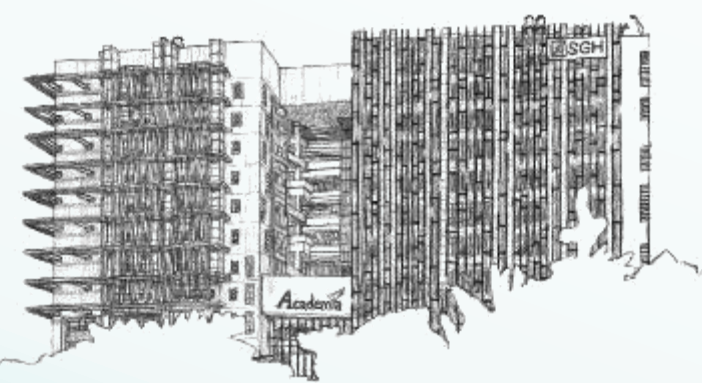
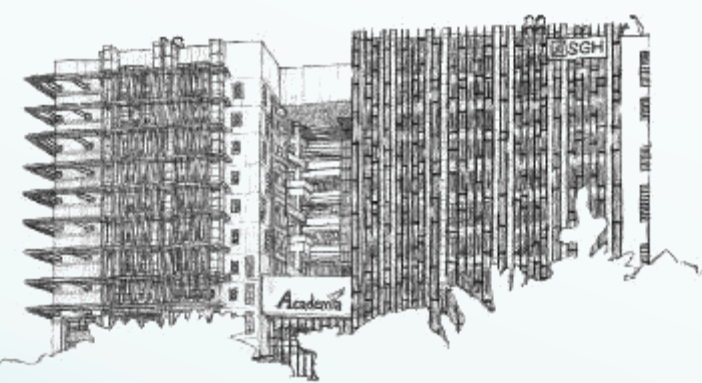


