

The 16<sup>th</sup> KBCCC 2013年2月2日 (土)

## DCISの病理

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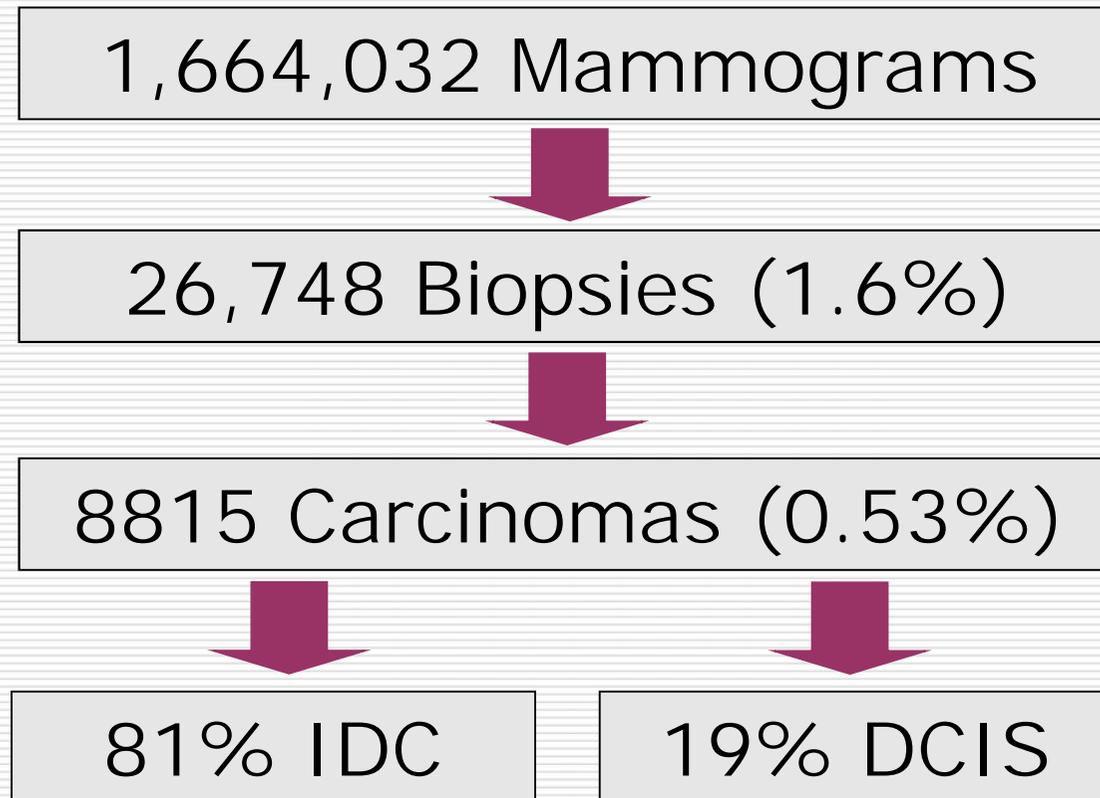
