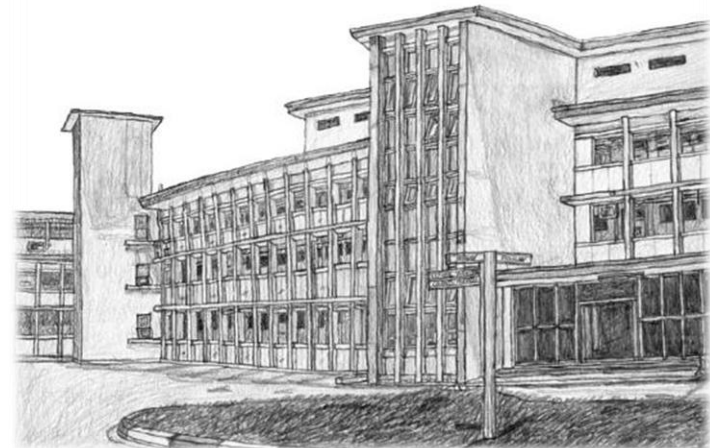
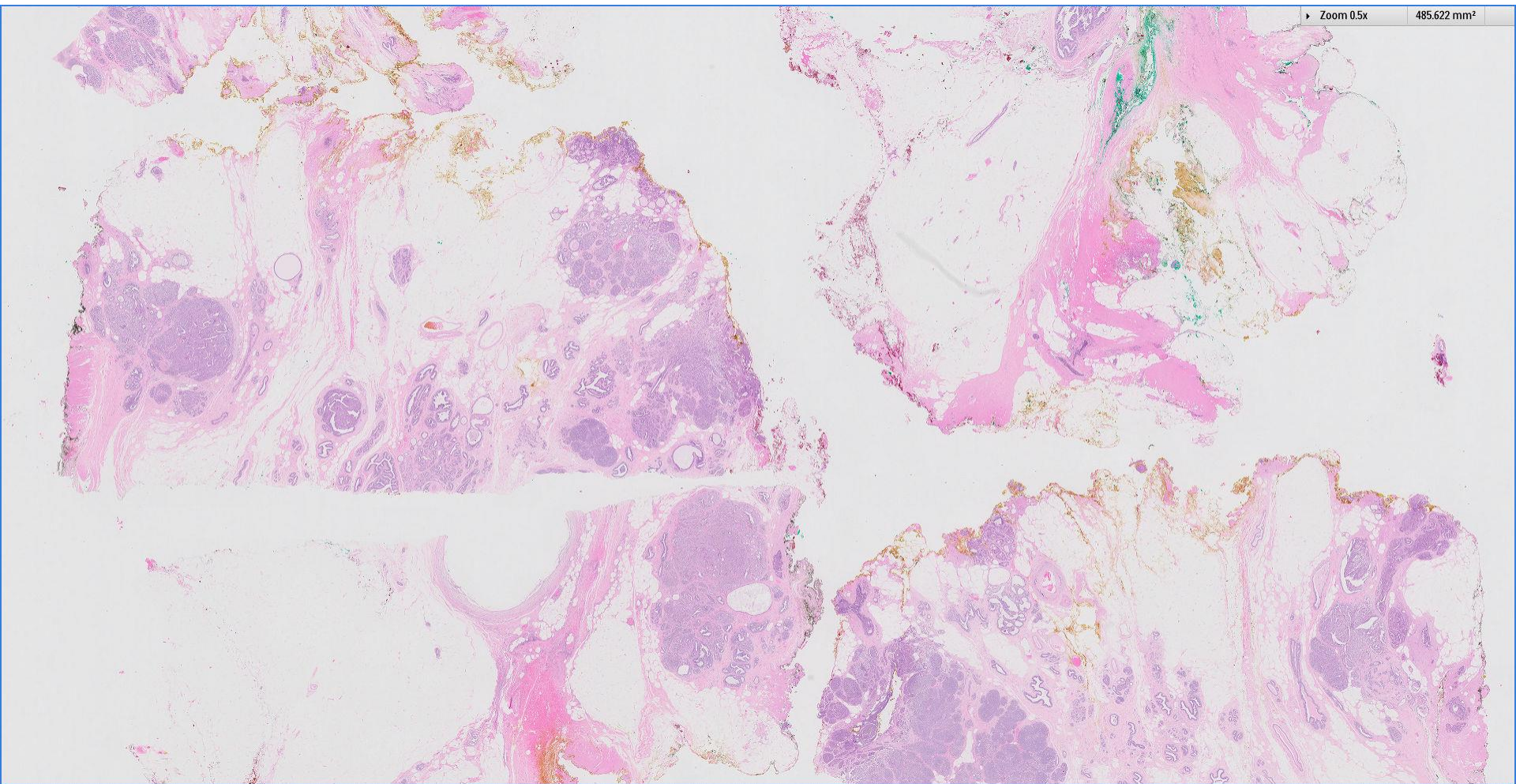


## Case 13

69 year old female.

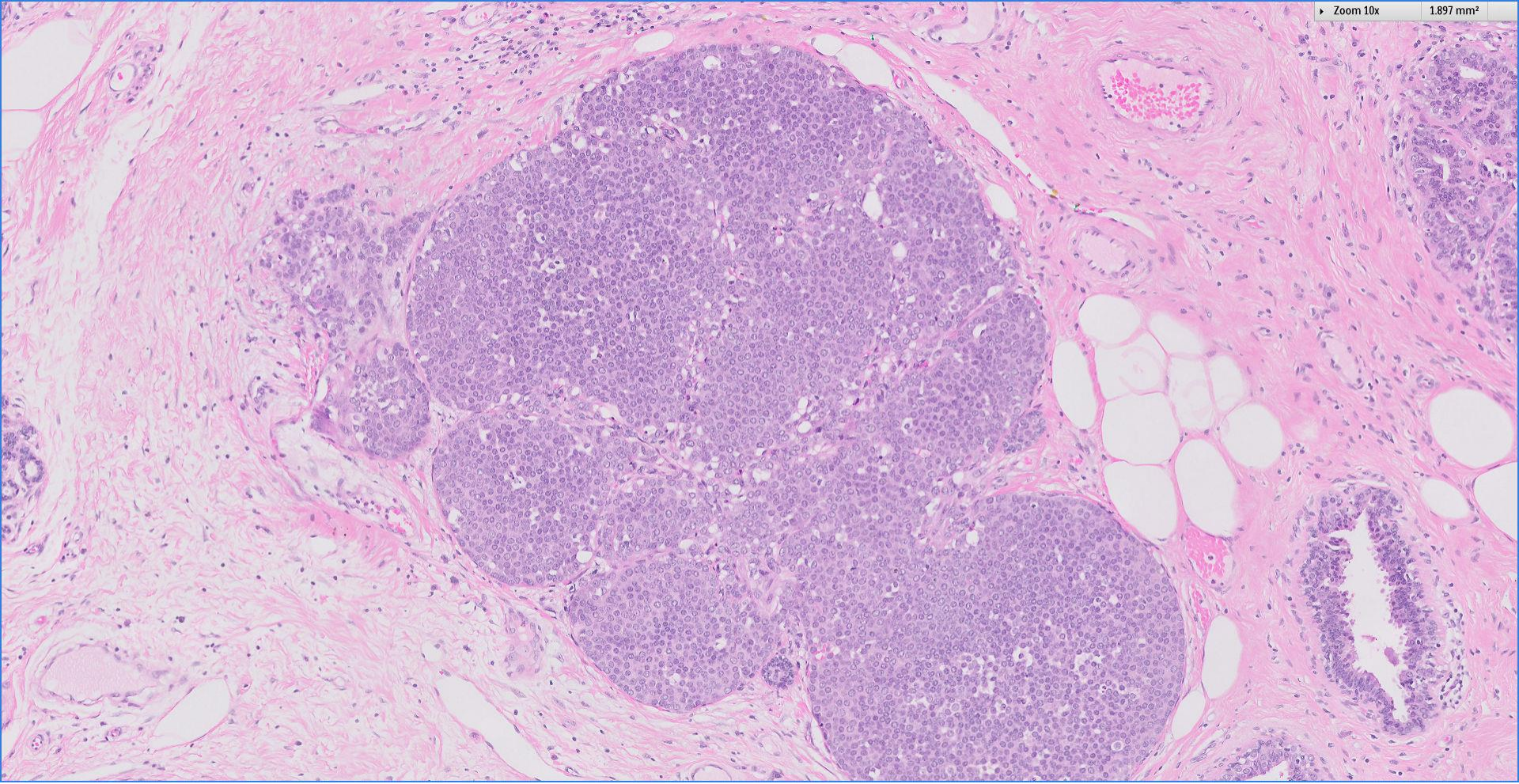
Left breast hookwire localisation excision for radiological calcifications.





