

Extensive, pure micropapillary Ductal Carcinoma in Situ (Download PDF Version)

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Of the candidate special types of ductal carcinoma in situ which have special or possibly special clinical implications, of pure micropapillary ductal carcinoma in situ is certainly the most ready for general acceptance. Thus, as we structure the categories of invasive mammary carcinoma, with ductal carcinoma in situ there is a general type which is graded usefully, and some special types. The general or no special type DCIS is graded into low, intermediate and high grade with the nuclear grade as the major basis. Special types of DCIS are not generally accepted, but are useful in the manner of special invasive types by recognizing clustering of anatomic features that are useful either to indicate special clinical features, or to aid in diagnosis when usual features of the common DCIS patterns are lacking.

We believe that micropapillary type of ductal carcinoma in situ only has special implications when it is present in pure form. It has long been known that micropapillae can coexist with the cribriform pattern of ductal carcinoma in situ, and the usually somewhat circumscribed (especially in smaller examples) pattern of DCIS is usually seen with those cases evidencing mixed pattern, low grade DCIS.

There are few formal studies in the world's literature where the extensiveness of the pure micropapillary ductal carcinoma in situ is implicated. The first of these was published by Patchefsky, et al. in which these authors demonstrated from mastectomy specimens removed for DCIS that lesions were very much larger when purely micropapillary as opposed to comedo, cribriform or solid. This specific evaluation was also clearly stated in a study by Bellamy, et al. from Edinburgh, Scotland. The purely micropapillary cases were often filling one quadrant and present in an adjacent quadrant of the breast. In our own experience, this is often the case. Obviously, in an individual case, the actual extent of the lesion needs to be ascertained.

In this particular case the original biopsy of approximately 2 cm. had extensive micropapillary ductal carcinoma in situ. This point was made clear and after another biopsy indicated presence in another quadrant, a mastectomy was done from which the current material is available. The lesion was present in at least two and probably three quadrants of the breast. Note that micropapillomas are also present.

The second reason for accepting pure micropapillary DCIS as a useful clinical entity is that the extensiveness is present independent of cytologic grade, and attempts at grading are difficult because of variability of nuclear grade in many of these cases (Scott et al., 1997)

Bellamy, C., McDonald, C., Salter, D.M., Chetty, U. and Anderson, T.J., Noninvasive ductal carcinoma of the breast: the relevance of histologic categorization. *Hum Pathol*, 24: 16-23,1993.

Patchefsky, A.S., Schwartz, G.F., Finkelstein, S.D., Prestipino, A., Sohn, S.E., Singer, J.S. and Feig, S.A., Heterogeneity of intraductal carcinoma of the breast. *Cancer*, 63: 731-741,1989.

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