back to back
- Low to intermediate grade nuclei
- Nuclear grooves/inclusions may be seen
- Nuclei at apical rather than basal pole (reverse polarity)

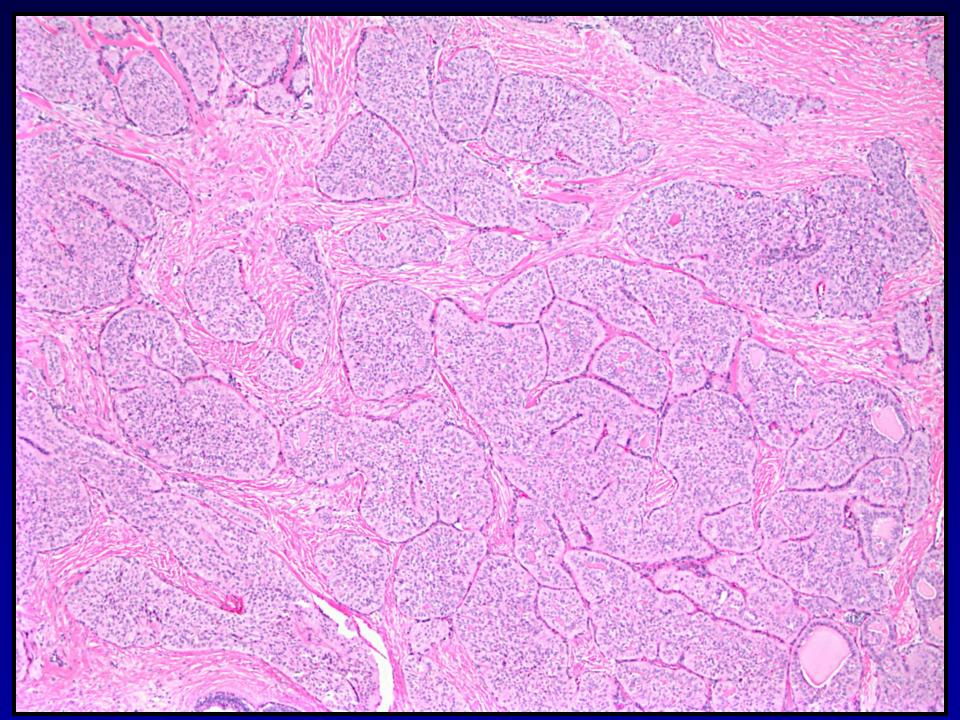






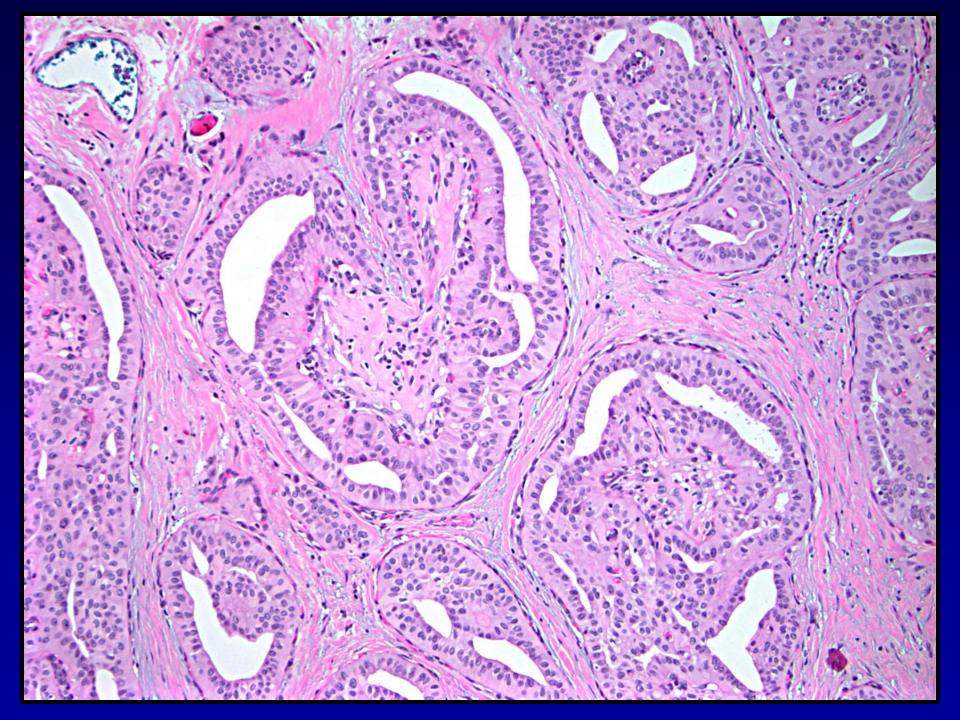
Less Frequent Histologic Features

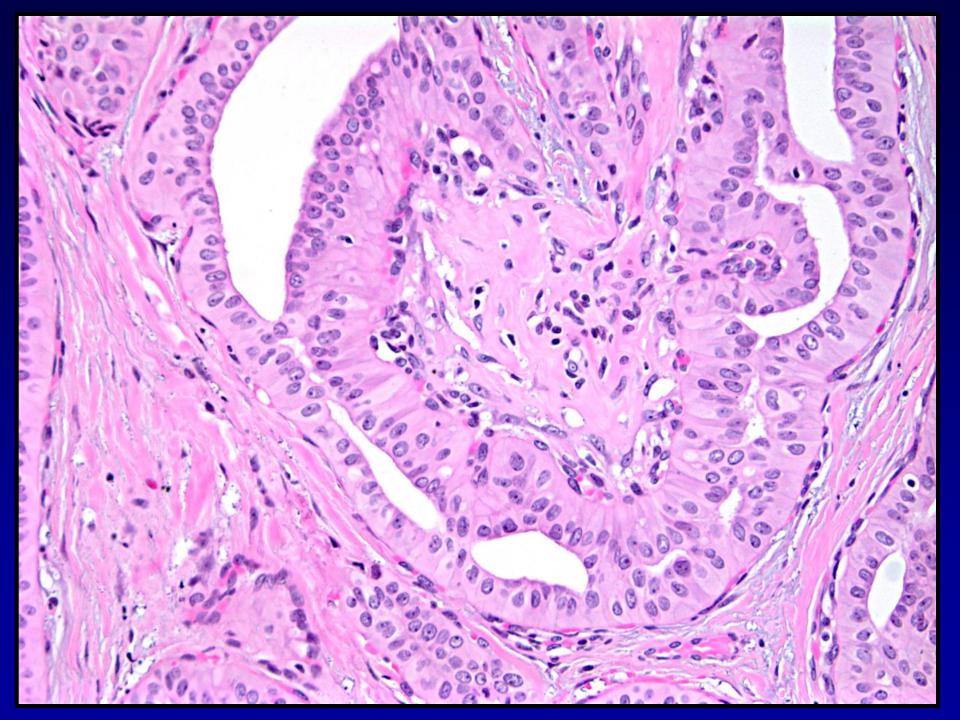
Jigsaw pattern of cell nests