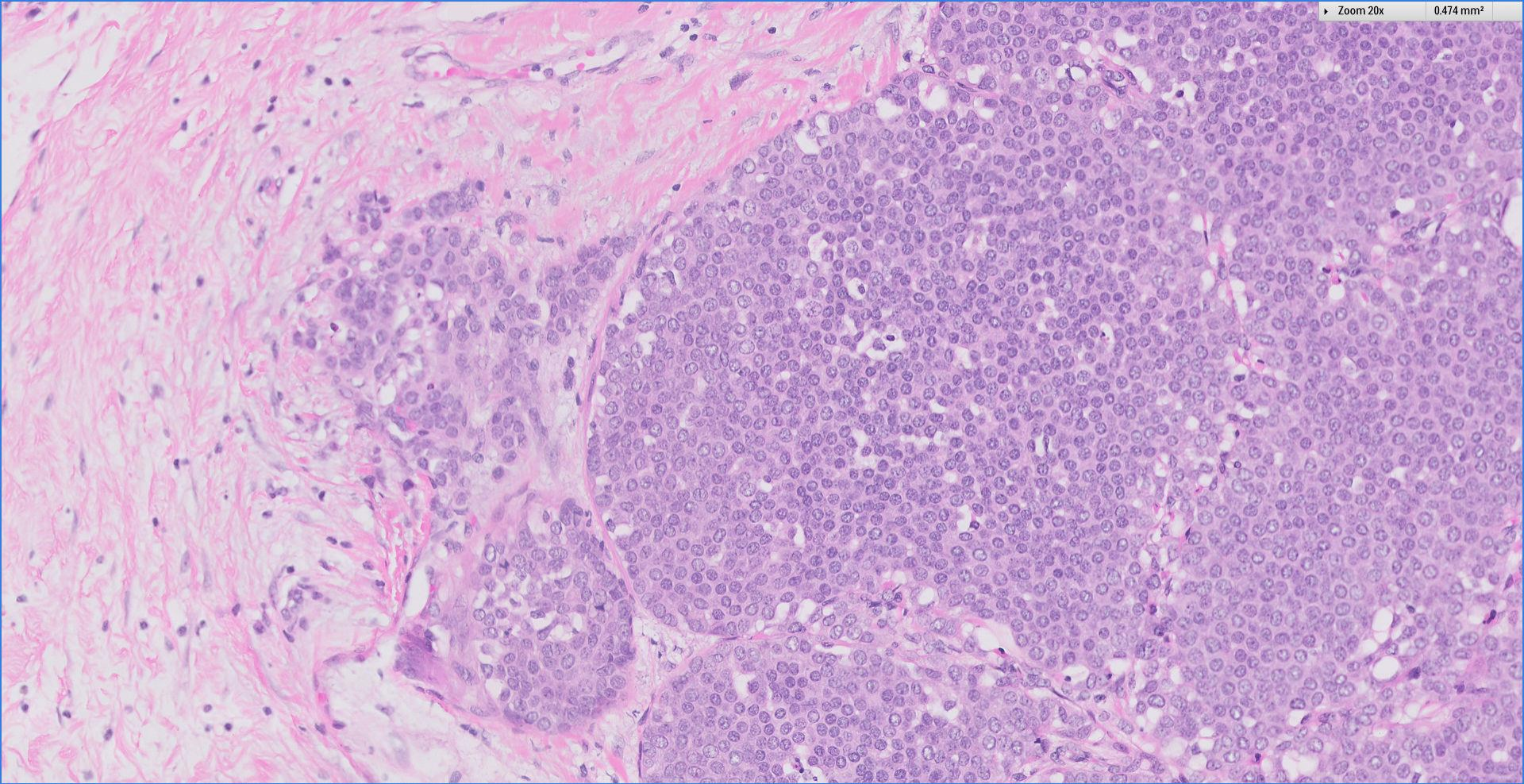
Zoom 10x

1.897 mm²



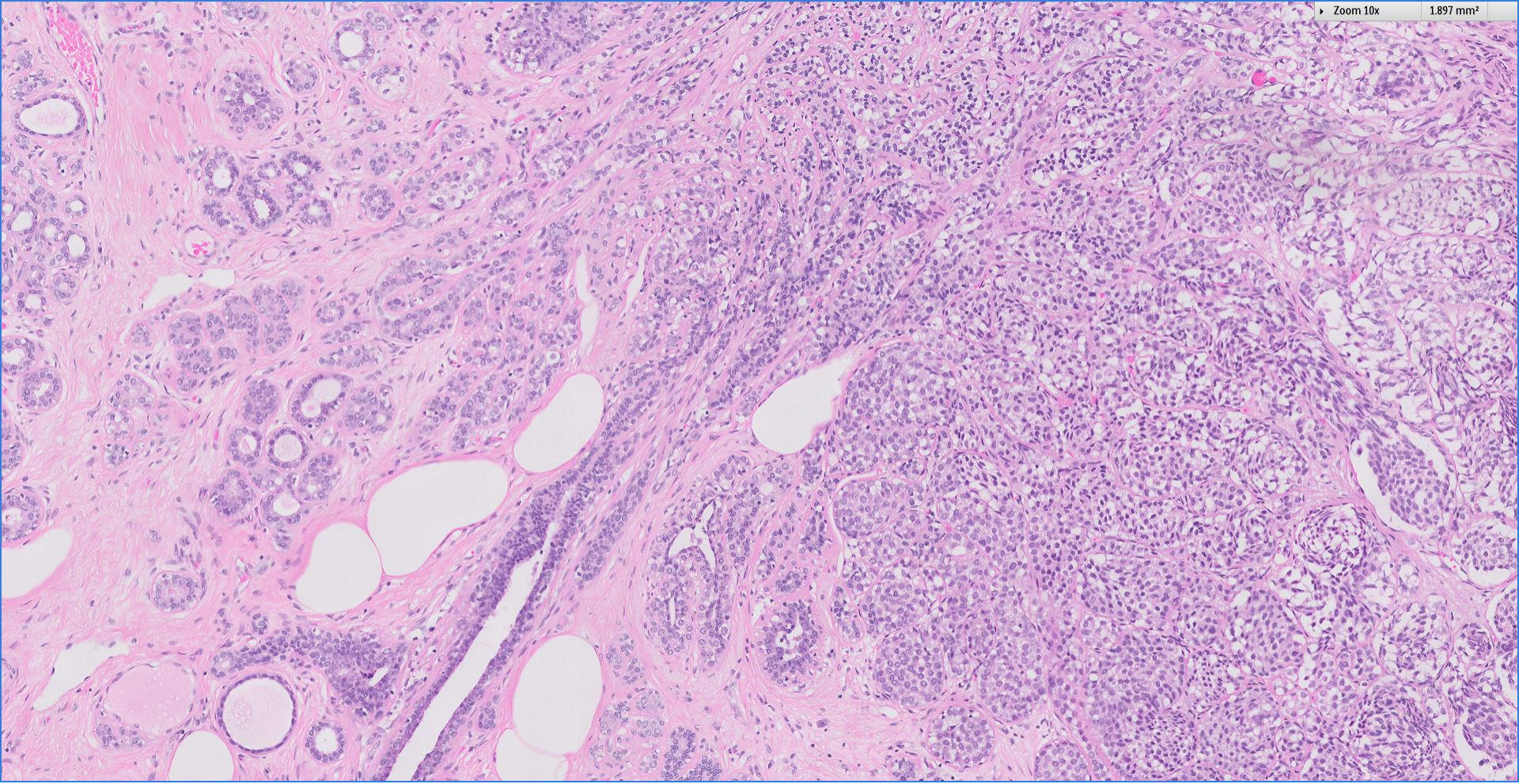
Zoom 20x

0.474 mm<sup>2</sup>



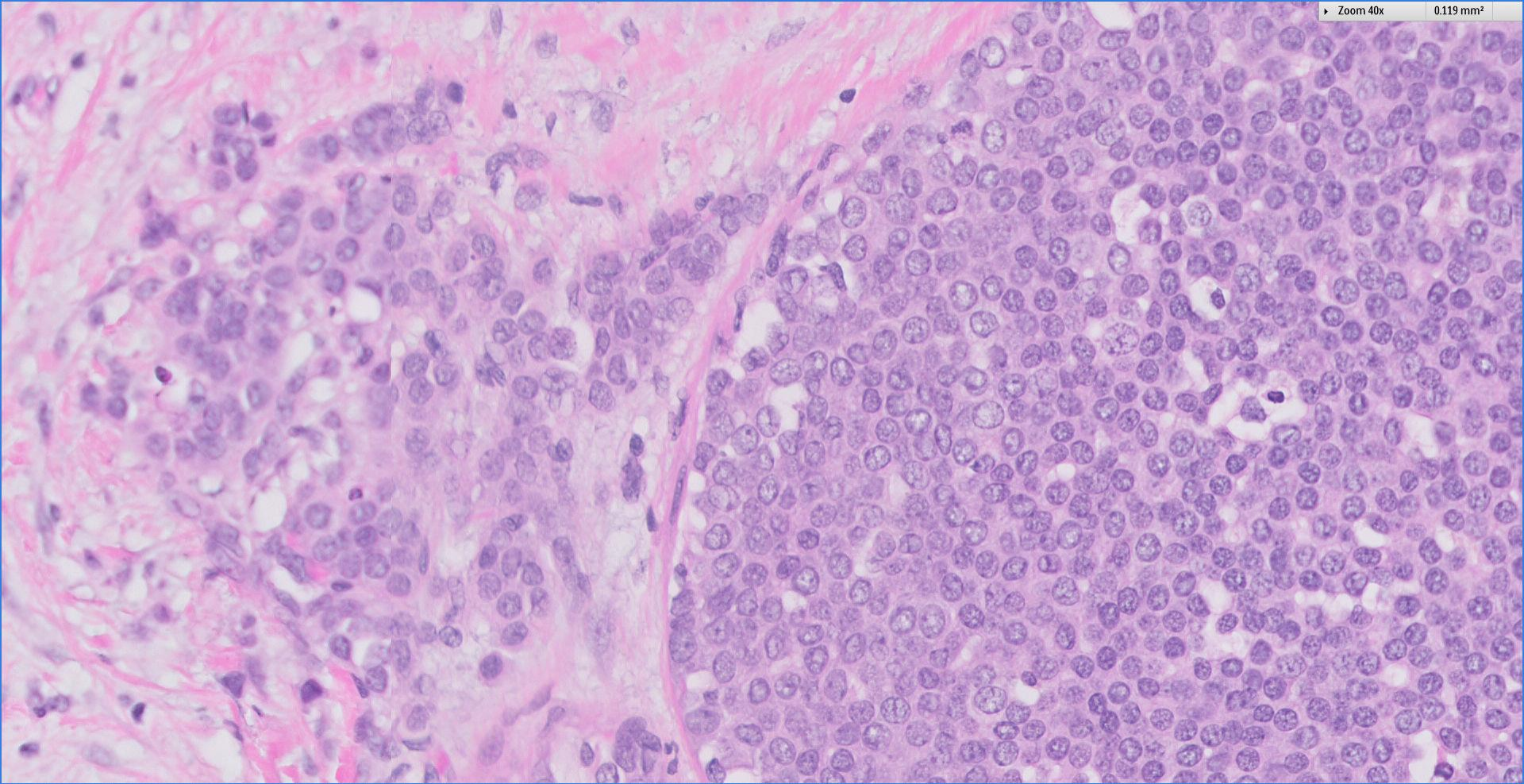
Zoom 10x

1.897 mm<sup>2</sup>