Kyoto University Hospital, Department of Diagnostic Pathology



# Ductal carcinoma in situ (DCIS)

- 浸潤乳管癌の前駆病変
- 乳癌全体の12~24%を占める

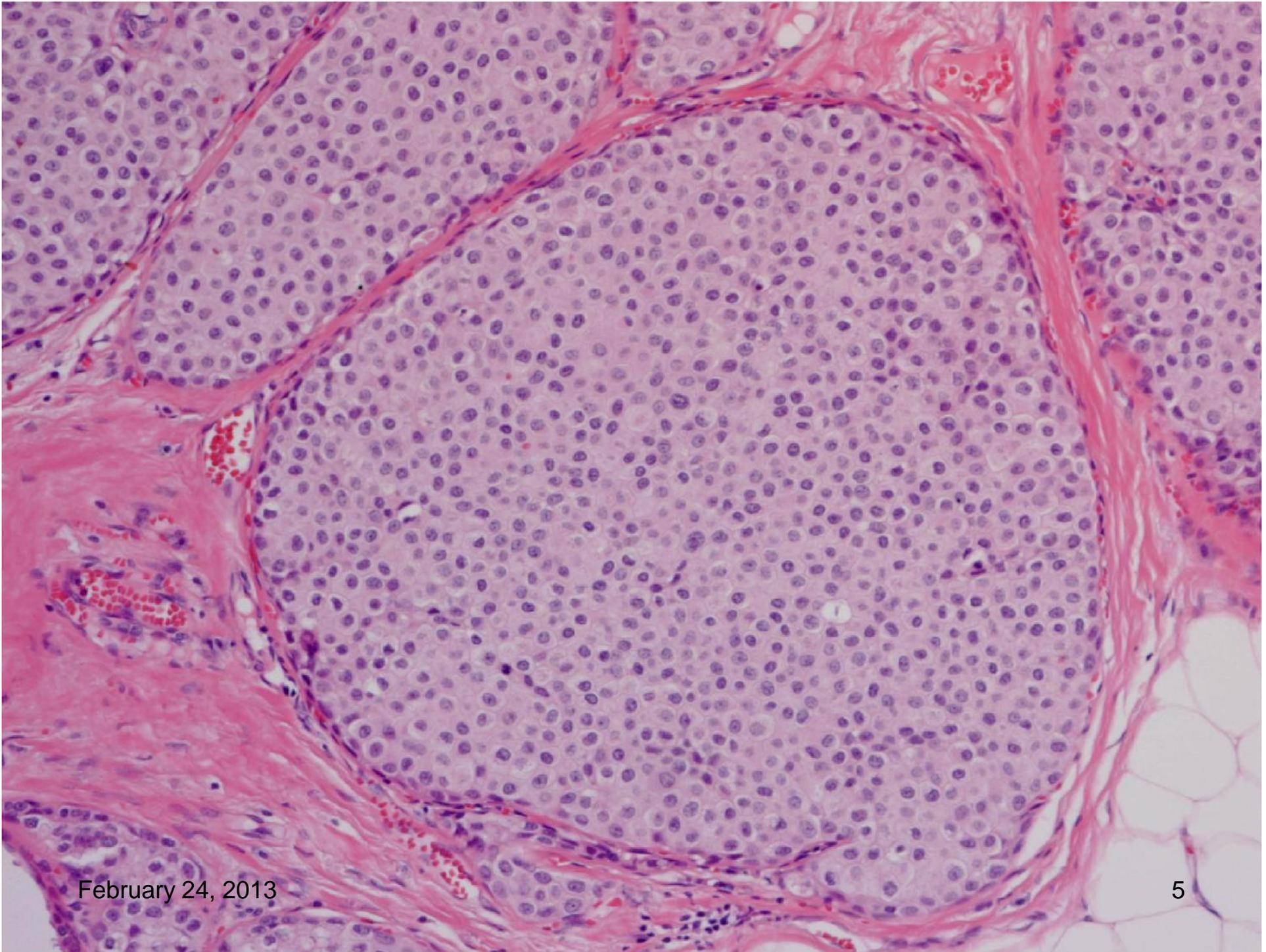
# マンモグラフィー検診で検出されたDCIS (Weaver et al. Cancer 2006; 106.732)



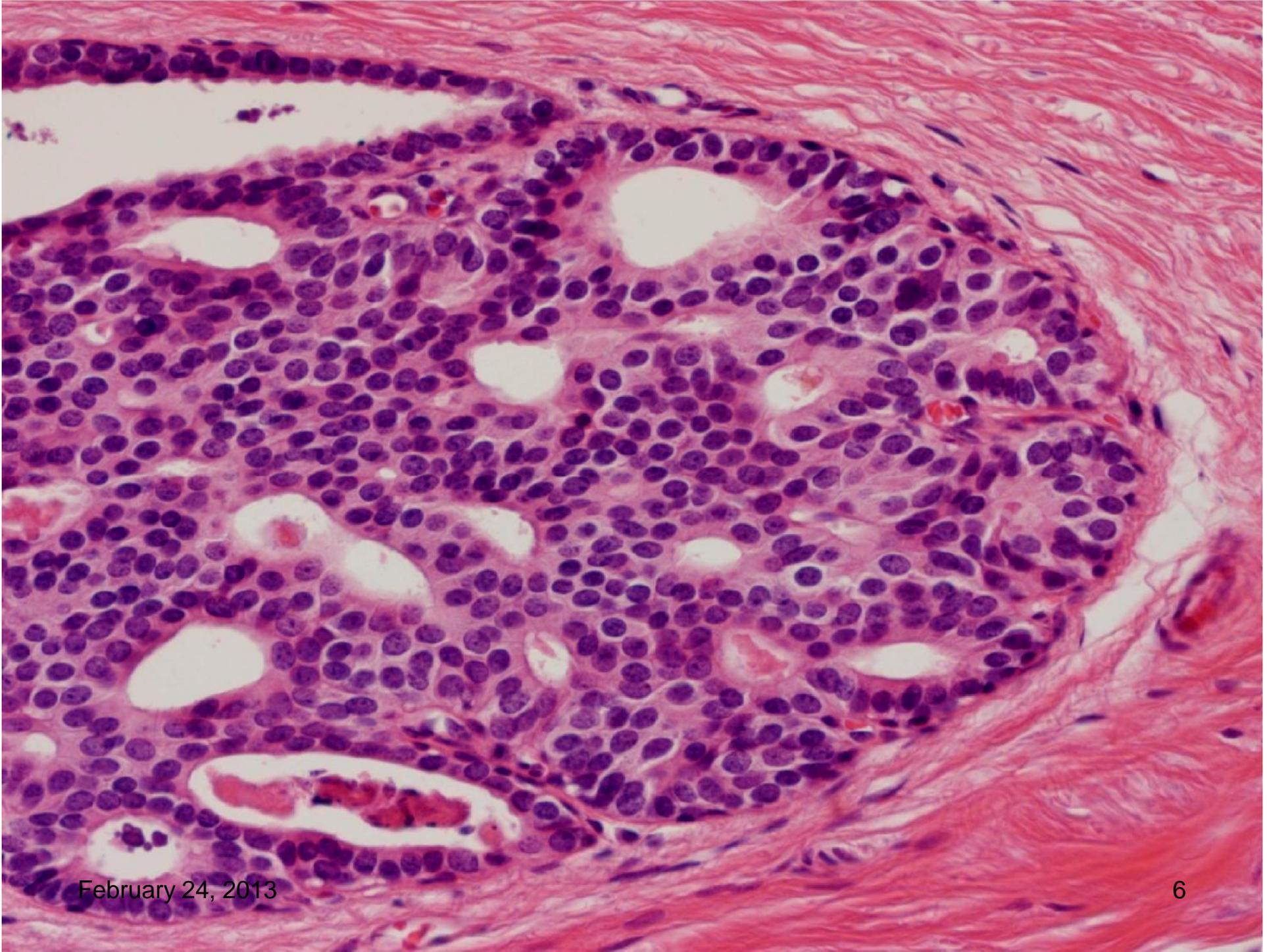
