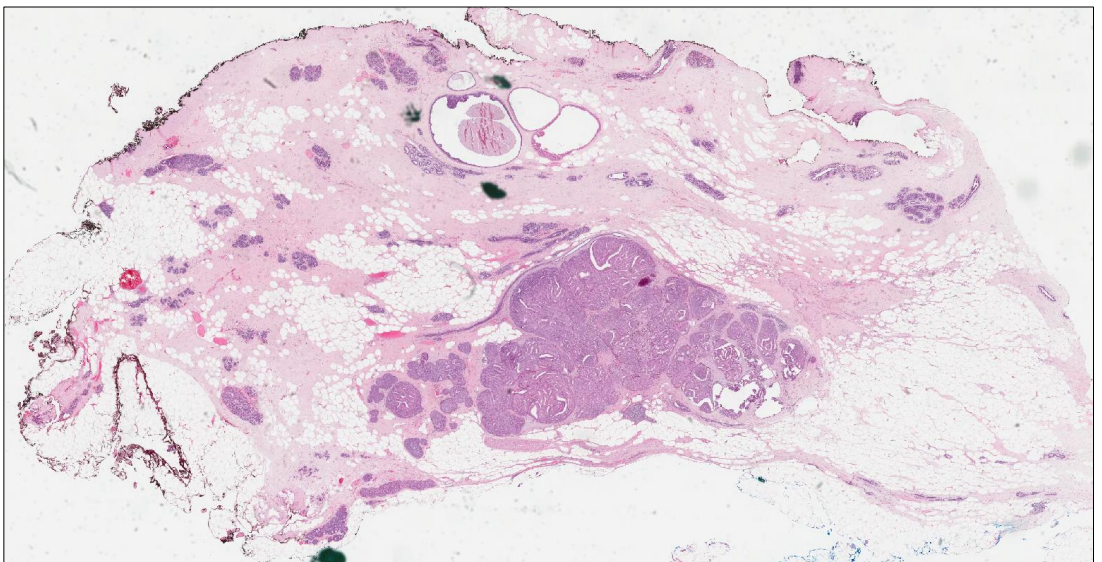
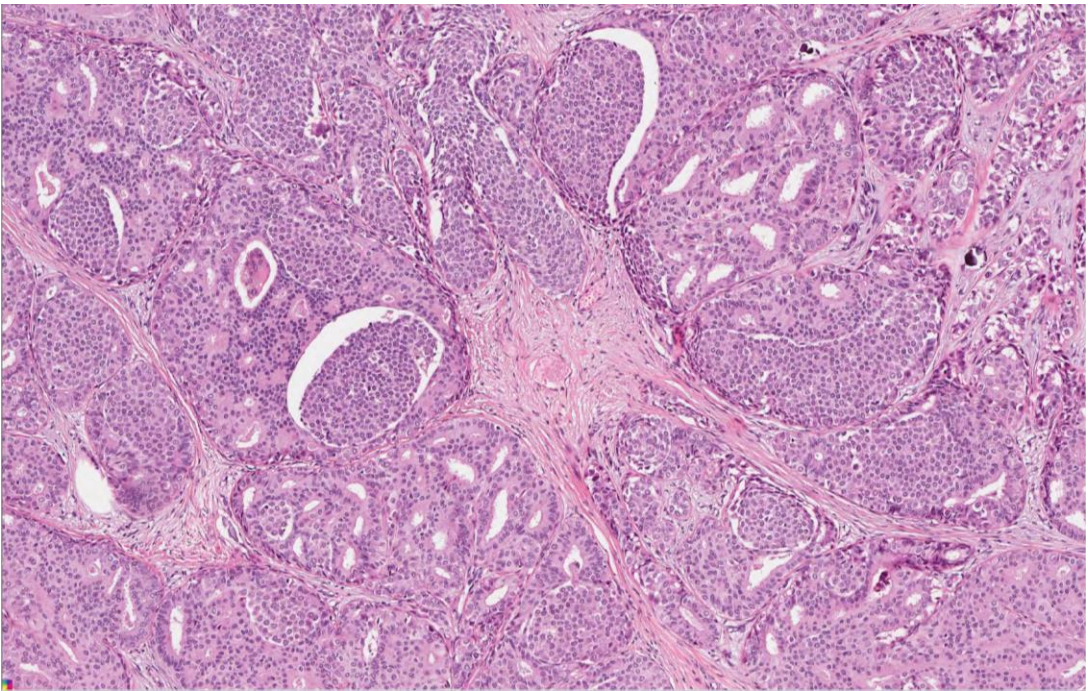