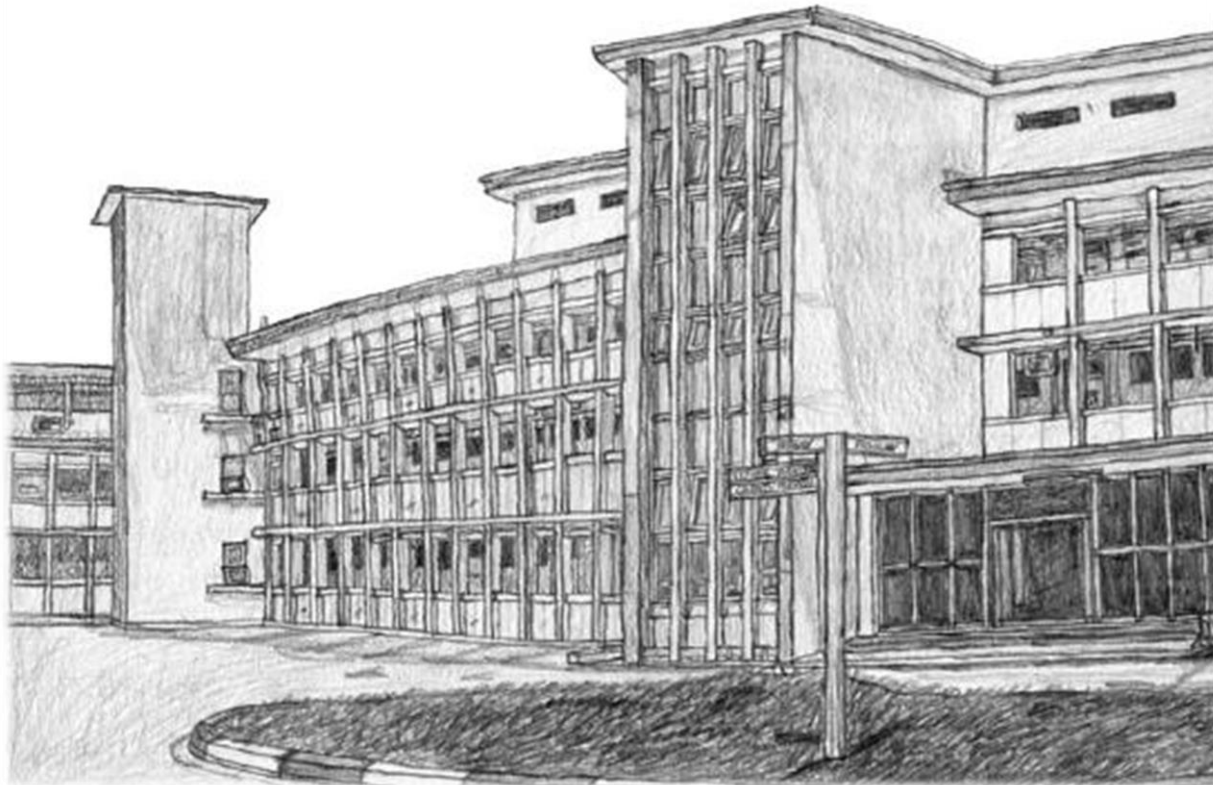


Zoom 40x

0.119 mm<sup>2</sup>



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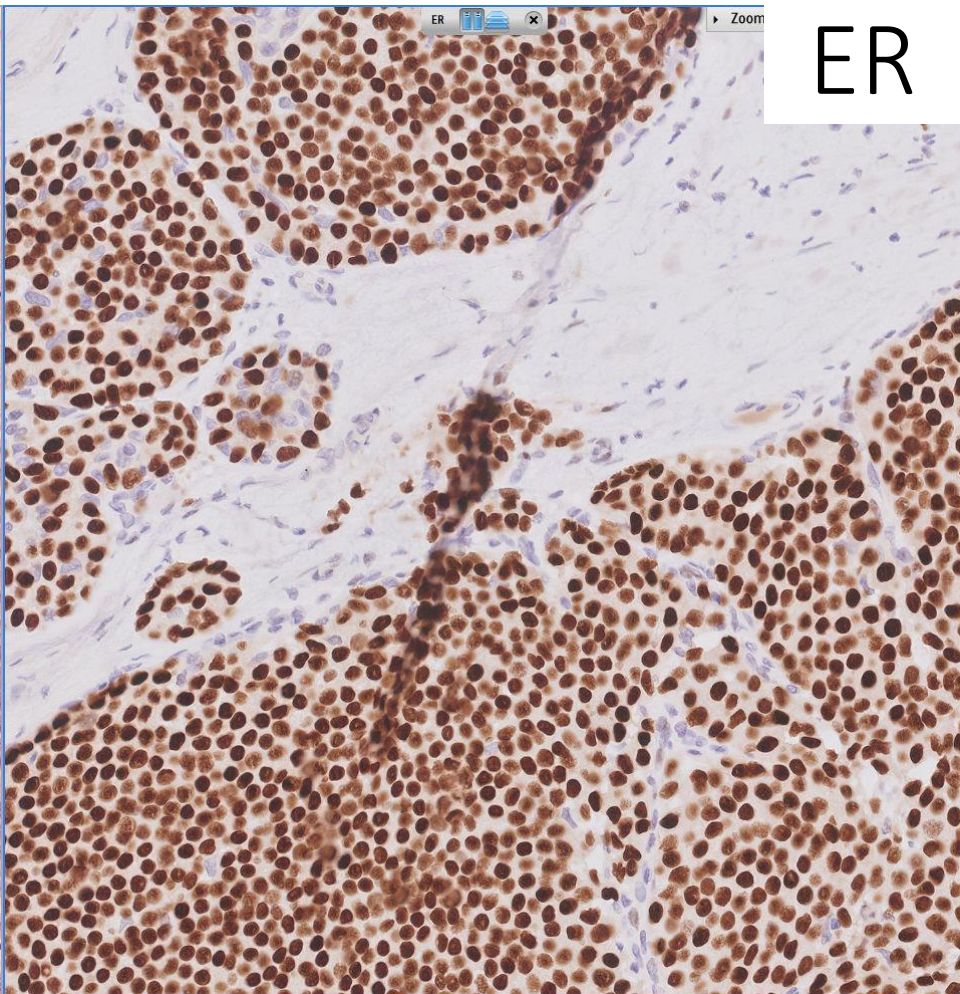
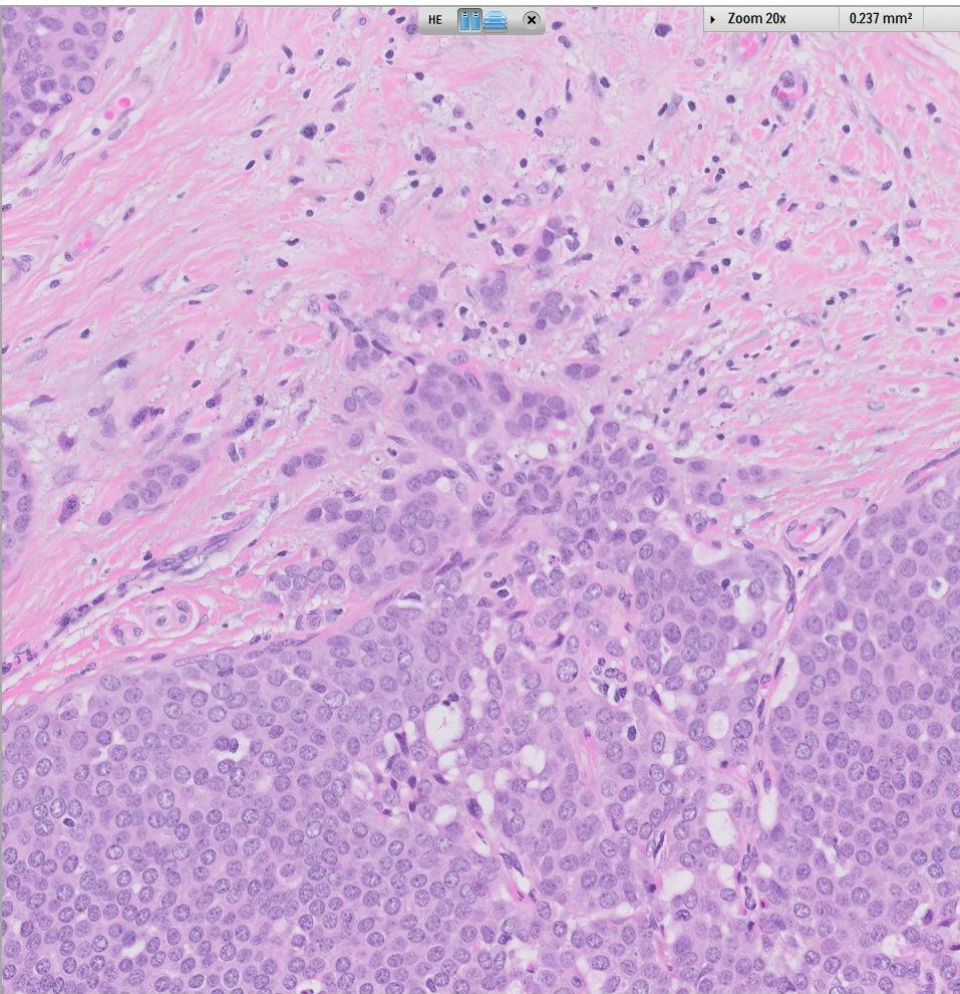