~1 in 1000 Mammograms = DCIS

# DCIS – Basic type

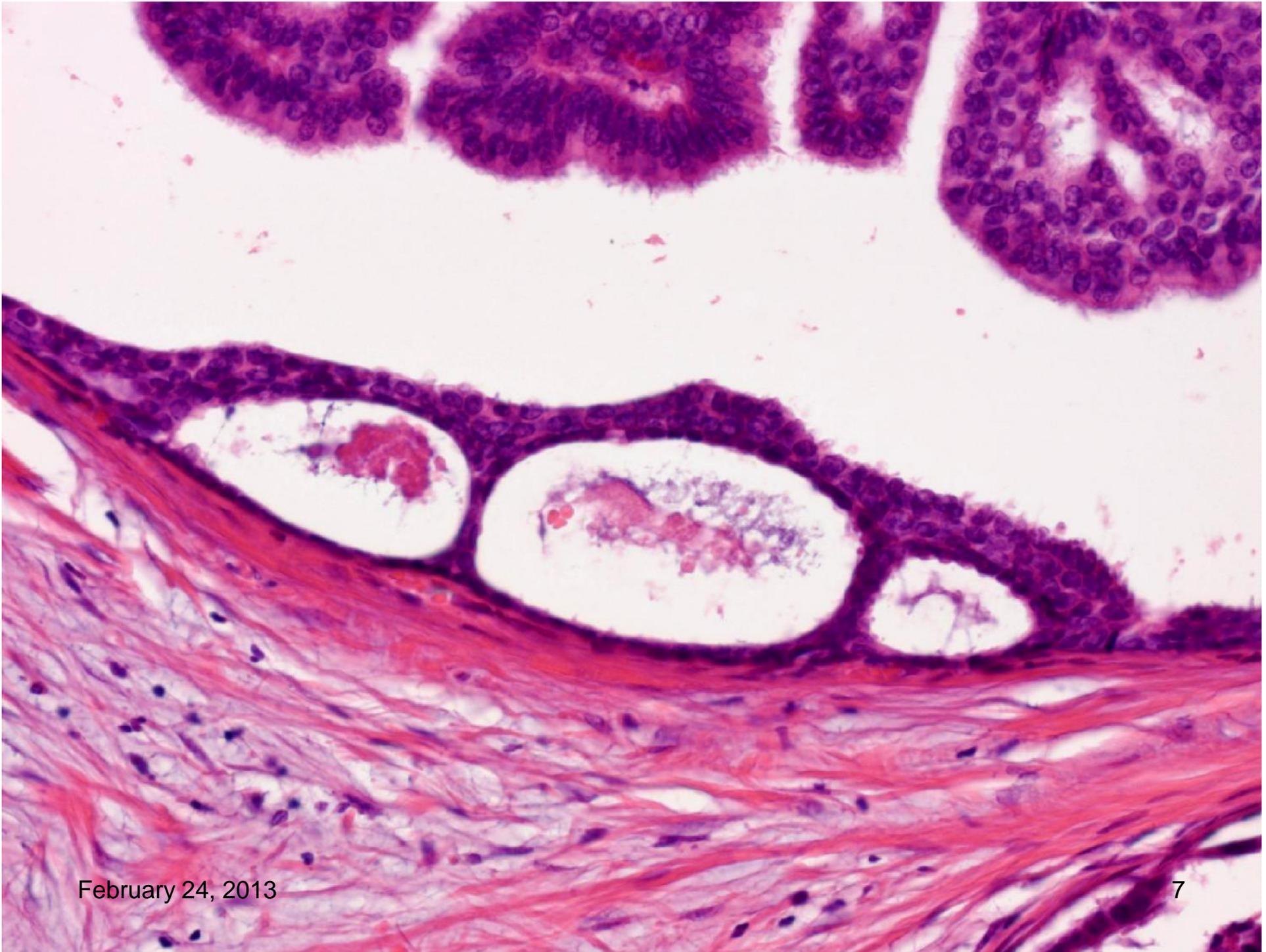
- 充実型 Solid
- 篩型 Cribriform
- 乳頭型 Papillary