 Breast  
Pathology  
Course 2019

- 46 yo Female
- Bilat breast lumps

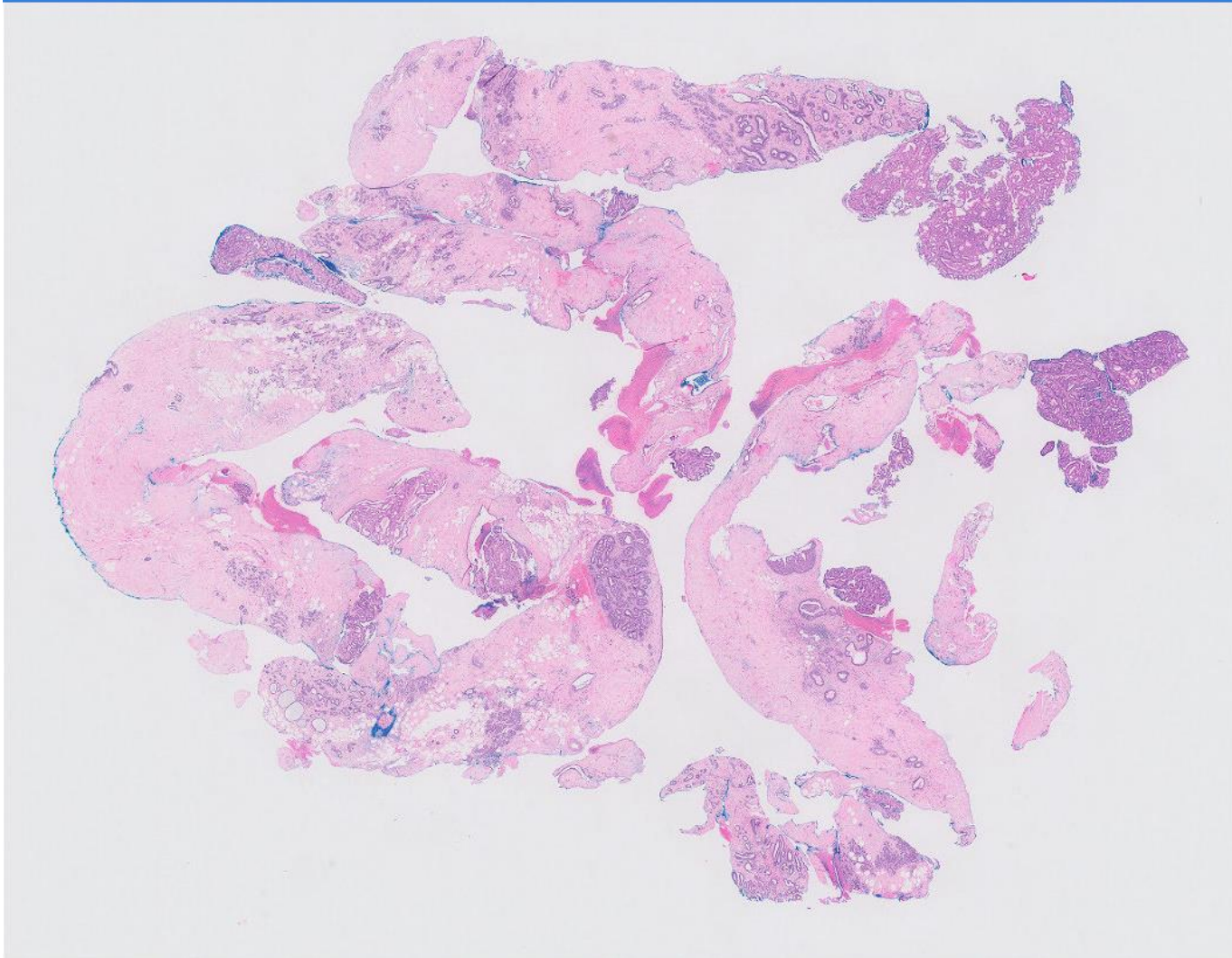


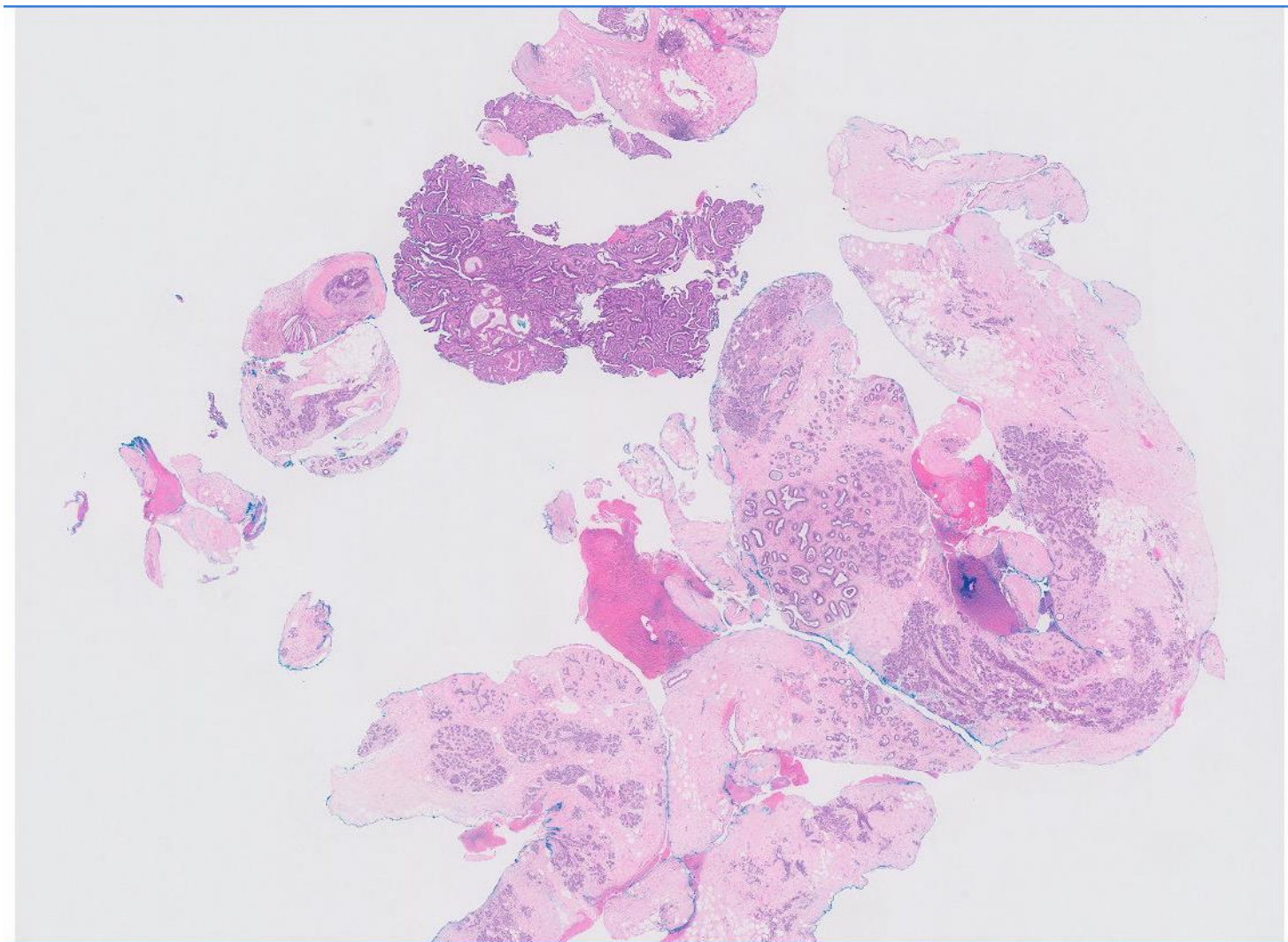
- US: There are numerous bilateral hypoechoic breast nodules. One particular nodule at the 1 o'clock position of the left breast shows indeterminate morphology. Histological correlation is advised.