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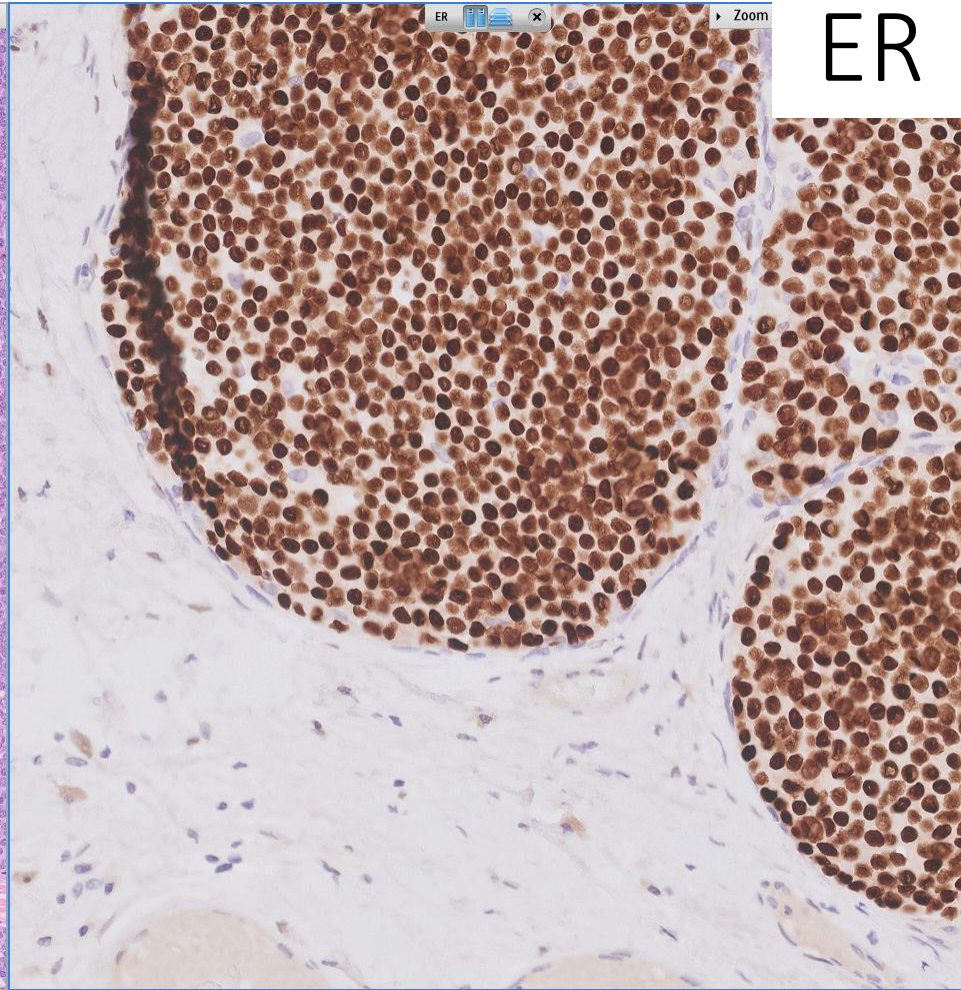
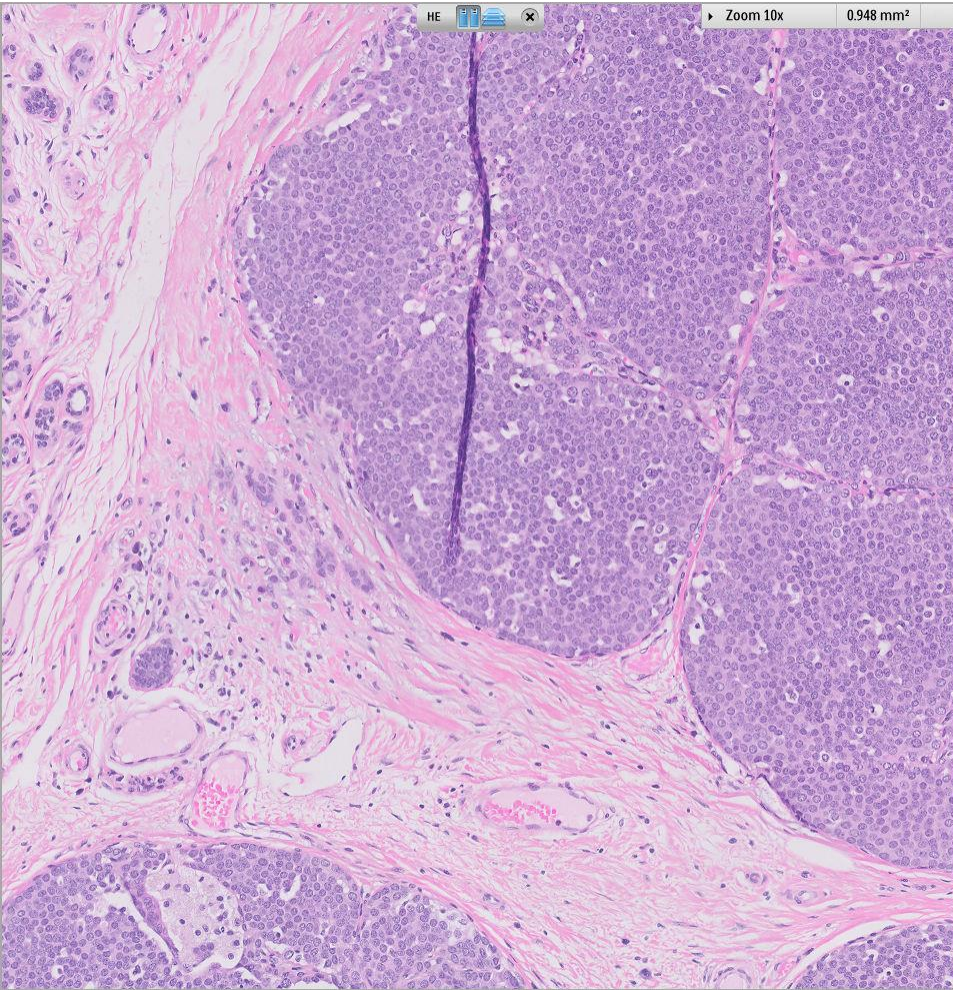
**IAP**