- 微小乳頭型 Micropapillary
- 面皰型 Comedo



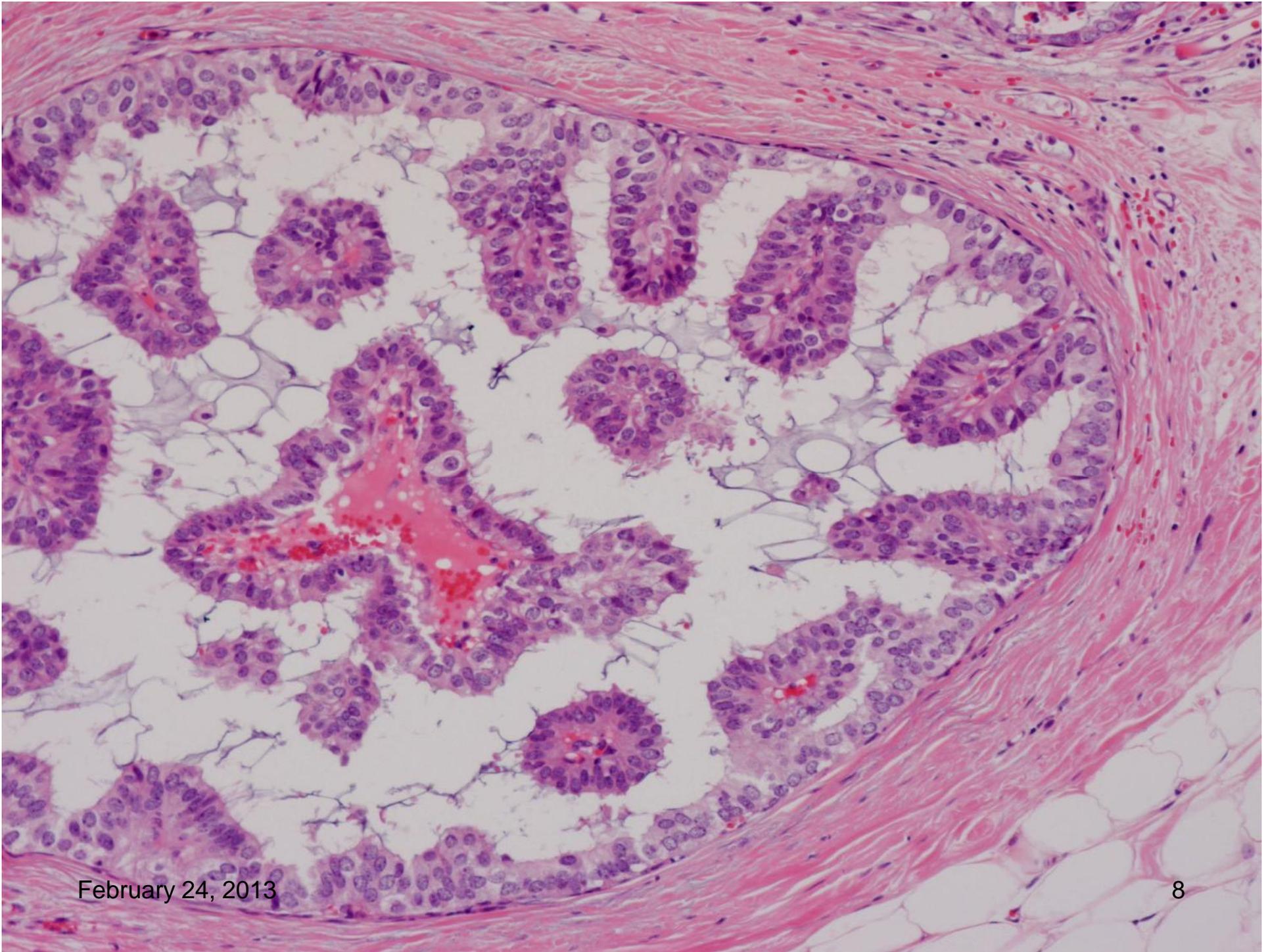
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