Less Frequent Histologic Features

- Jigsaw pattern of cell nests
- Frankly papillary areas





Immunophenotype

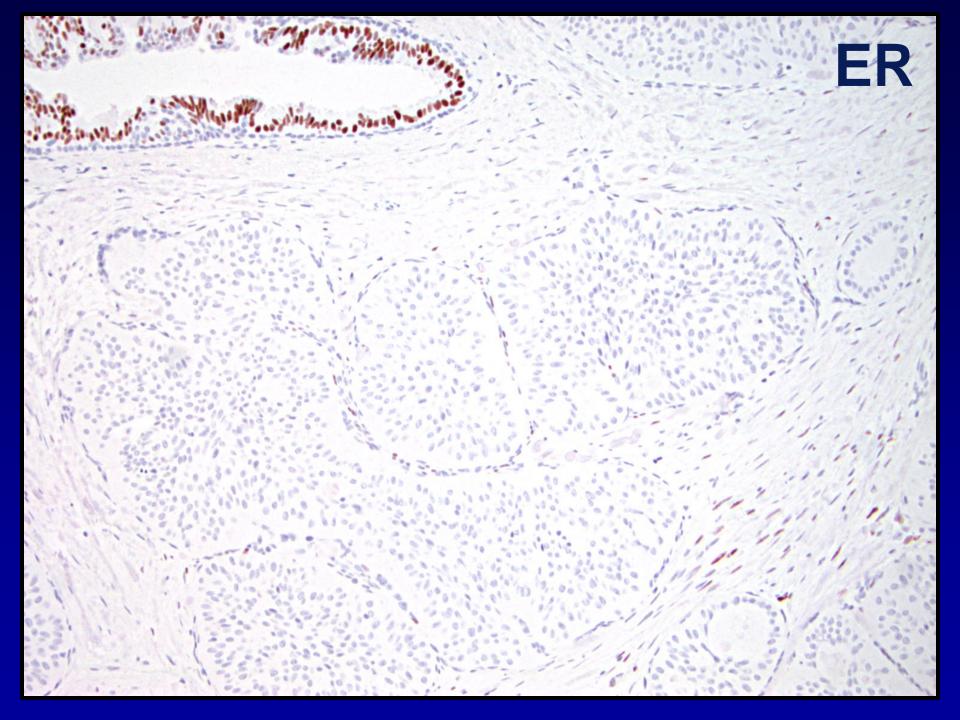
- No myoepithelial cells around tumor nodules
- Positive for low AND high molecular weight cytokeratins
- GCDFP and mammaglobin each positive in ~60%
- All cases negative for TTF-1 and thyroglobulin