International Academy of Pathology  
Singapore Division

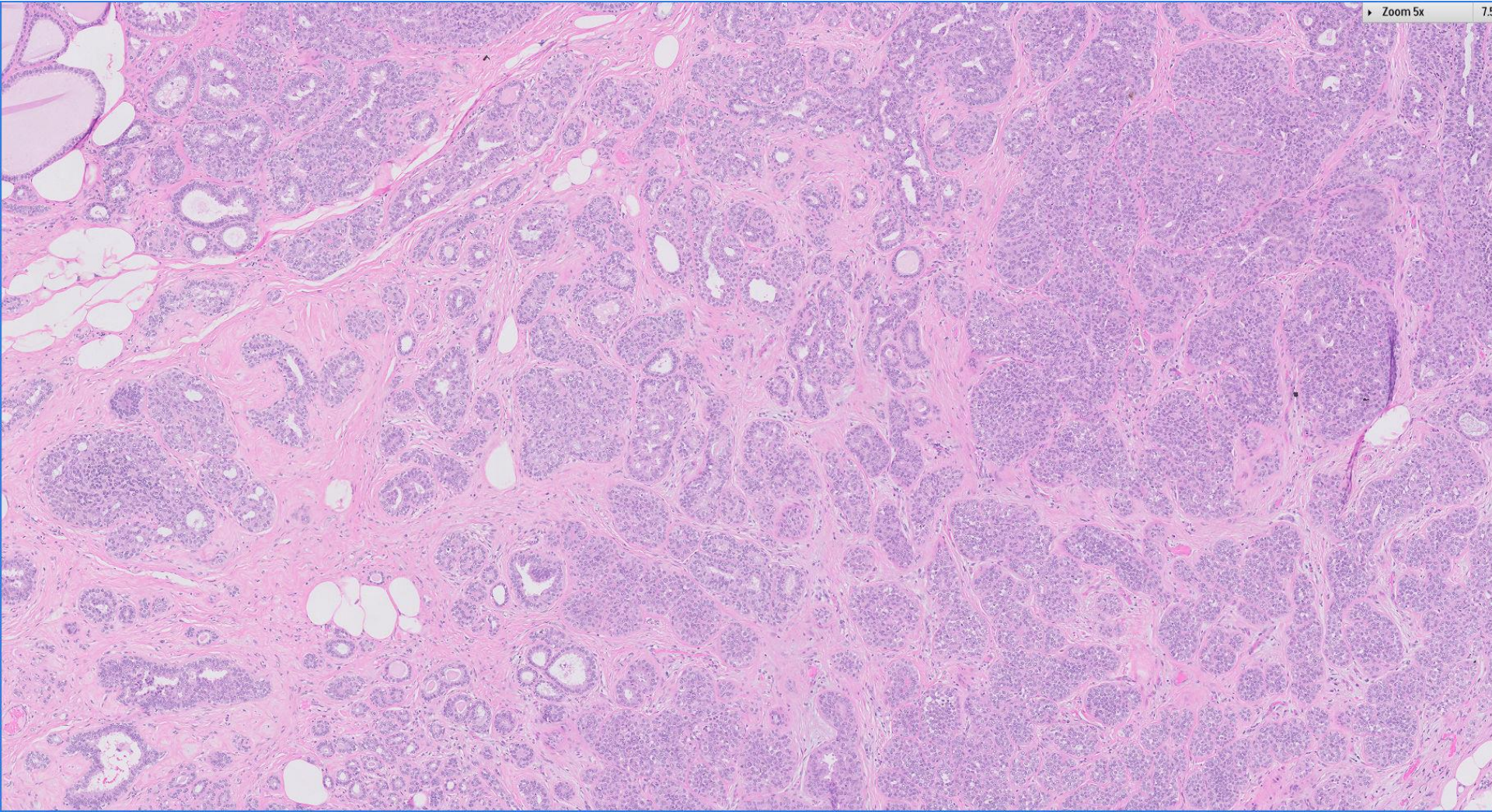


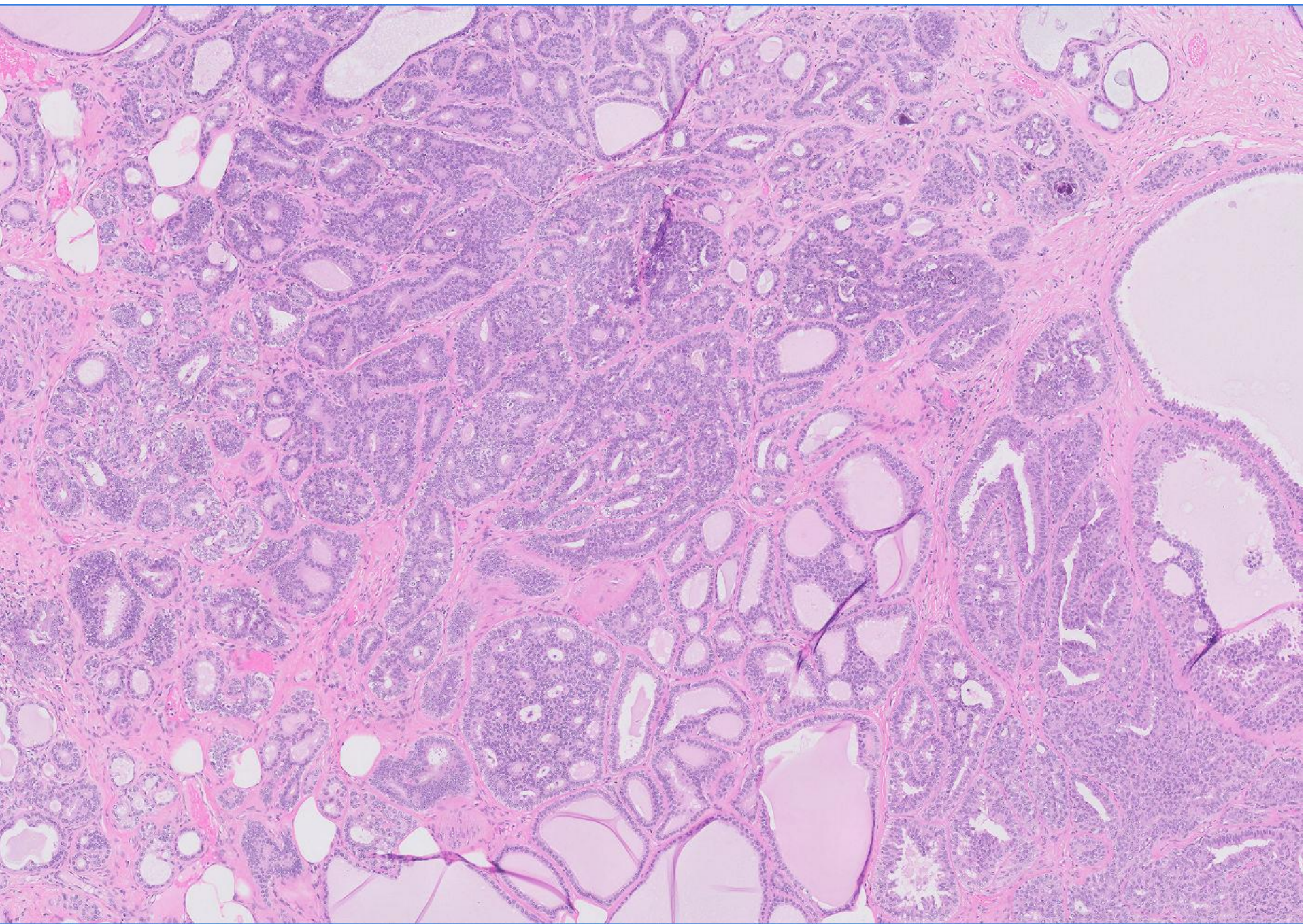
ER





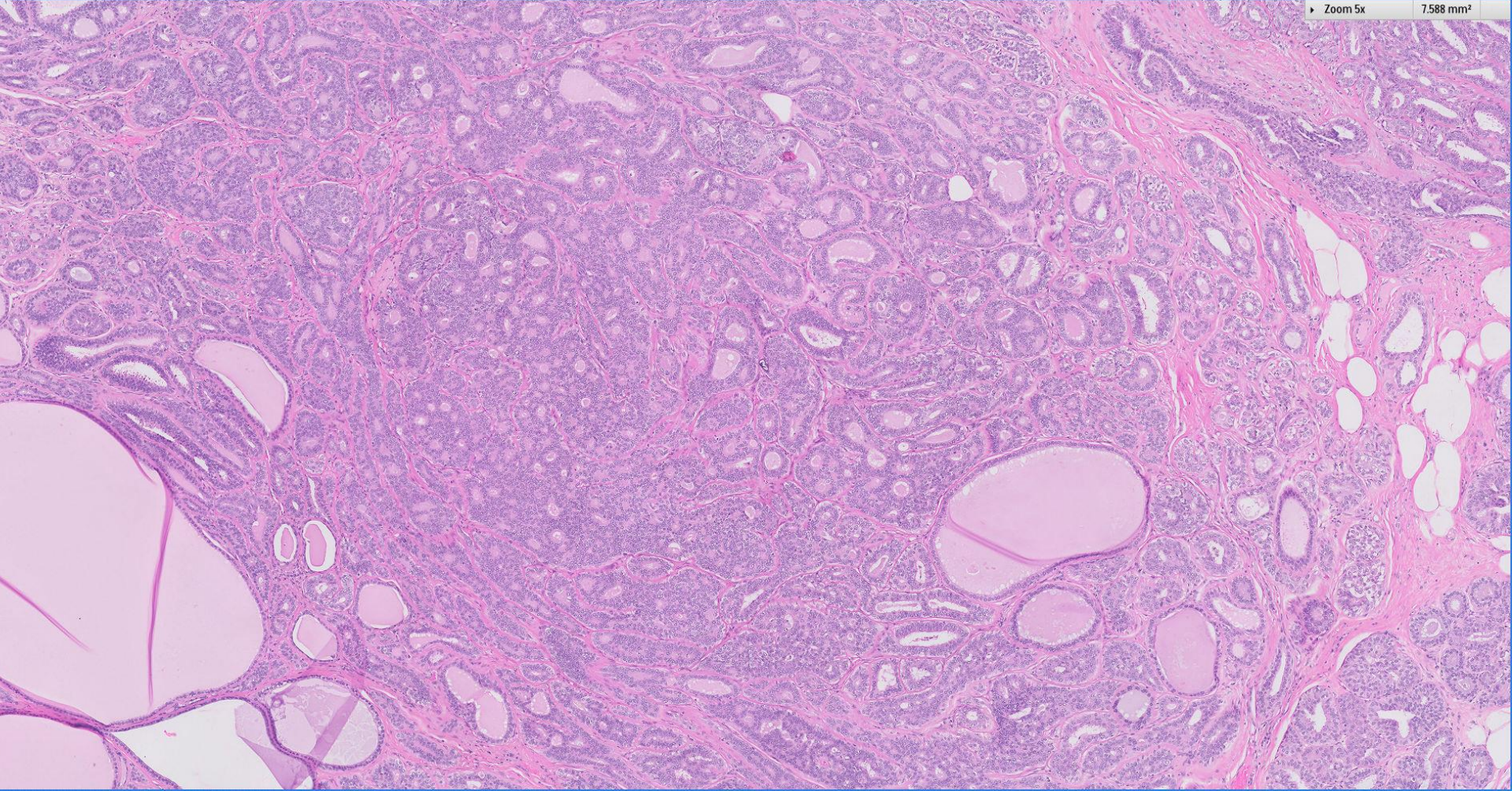