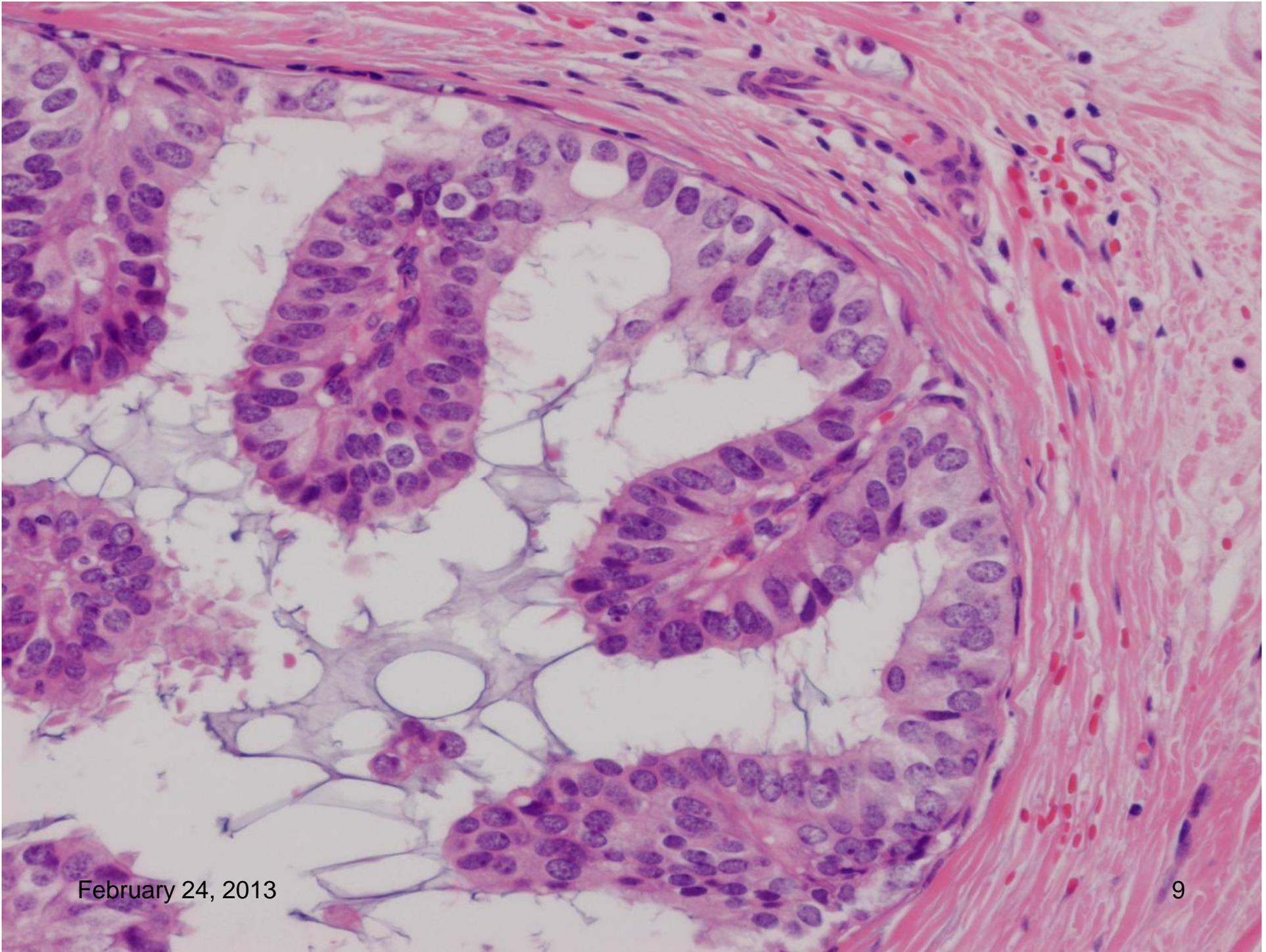
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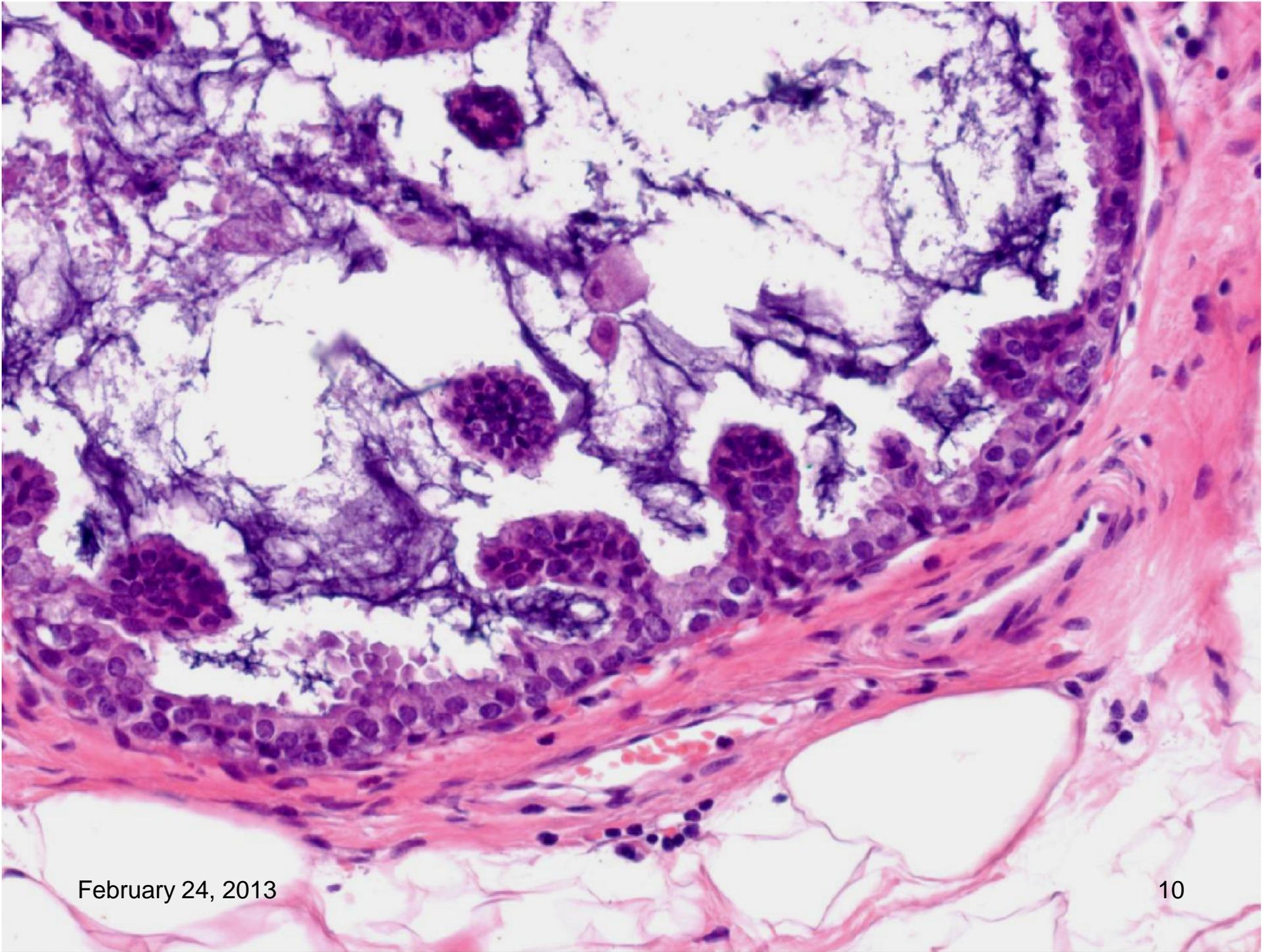