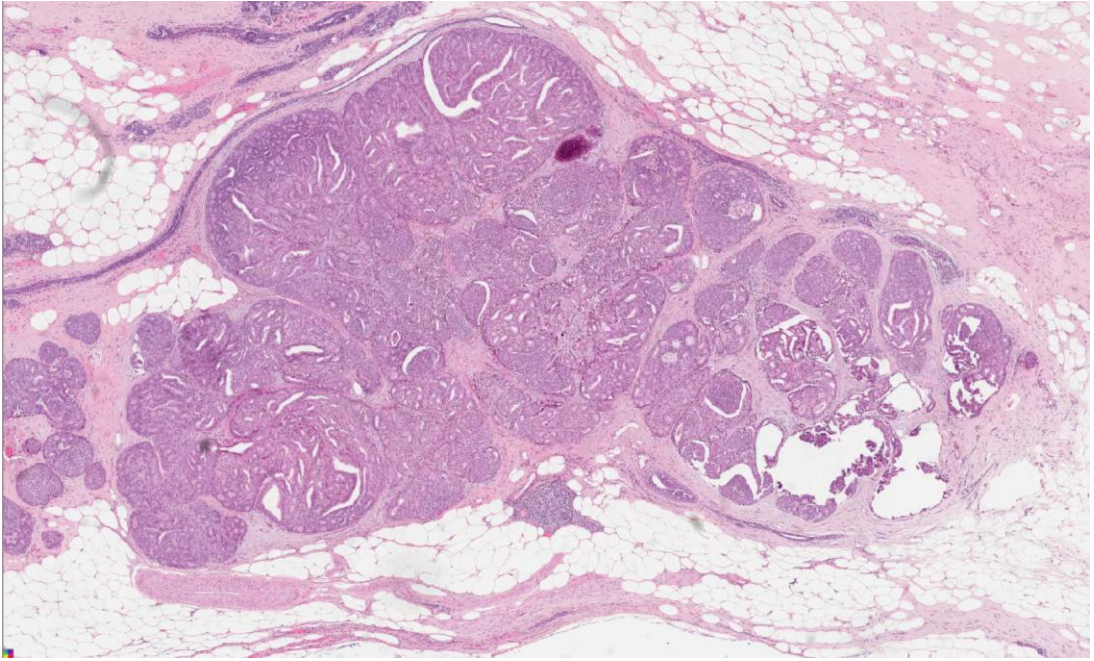