ER





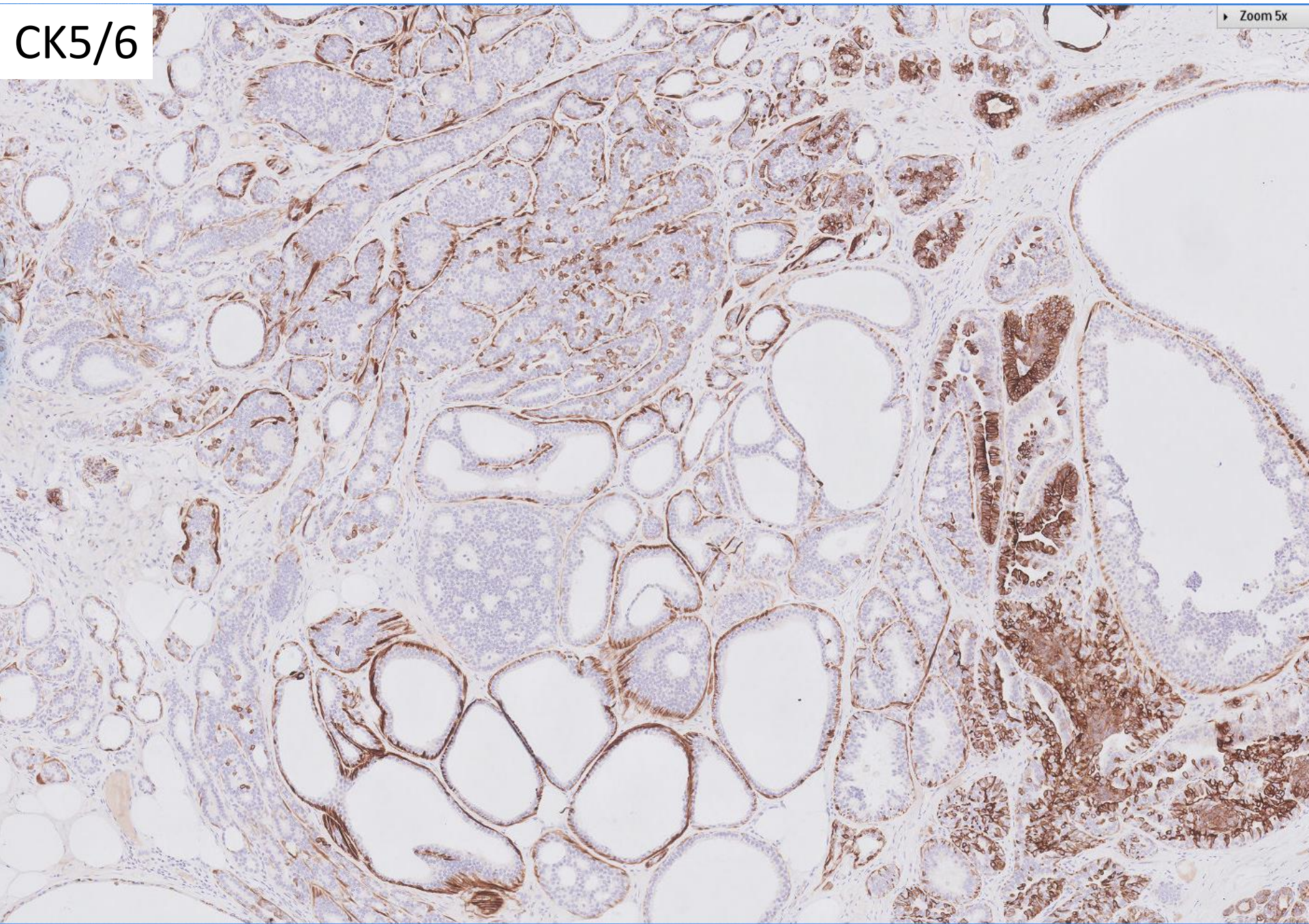
Zoom 5x

7.588 mm<sup>2</sup>

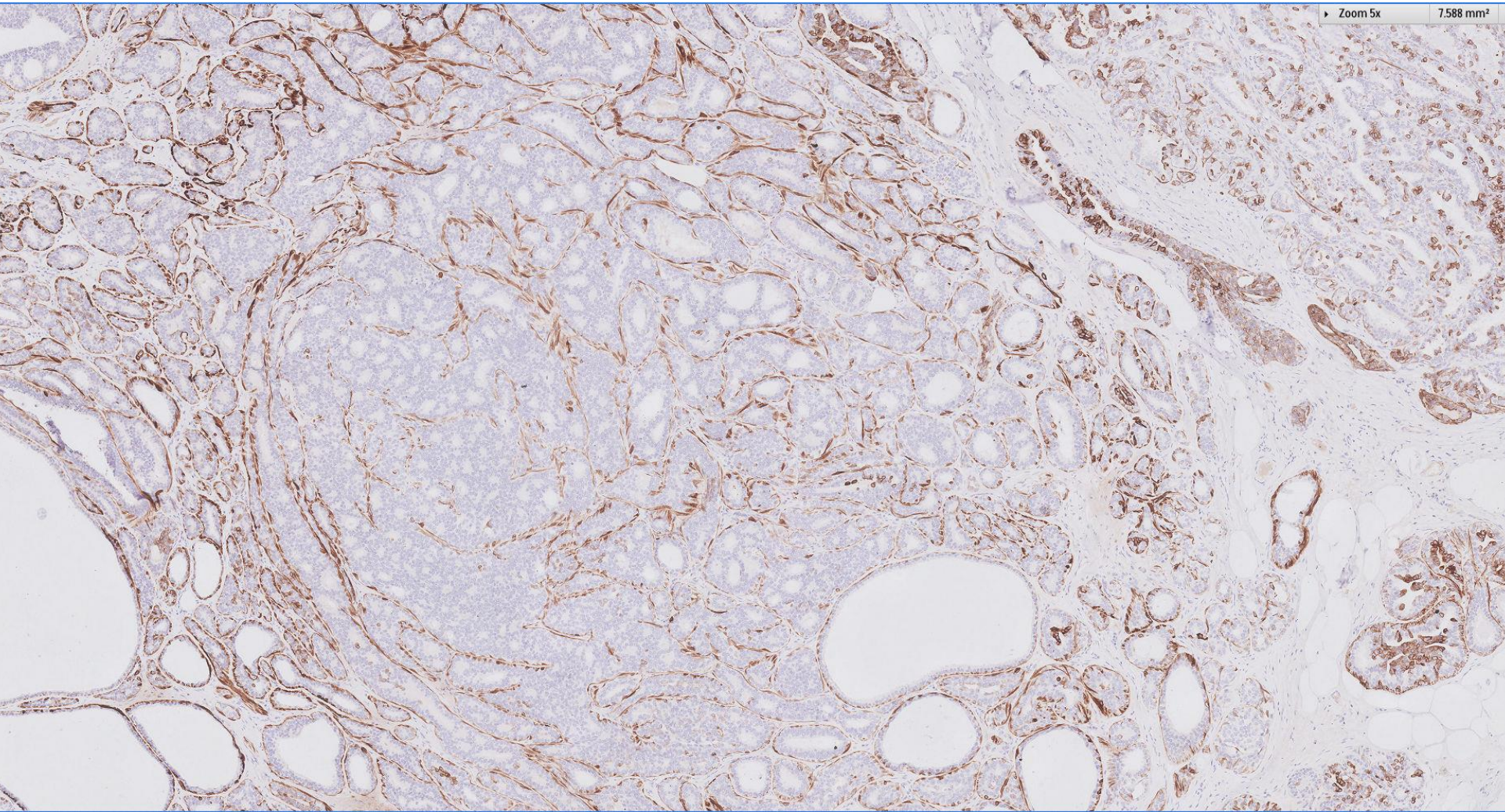


CK5/6

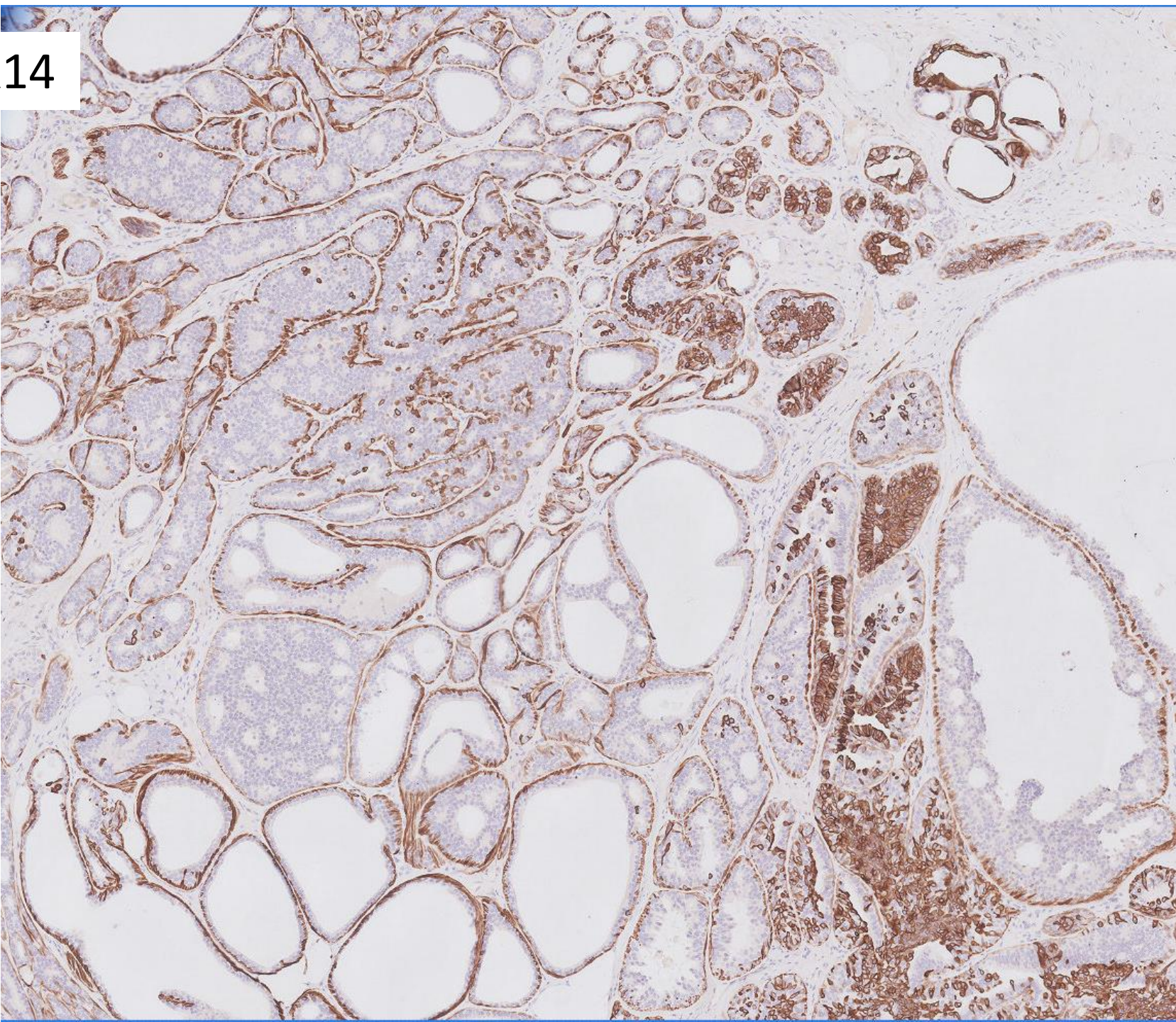