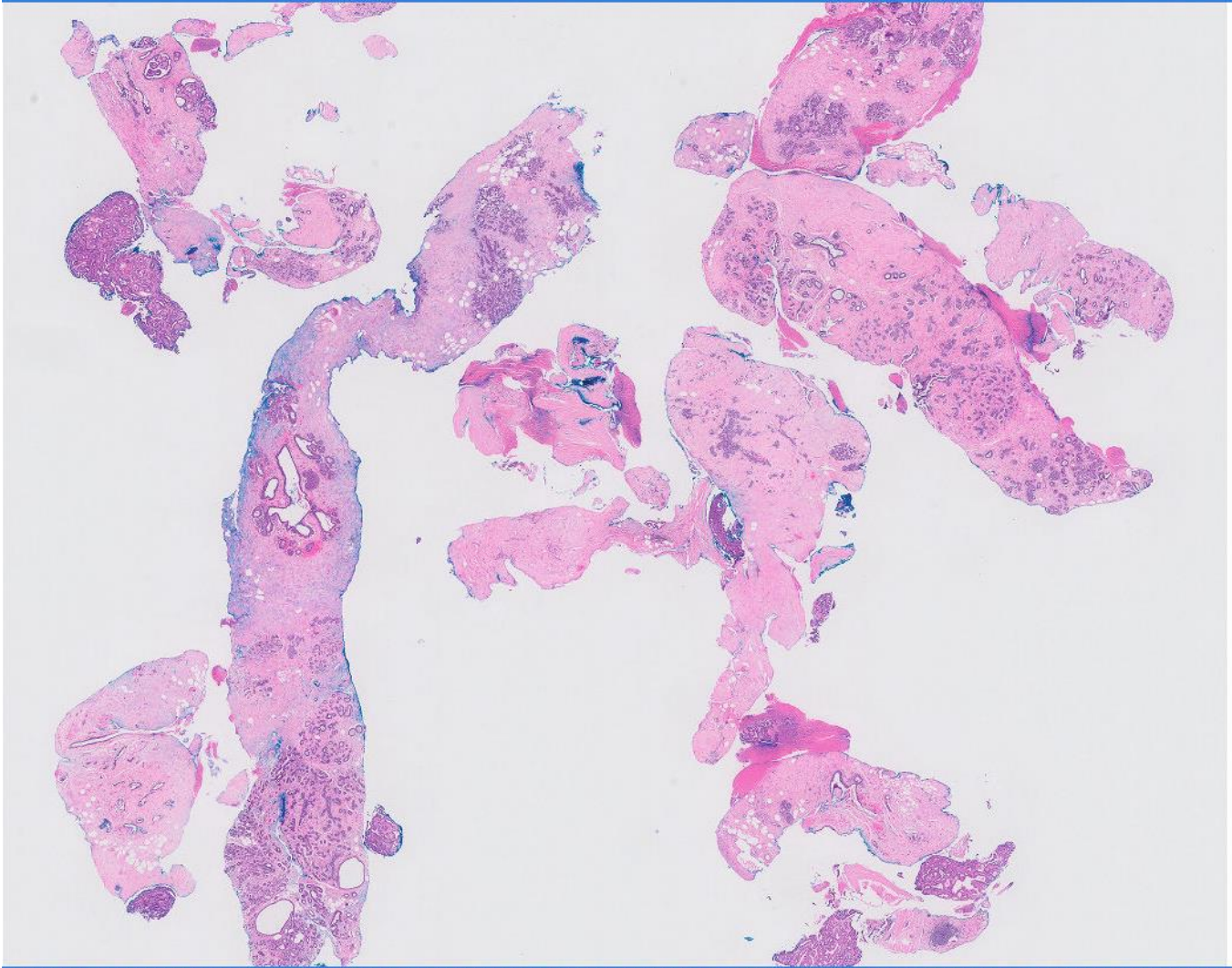


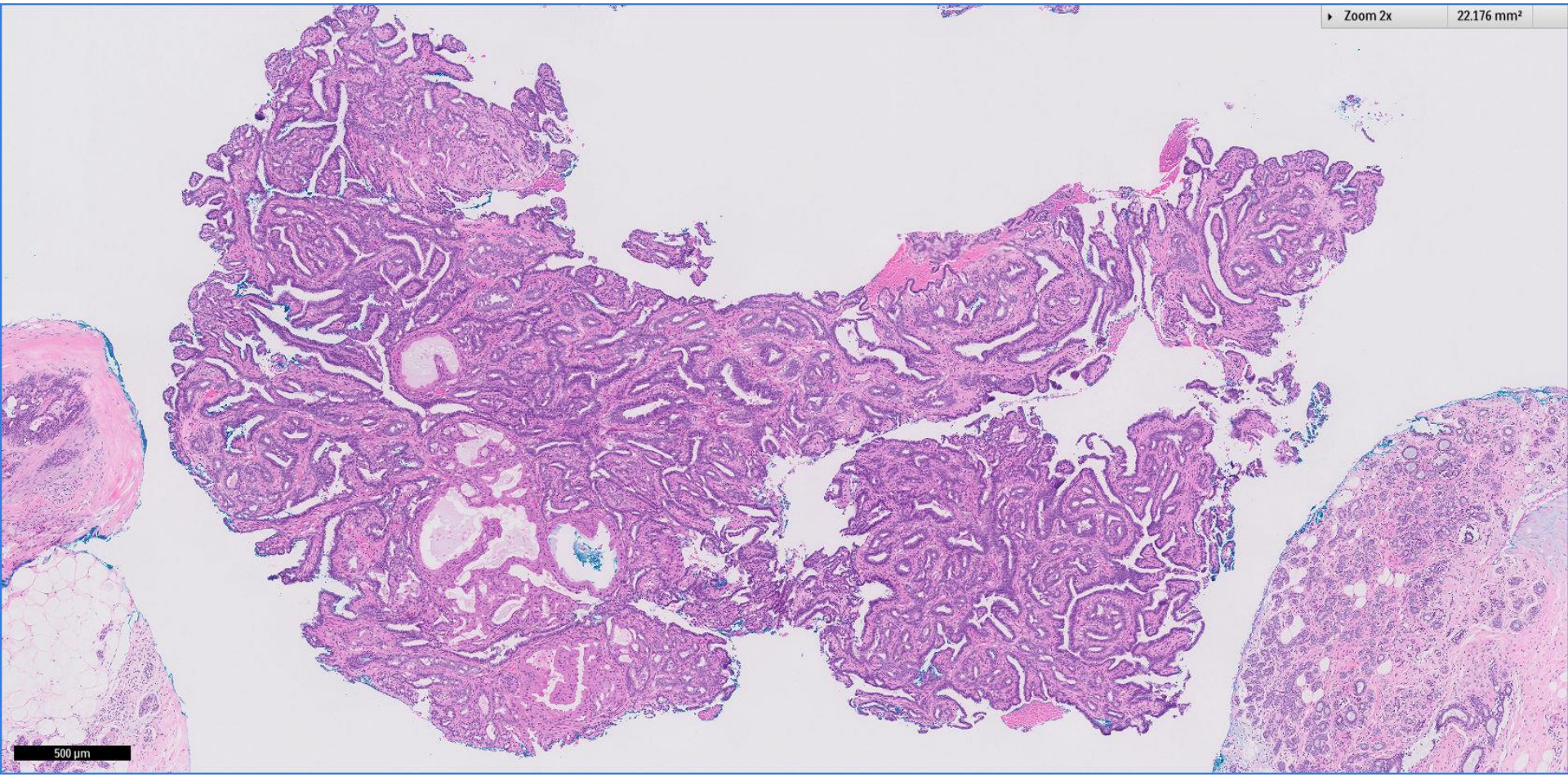


# US VAB performed