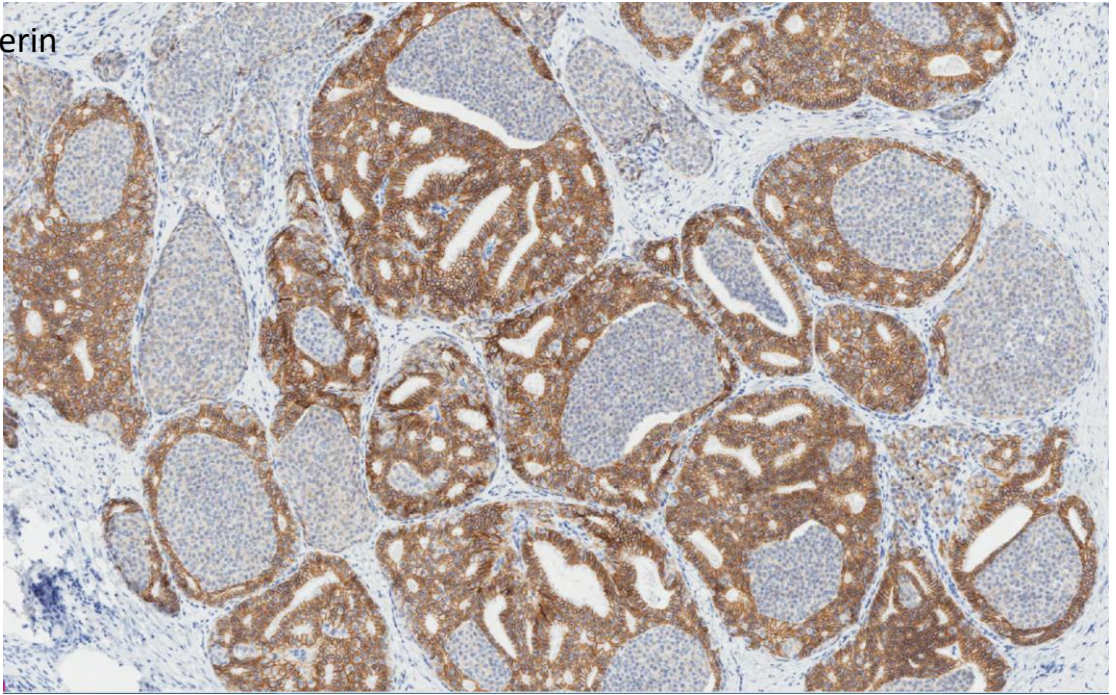
Case 7

Case 7 • 50 year female microcalcifications in the left breast.





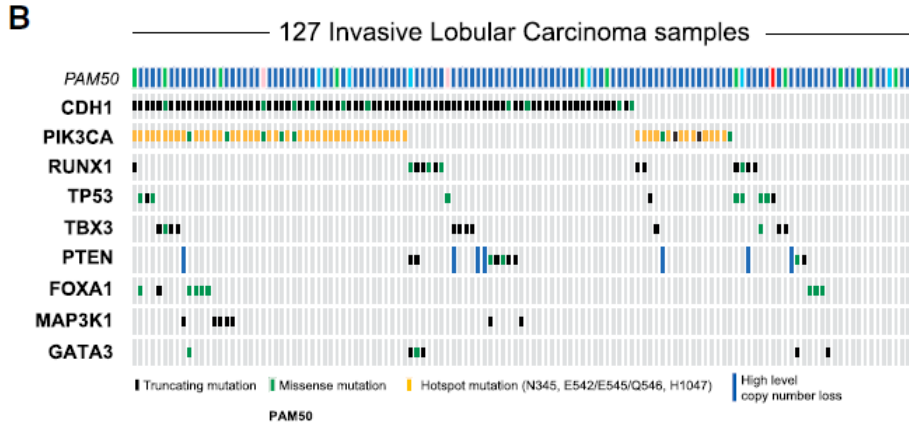
E Cadherin



DCIS and LCIS

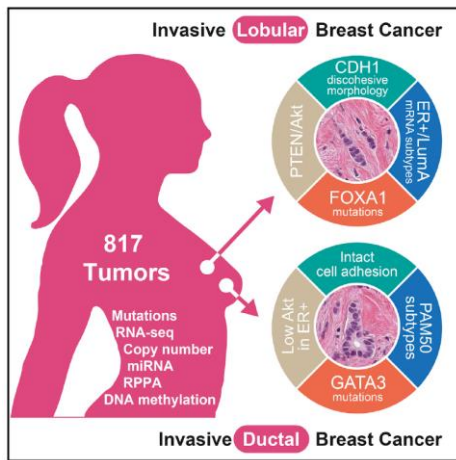
- Both arise from the same location – TDLU
- Morphological very similar
 - except for glandular architecture ? Related to E-cadherin
- Seldom seen together
 - ? Molecular differences – not yet identified.
- LCIS – Increasingly considered as a benign lesion (AJCC 9th ed)
- DCIS – increasingly being managed conservatively