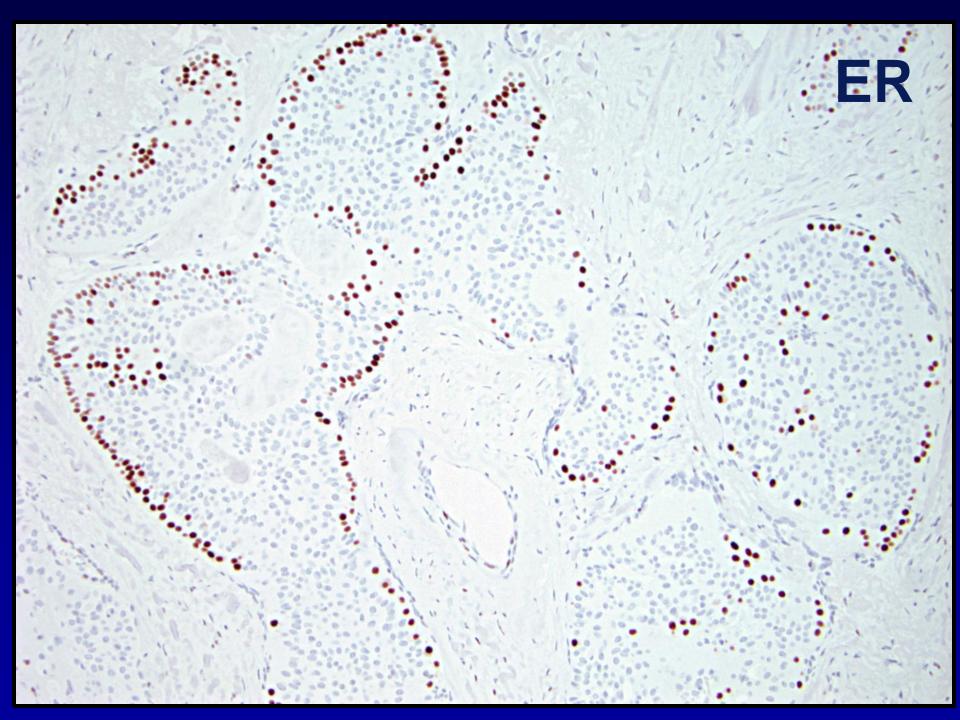
Immunophenotype

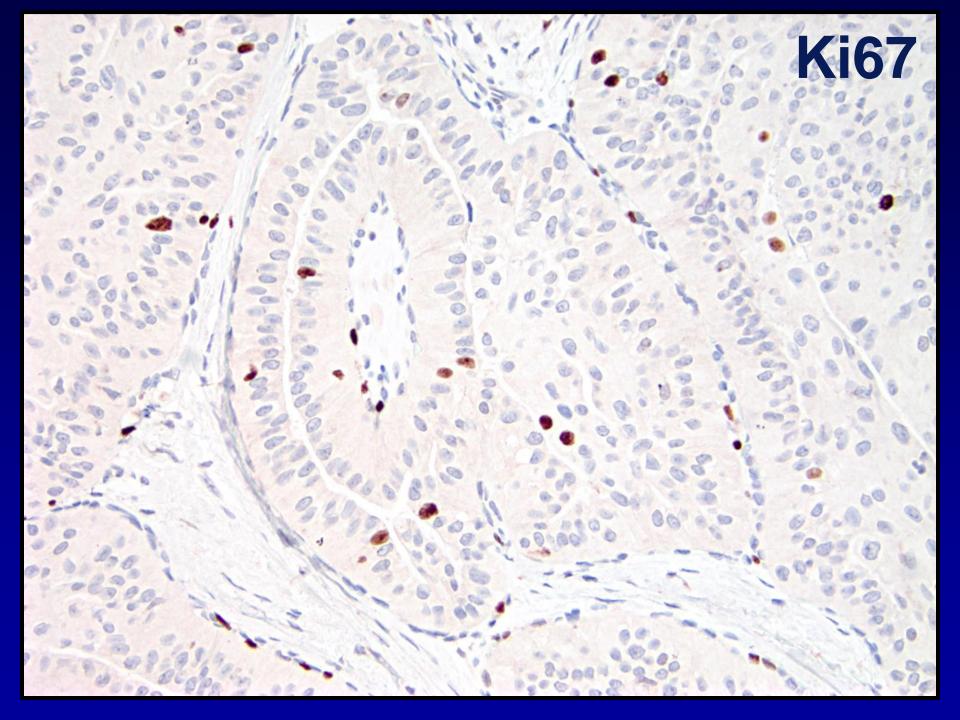
- Either entirely ER negative or low ER positive (1-10%); PR negative in 85% of cases
- HER2 negative
- Most triple negative
- Low proliferation rate by Ki67 (<5%)
- Rich vascular network around nests on CD31 and CD34 stains
- Calretinin positive (Alsadoun, 2018)