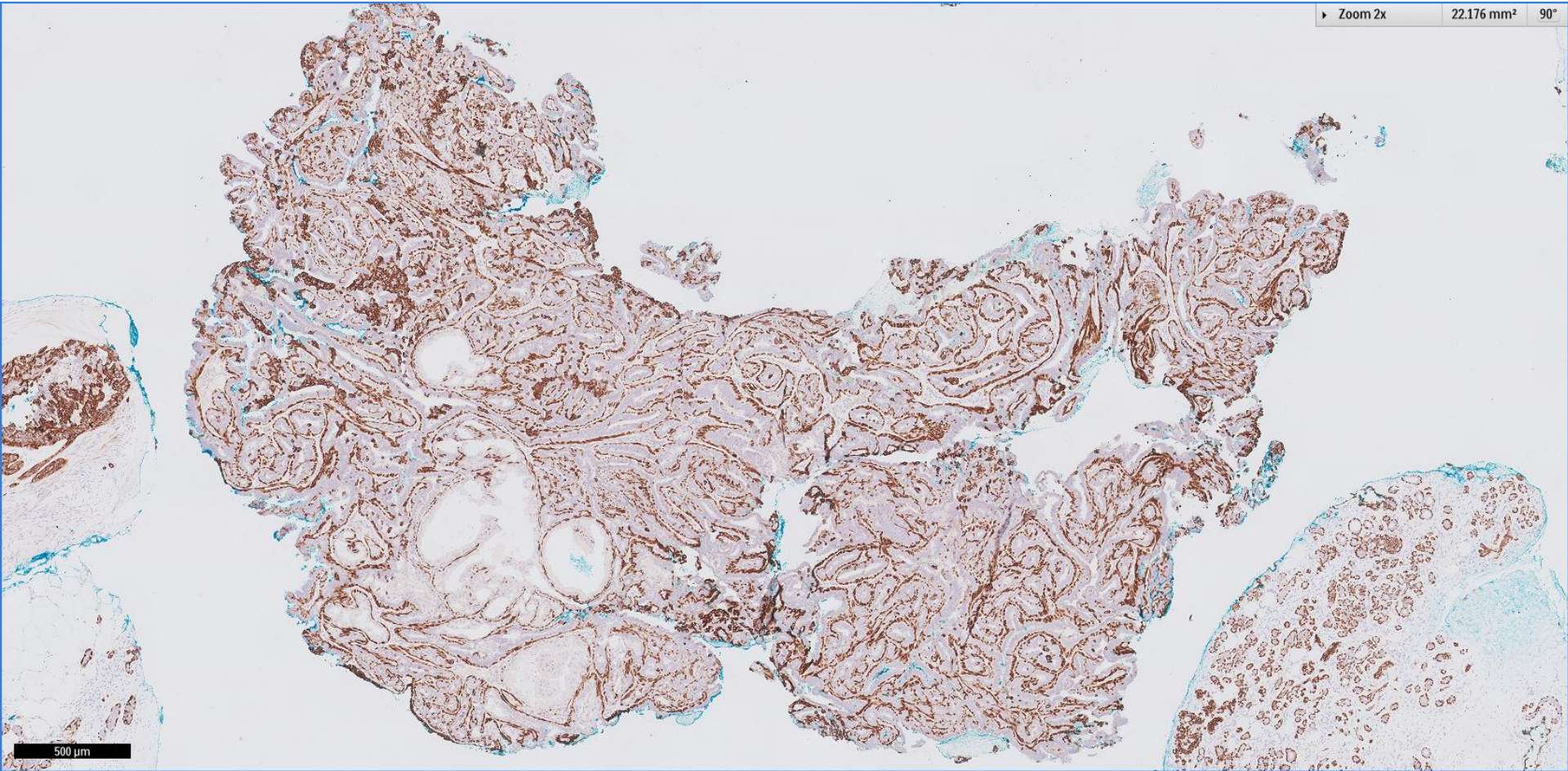






500  $\mu$ m

# P63 + CK5/6

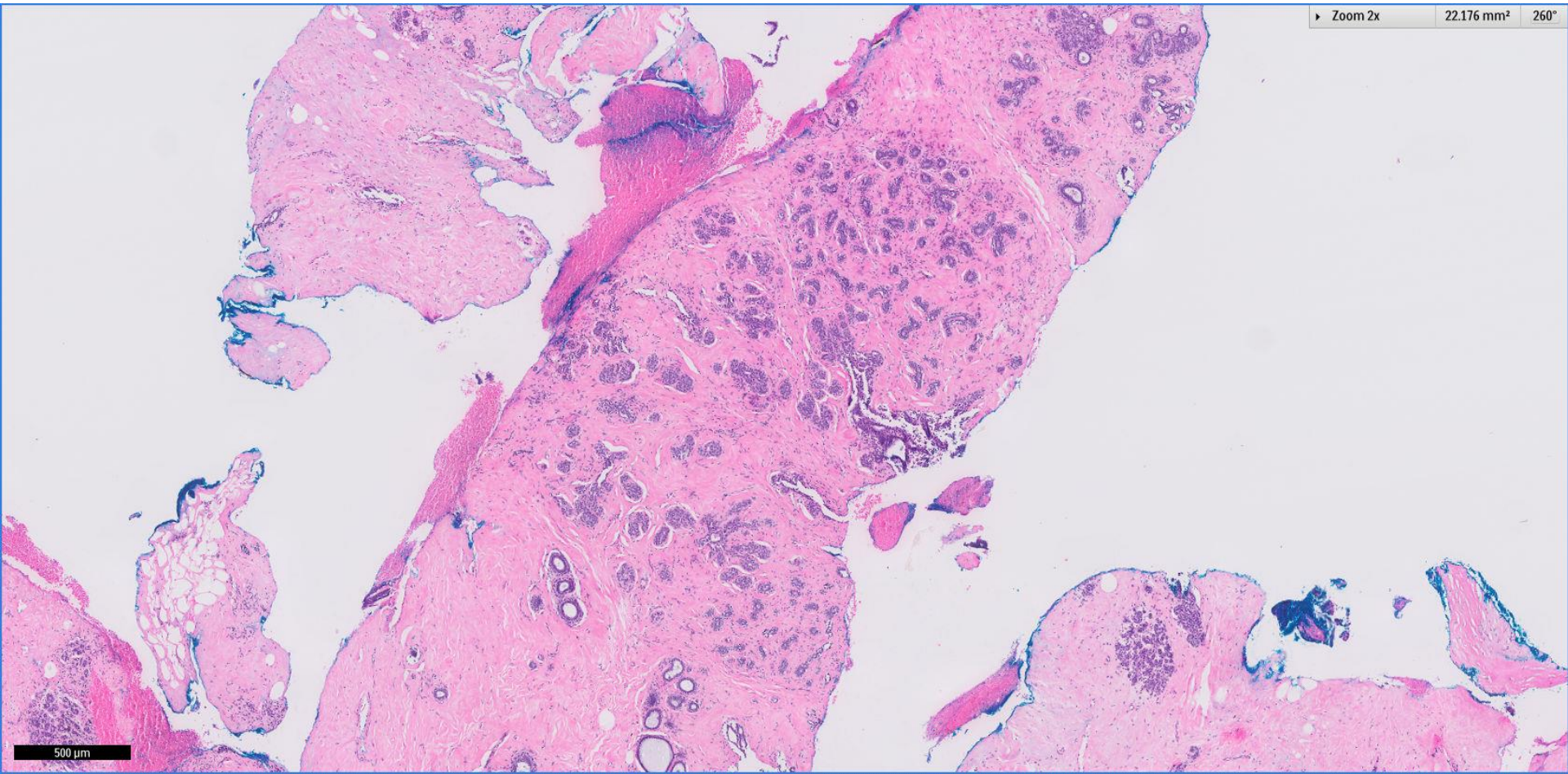