Molecular profile of ILC

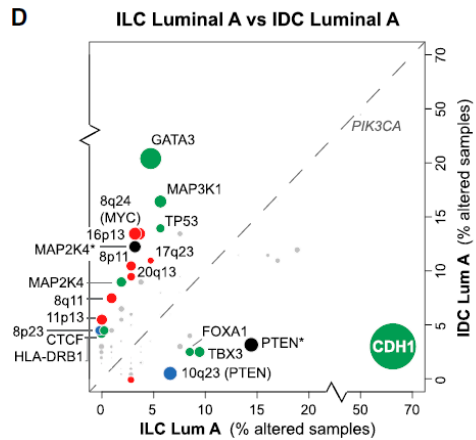


Ciriello et al Cell 2015

IDC and ILC



Ciriello et al Cell 2015



Ecadherin utility

Dabbs et al

Am J Surg Pathol • Volume 37, Number 7, July 2013

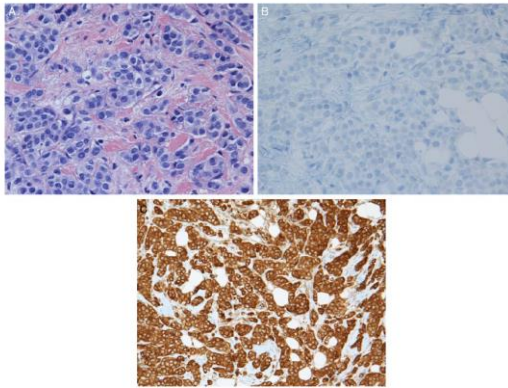


FIGURE 3. Invasive lobular carcinoma lacking E-cadherin expression and displaying cytoplasmic expression of p120 catenin. A, Invasive lobular carcinoma (hematoxylin/eosin). B, Complete loss of membranous E-cadherin expression is characteristic of lobular lesions (E-cadherin, diaminobenzidine). C, Cytoplasmic p120 catenin expression is characteristic of lobular cells displaying E-cadherin loss or dysfunction (p120 catenin, diaminobenzidine).

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E-Cadherin IHC in Lobular Neoplasia of the Breast

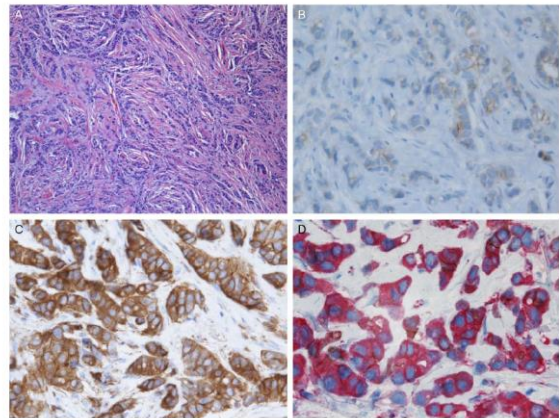


FIGURE 4. Aberrant E-cadherin in invasive lobular carcinoma. A, Invasive carcinoma (hematoxylin/eosin). B, Weak, patchy, segmental E-cadherin expression is indicative of aberrant expression. C, p120 catenin is expressed in a cytoplasmic pattern indicative of lobular carcinoma (B and C, diaminobenzidine). D, Dual immunostain for E-cadherin (brown) and p120 catenin (red) in another area of the same case shows segmental E-cadherin and cytoplasmic p120 catenin (E-cadherin, diaminobenzidine; p120 catenin, aminoethylcarbazole).

Differentiation may be important

- LCIS
 - Increasingly considered as a benign lesion (AJCC 9th ed)
 - Recognized to be multicentric
 - Margins not evaluated.

- But -- DCIS is also increasingly being managed conservatively

Take Home message

- E-cadherin only when histology is equivocal
- No significant molecular differences
- DCIS vs LCIS
 - Management dramatically different
 - Should it be?