Zoom 5x



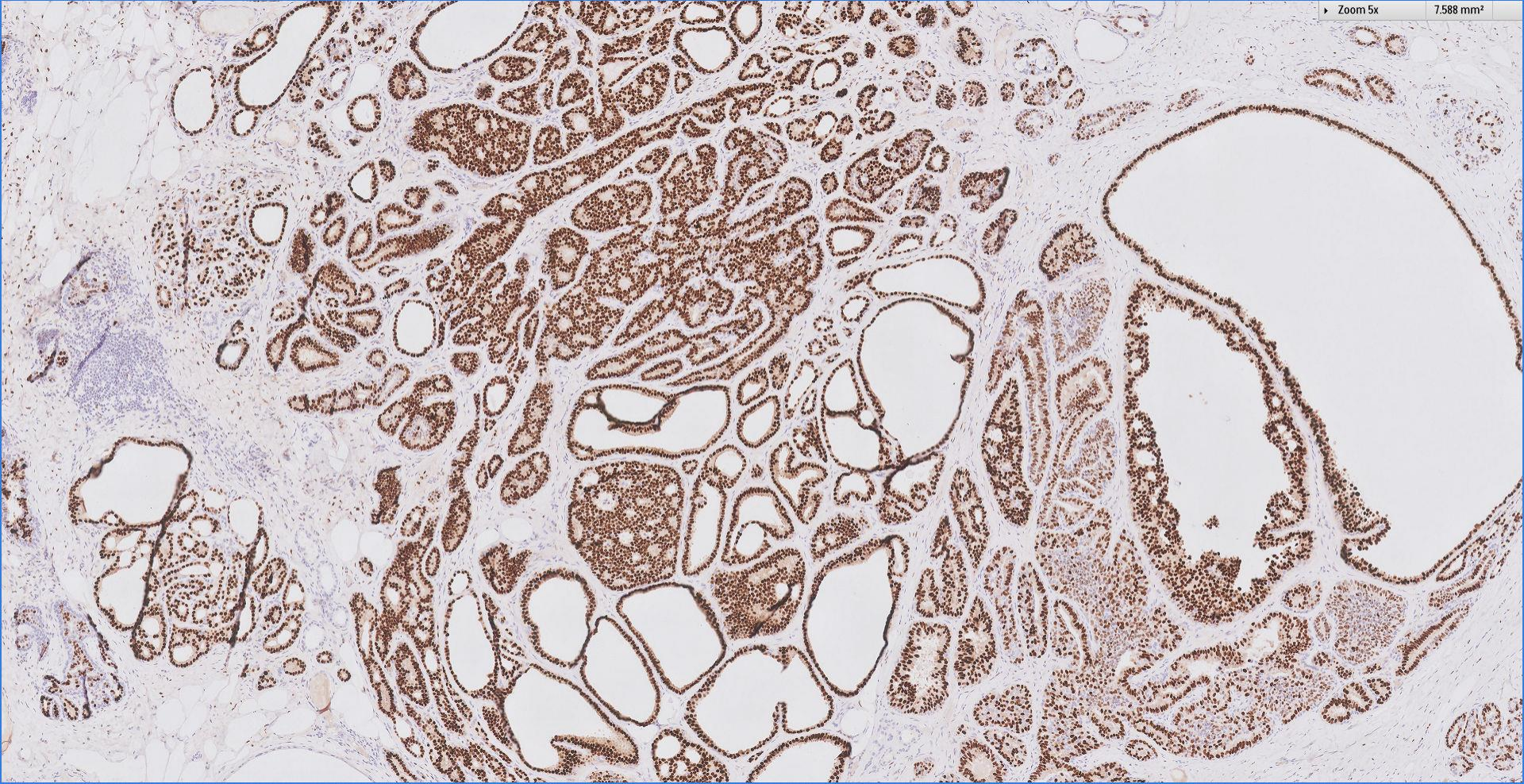
CK5/6



CK14

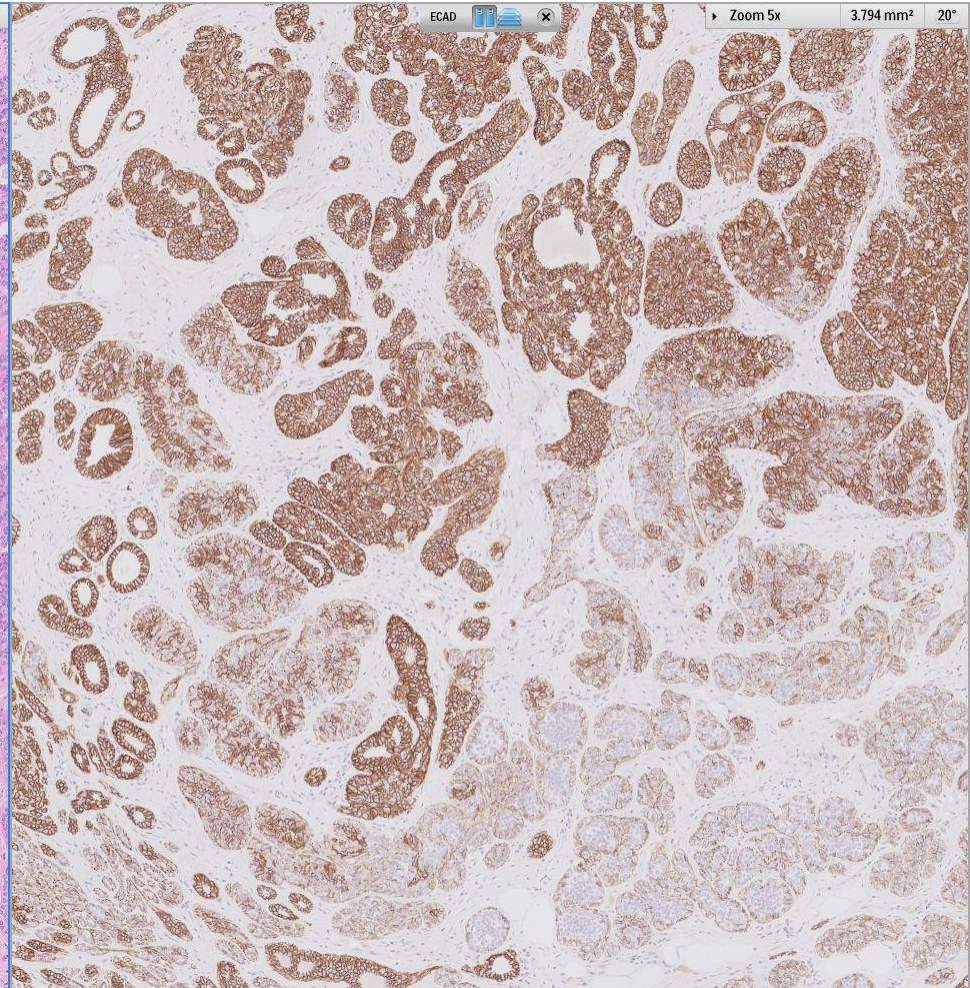
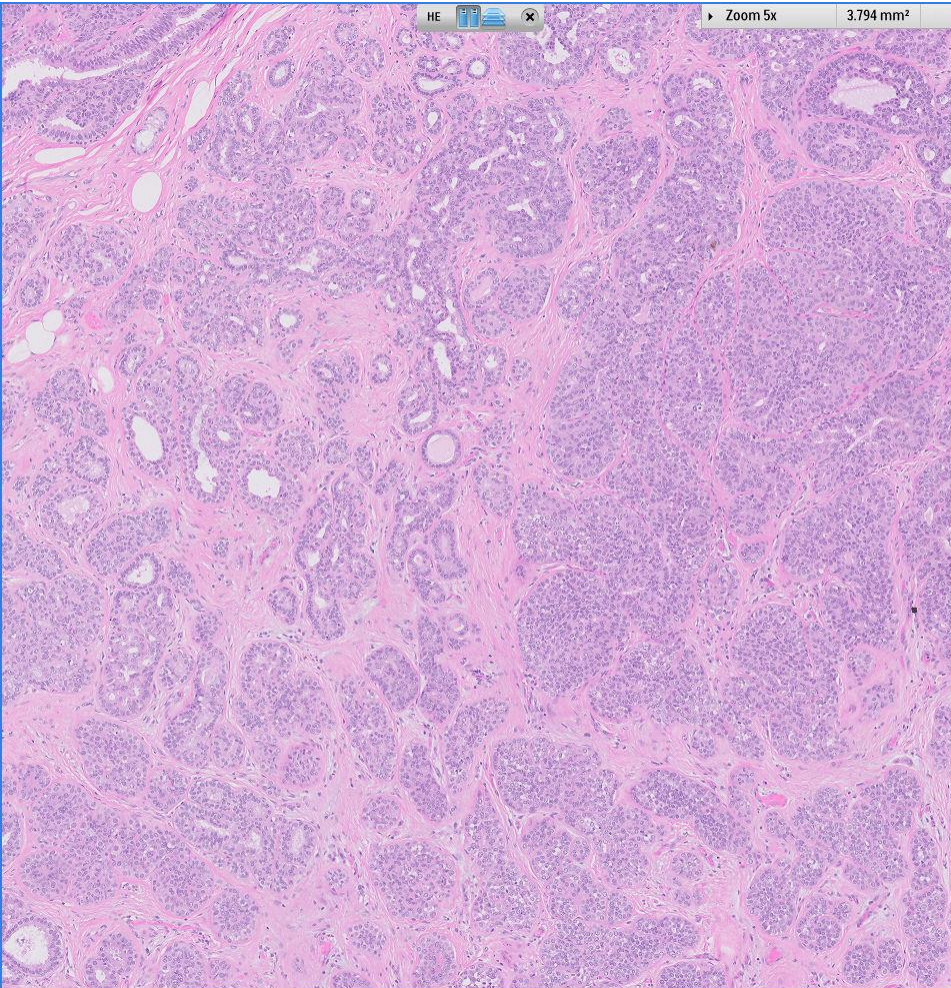