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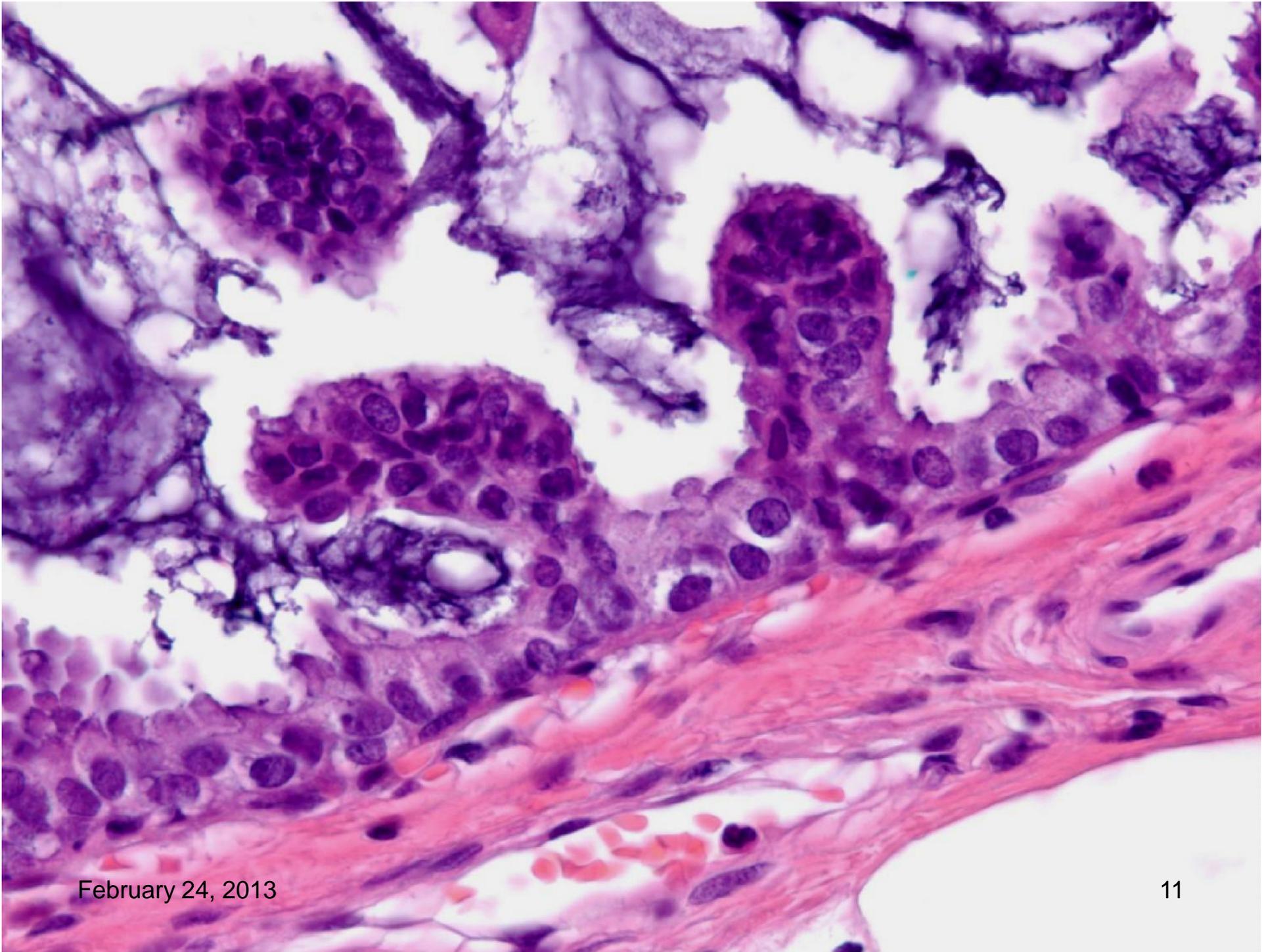
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