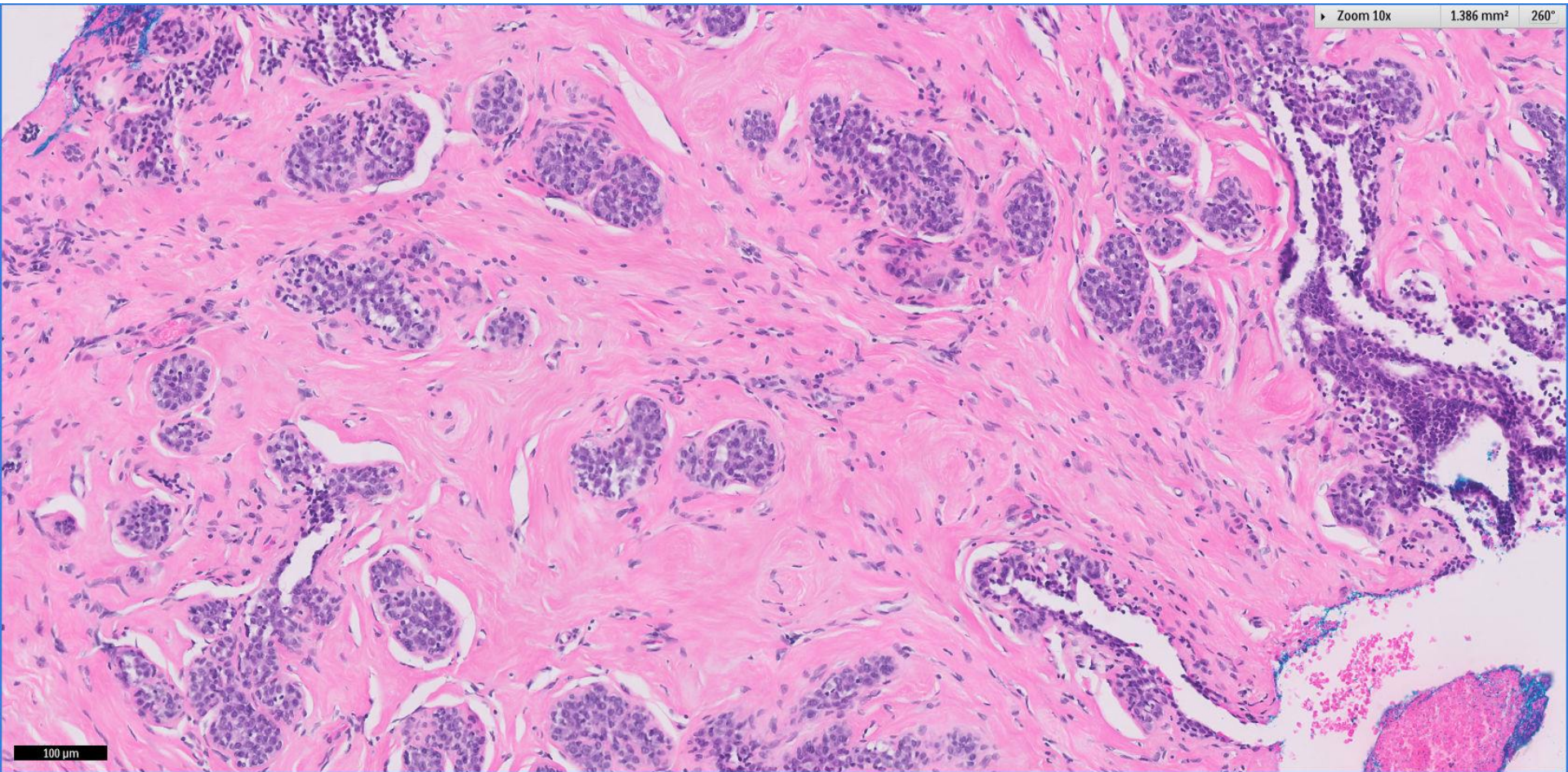
## Question 11.1

What is your diagnosis?