Immunophenotype

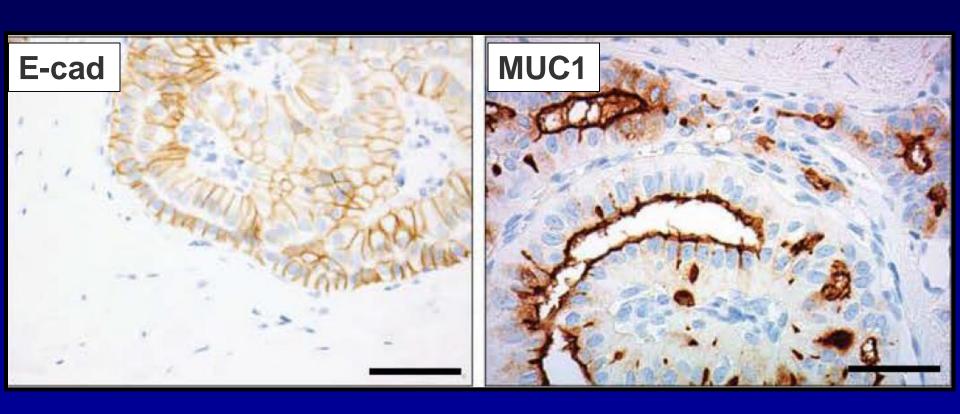
- E-cadherin: Strong lateral membrane staining
- MUC1: Apical membrane staining seen on ends of cells closest to nucleus (reverse polarity)











2016

IDH2 Mutations Define a Unique Subtype of Breast Cancer with Altered Nuclear Polarity

Sarah Chiang¹, Britta Weigelt¹, Huei-Chi Wen¹, Fresia Pareja¹, Ashwini Raghavendra¹, Luciano G. Martelotto¹, Kathleen A. Burke¹, Thais Basili¹, Anqi Li¹, Felipe C. Geyer¹, Salvatore Piscuoglio¹, Charlotte K.Y. Ng¹, Achim A. Jungbluth¹, Jörg Balss², Stefan Pusch², Gabrielle M. Baker³, Kimberly S. Cole⁴, Andreas von Deimling^{2,5}, Julie M. Batten⁶, Jonathan D. Marotti⁷, Hwei-Choo Soh⁸, Benjamin L. McCalip⁹, Jonathan Serrano¹⁰, Raymond S. Lim¹, Kalliopi P. Siziopikou¹¹, Song Lu¹², Xiaolong Liu¹³, Tarek Hammour¹⁴, Edi Brogi¹, Matija Snuderl¹⁰, A. John lafrate^{6,15}, Jorge S. Reis-Filho¹, and Stuart J. Schnitt^{15,16}

- IDH2 (R172) hotspot mutations in 10/13 cases (77%)
 - Not previously reported in breast cancers
- 8 concurrently displayed mutations in PI3 kinase pathway (PIK3CA or PIK3R1)
- Functional studies
 - IDH2 and PIK3CA mutations appear to be driver alterations resulting in reverse polarization phenotype

IDH2 (R172) Hotspot Mutations in Solid Papillary Carcinoma with Reverse Polarity

- 30 cases studied to date (including our 13 original cases)
- *IDH2* (R172) hotspot mutations in 24 (80%)
- 7/9 cases studied expressed IDH1/2 mutant protein by IHC (Alsadoun, 2018)
 - -?alternative to sequencing to identify IDH2 mutation

Clinical course

- Indolent
- 4 cases with axillary LN metastases
- 1 case with distant metastases to bone

Summary of unusual features

- Histologically low grade, but
 - -ER negative (most triple negative)
 - -Express high molecular weight cytokeratins
- Reverse nuclear polarity
- IDH2 (R172) hotspot mutations
 - –Not reported in any other breast cancers

- Another special type breast cancer with a recurrent genetic alteration
 - Adenoid cystic carcinoma
 - -Secretory carcinoma