ER





# E-cadherin



## Case 13

Left breast hookwire localisation excision for radiological calcifications ~

DCIS, low nuclear grade, 6mm, with focal calcifications, without necrosis.

Florid LCIS, 5mm with 2 foci of microinvasive lobular carcinoma 0.2mm and 0.4mm.



# *Florid lobular carcinoma in situ*

- LCIS is a risk factor as well as non-obligate precursor to invasive breast cancer.
- **Florid LCIS** is a morphological variant of LCIS that is extensive or mass forming.
- Florid LCIS is associated with more aggressive histological features, less favourable biomarker profiles, more complex genetic abnormalities, and more likely to be accompanied by invasive disease.

*Arch Pathol Lab Med. 2017 Dec;141(12):1668-1678.*

Florid lobular carcinoma in situ: molecular profiling and comparison to classic lobular carcinoma in situ and pleomorphic lobular carcinoma in situ.

Shin SJ(1), Lal A, De Vries S, Suzuki J, Roy R, Hwang ES, Schnitt SJ, Waldman FM, Chen YY.

*Hum Pathol.* 2013 Oct;44(10):1998-2009.

- Compared with classic LCIS, florid LCIS displayed significantly more fraction genome alteration (mean, 0.109 versus 0.072;  $P=.007$ ), fraction genome loss (mean, 0.06 versus 0.03;  $P=.007$ ), numbers of breakpoints (mean, 11.55 versus 6.95;  $P=.002$ ), numbers of chromosome with breakpoints (mean, 5.85 versus 3.8;  $P=.004$ ), and higher numbers of amplifications (mean, 2.10 versus 0.25;  $P=.03$ ).

- Florid LCIS ~

- Same genetic complexity as apocrine pleomorphic LCIS.
- Same cytologic features, E-cadherin loss, and the lobular genetic signature of 1q gain and 16q loss found in classic LCIS.
- Demonstrates more genomic alterations than classic LCIS.
- Shares the same genetic complexity as apocrine pleomorphic lobular carcinoma in situ.

- Conclusion that florid LCIS is genetically more advanced compared with the indolent phenotype of classic LCIS, may explain the greater frequency of concurrent invasive carcinoma in florid LCIS compared with classic LCIS.

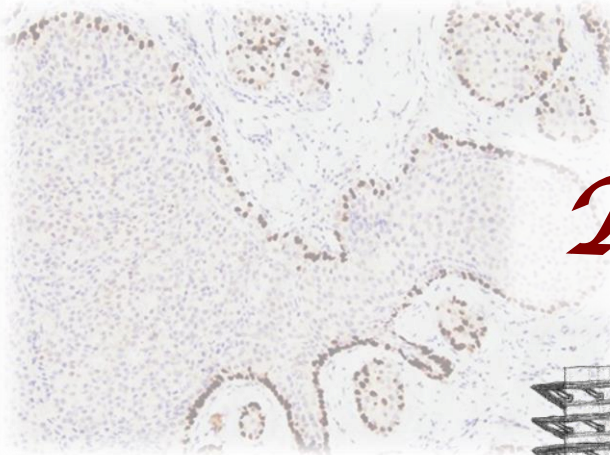
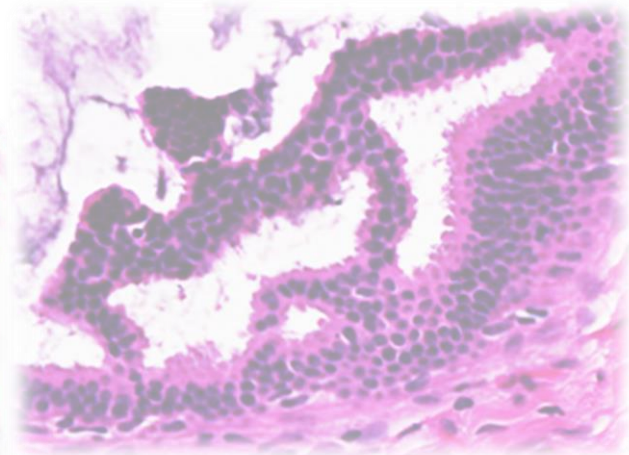
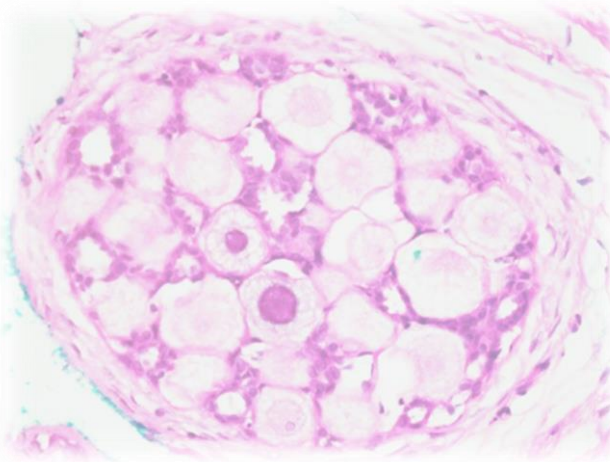
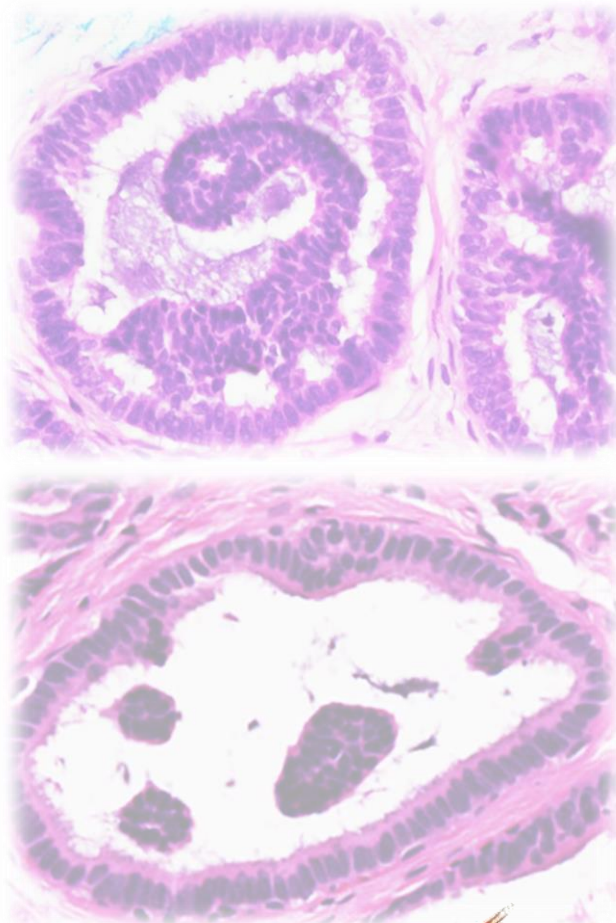
# Florid lobular carcinoma in situ: molecular profiling and comparison to classic lobular carcinoma in situ and pleomorphic lobular carcinoma in situ<sup>☆</sup>

Sandra J. Shin MD<sup>a,\*</sup>, Aseem Lal MD<sup>b</sup>, Sandy De Vries MS<sup>b</sup>, Junko Suzuki MD, PhD<sup>b</sup>, Ritu Roy MA<sup>c</sup>, E. Shelley Hwang MD, MPH<sup>d</sup>, Stuart J. Schnitt MD<sup>e</sup>, Frederic M. Waldman MD, PhD<sup>b,c</sup>, Yunn-Yi Chen MD, PhD<sup>f</sup>

Human Pathology (2013) 44, 1998–2009

diagnosis. To qualify for the study, the lesions needed to demonstrate a “florid” or marked expansion of the TDLUs by a solid proliferation of dyshesive nonpleomorphic (high nuclear grade) cells with or without necrosis and/or calcifications. Other morphological features evaluated included

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*Thank you!*

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Division of Pathology

 SingHealth DukeNUS  
ACADEMIC MEDICAL CENTRE  
**PATHOLOGY**

 IAP  
International Academy of Pathology  
Singapore Division



THE ACADEMIA,  
SINGAPORE GENERAL HOSPITAL 09.05.2014

*Handwritten signature*