- A. Benign
- B. Atypical
- C. Malignant



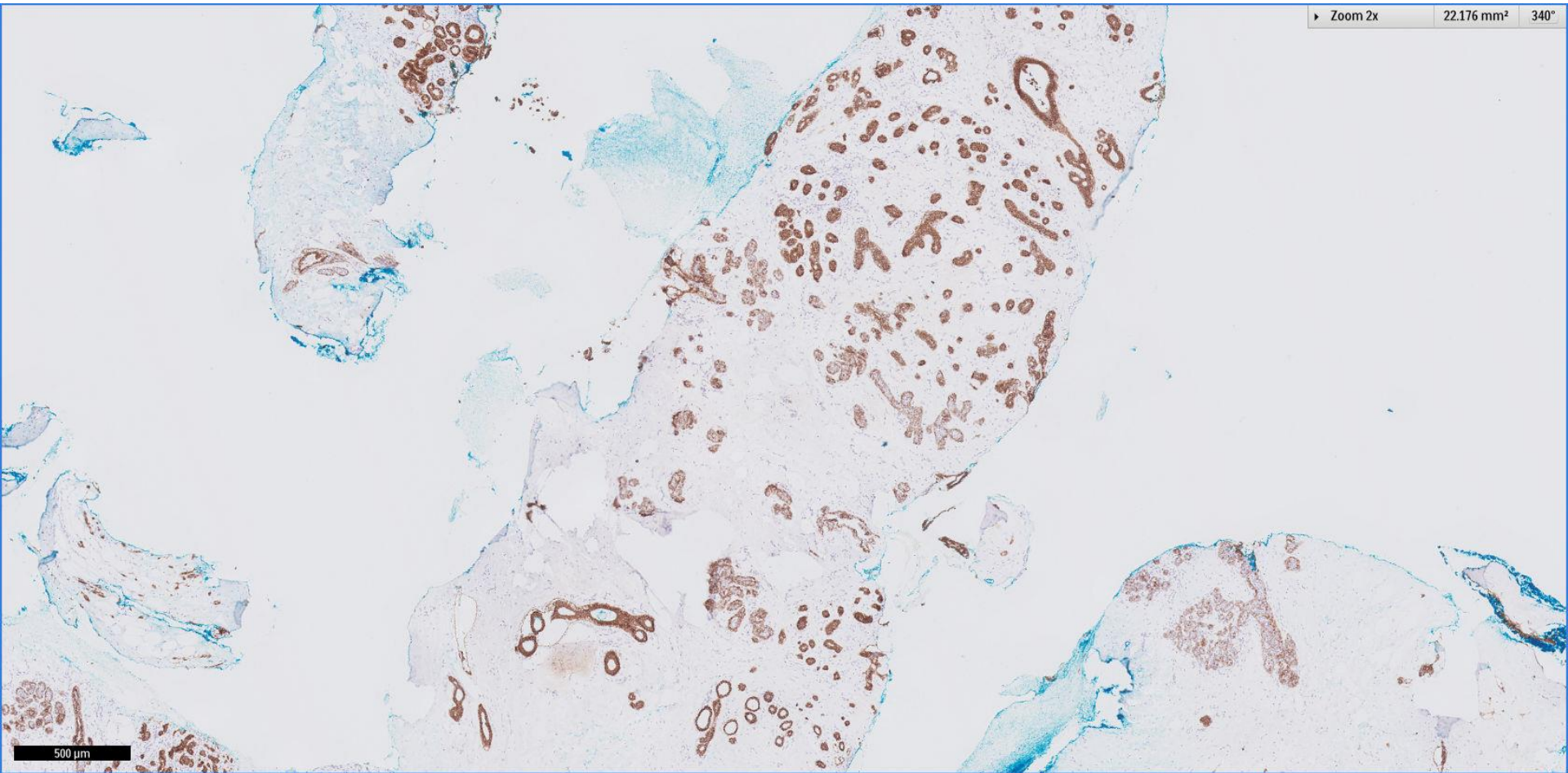
500 μm



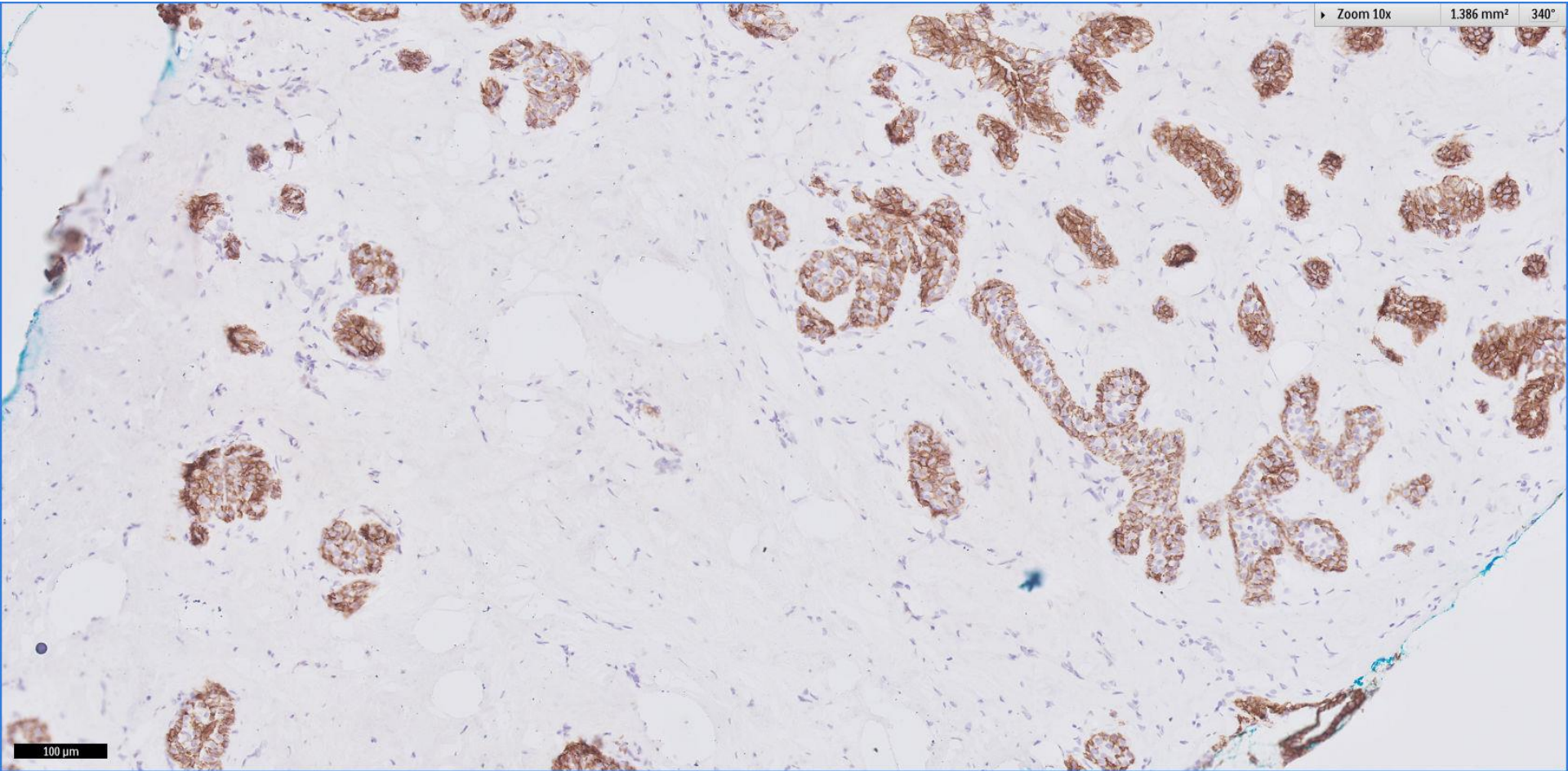
Zoom 10x 1.386 mm<sup>2</sup> 260°

100 μm

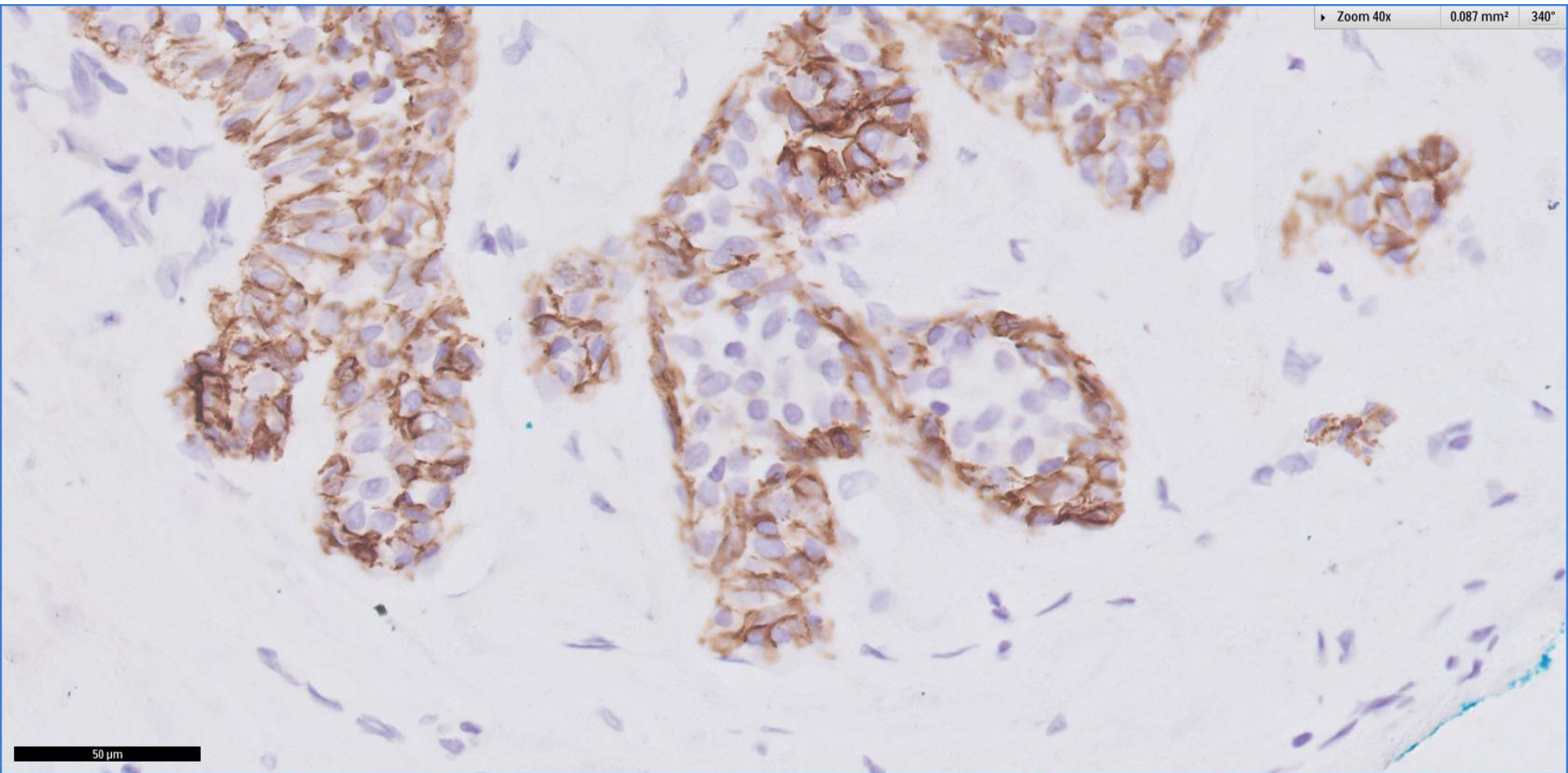
# E-cadherin

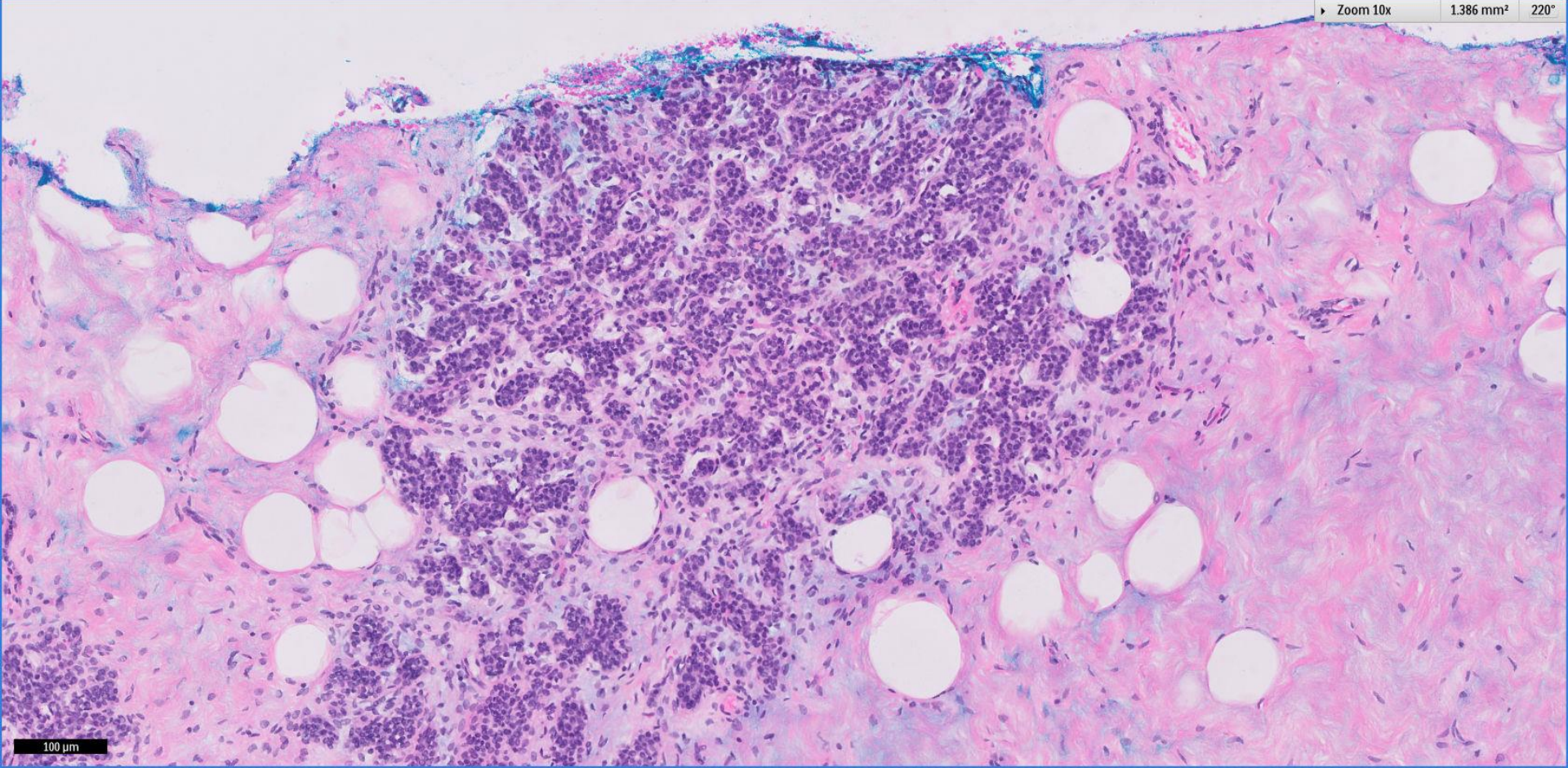


# E-cadherin



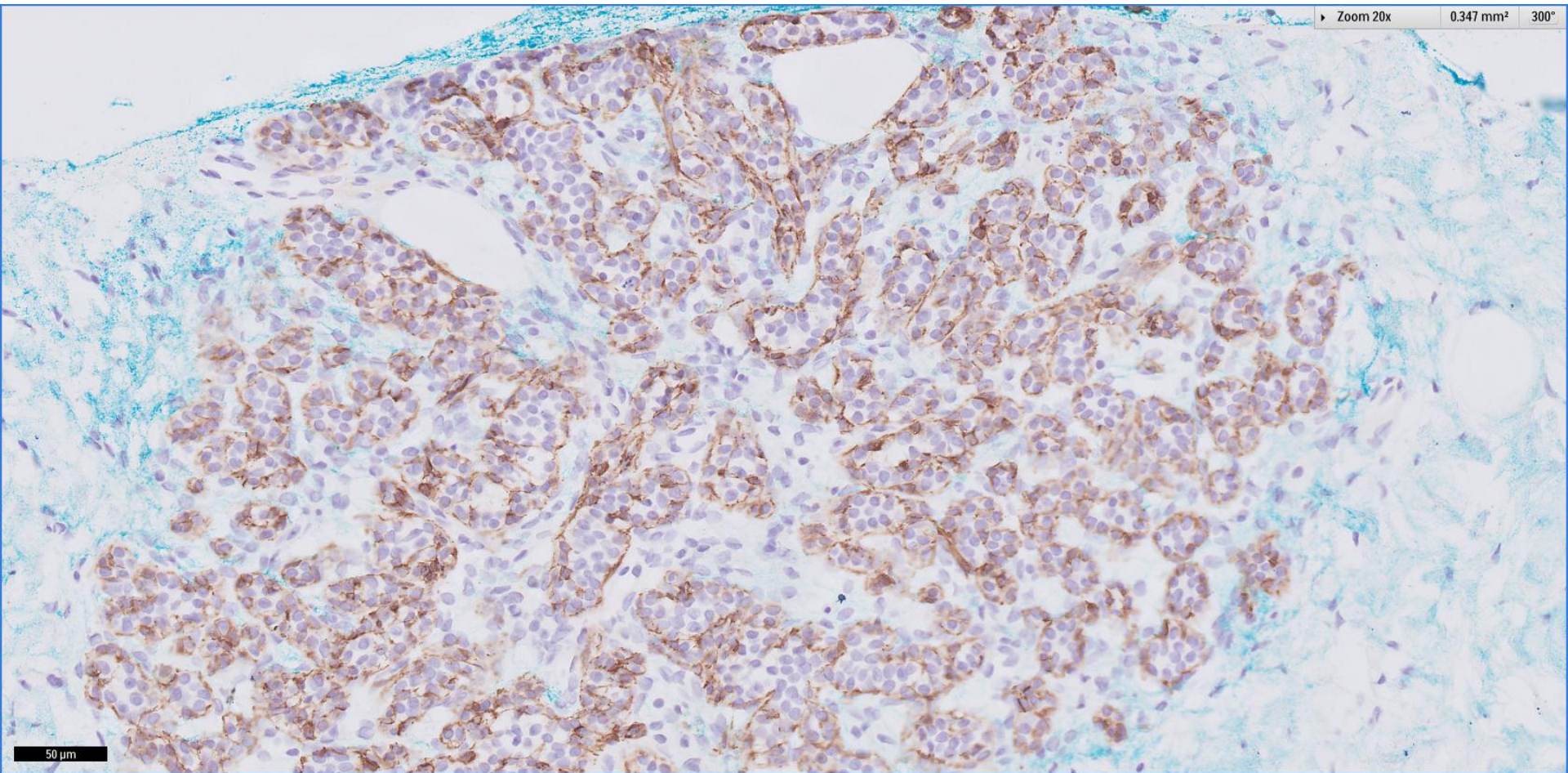
# E-cadherin





100  $\mu$ m

# E-cadherin





# Diagnosis

Left breast 1 o'clock nodule: ultrasound-guided vacuum assisted biopsy:

- (Portions of) Papillary lesion
- Atypical lobular hyperplasia (ALH)
- Calcifications identified

Comment: If the lesion of concern has been completely sampled, findings can be consistent with intraductal papilloma with atypical lobular hyperplasia (ALH).

# Question 11.2

## Management

- A. Further excision with wide margins
- B. Mastectomy
- C. Follow up

Consensus: Follow up in 6 months

# Lobular Neoplasia

- ALH and LCIS confer a long-term increased risk for the subsequent development of breast cancer
- Cumulative incidence of invasive breast cancer after a diagnosis of LCIS was 17% at 15 years (Hum Path 1991;22(12):1232-9)
- In studies of ALH and LCIS diagnosed on CNB with clinico-radiological follow-up only (i.e. not excised), approx. 2% of patients developed carcinoma near CNB site in 2-5 years
- However, this may represent undersampling rather than true short-term progression
- RR of invasive breast carcinoma
  - After LCIS diagnosis: 7 to 10 times general population
  - After ALH diagnosis: 3 to 5 times general population

# Lobular Neoplasia

- Recent study of series of CNBs with LCIS in a prospective multi-institutional registry indicated an upgrade rate of 1% to 3% for those cases with central pathology review

# Lobular Neoplasia

- American Society of Breast Surgeons (2016):
- “we no longer advocate routine excision of ALH or LCIS when the radiological and pathological diagnoses are concordant, and no other lesions requiring excision are present”

# Lobular Neoplasia

- Data on upgrade rate to malignancy with less common (non-classic) variants of LCIS is limited
- Pleomorphic LCIS and florid LCIS are more likely to be associated with microcalcifications (i.e. less likely to be incidental findings)
- In current practice, patients with non-classic LCIS are usually referred for surgical excision, due to greater reported incidence of association with invasive carcinoma