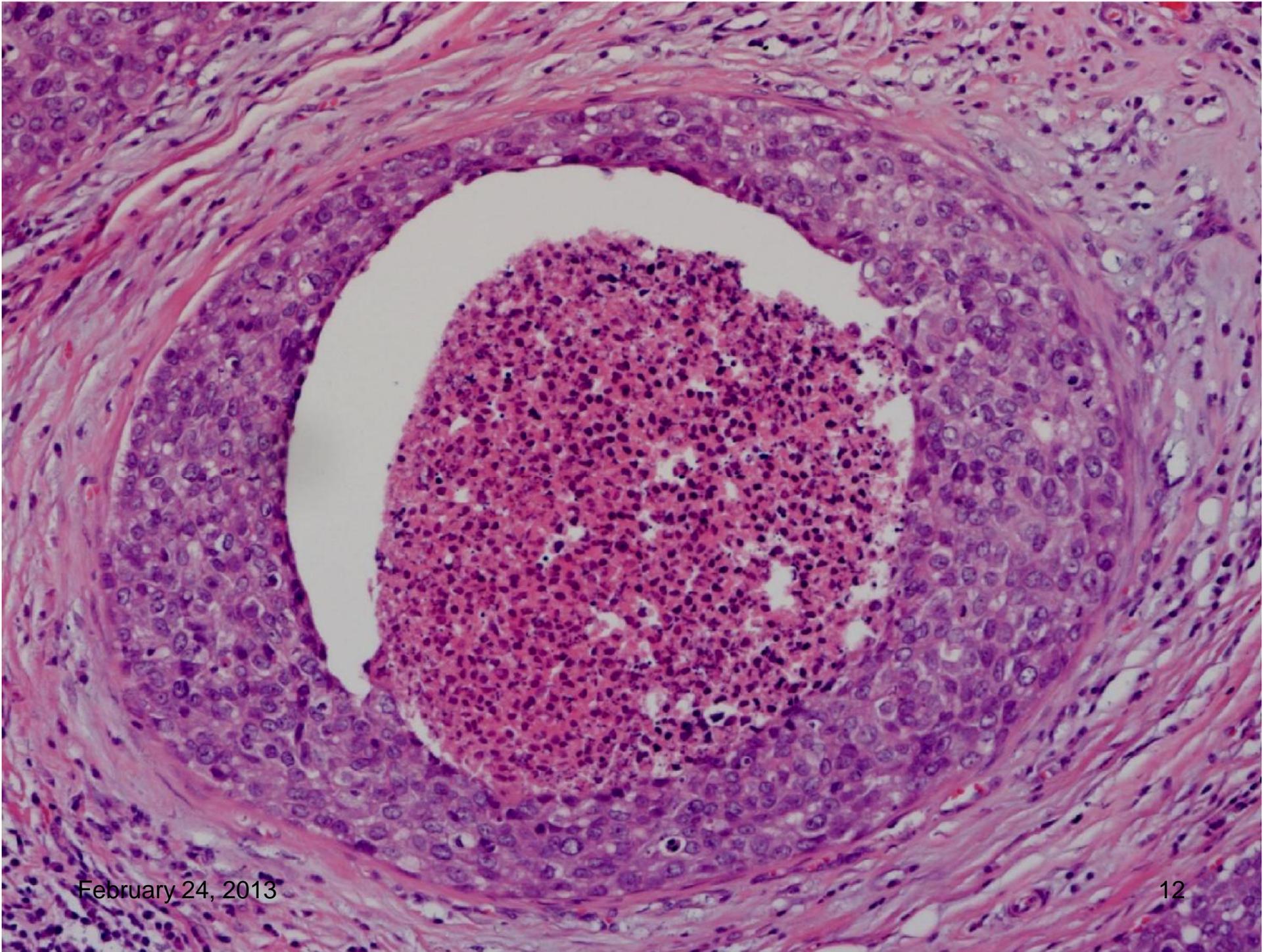
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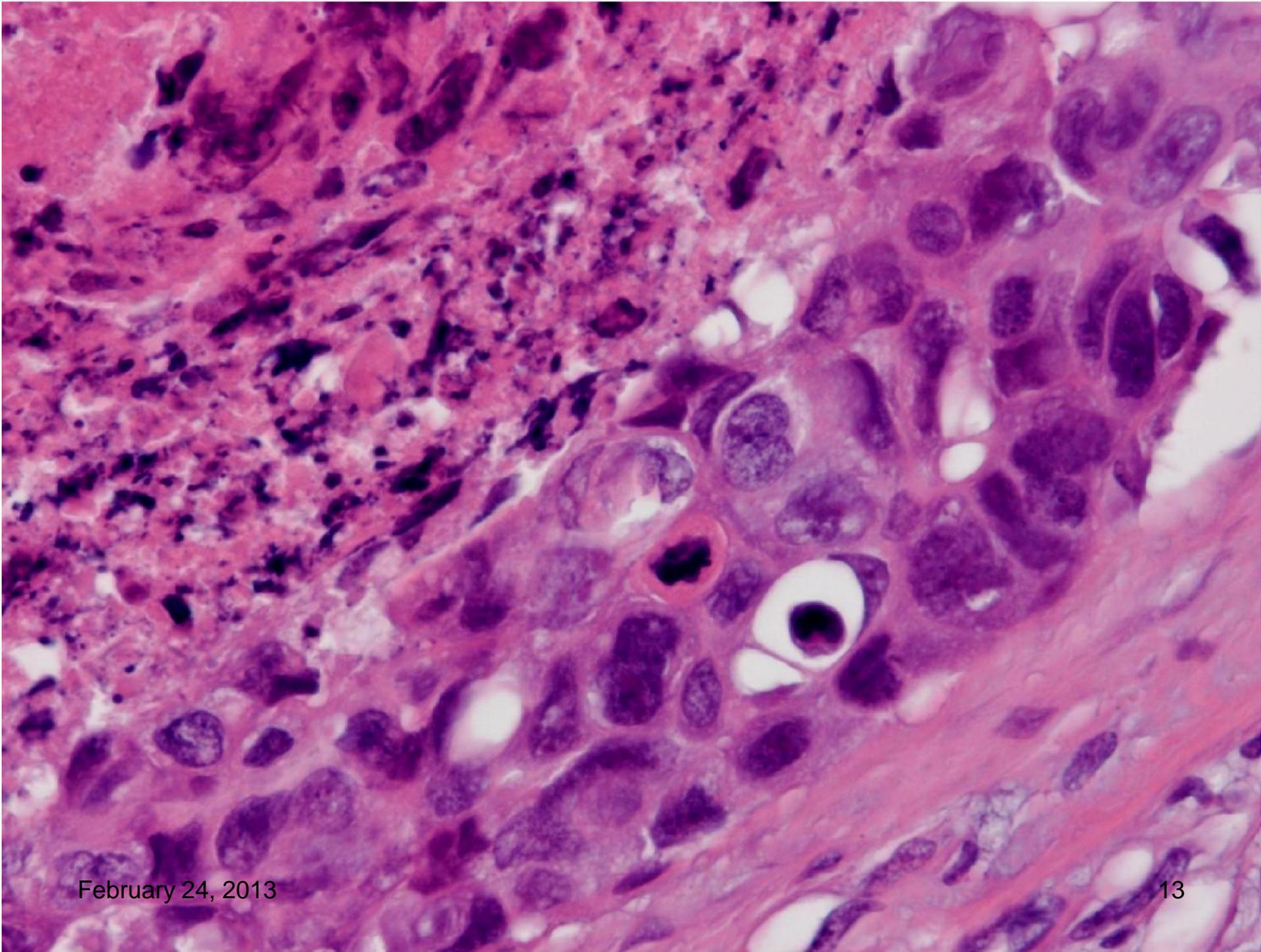


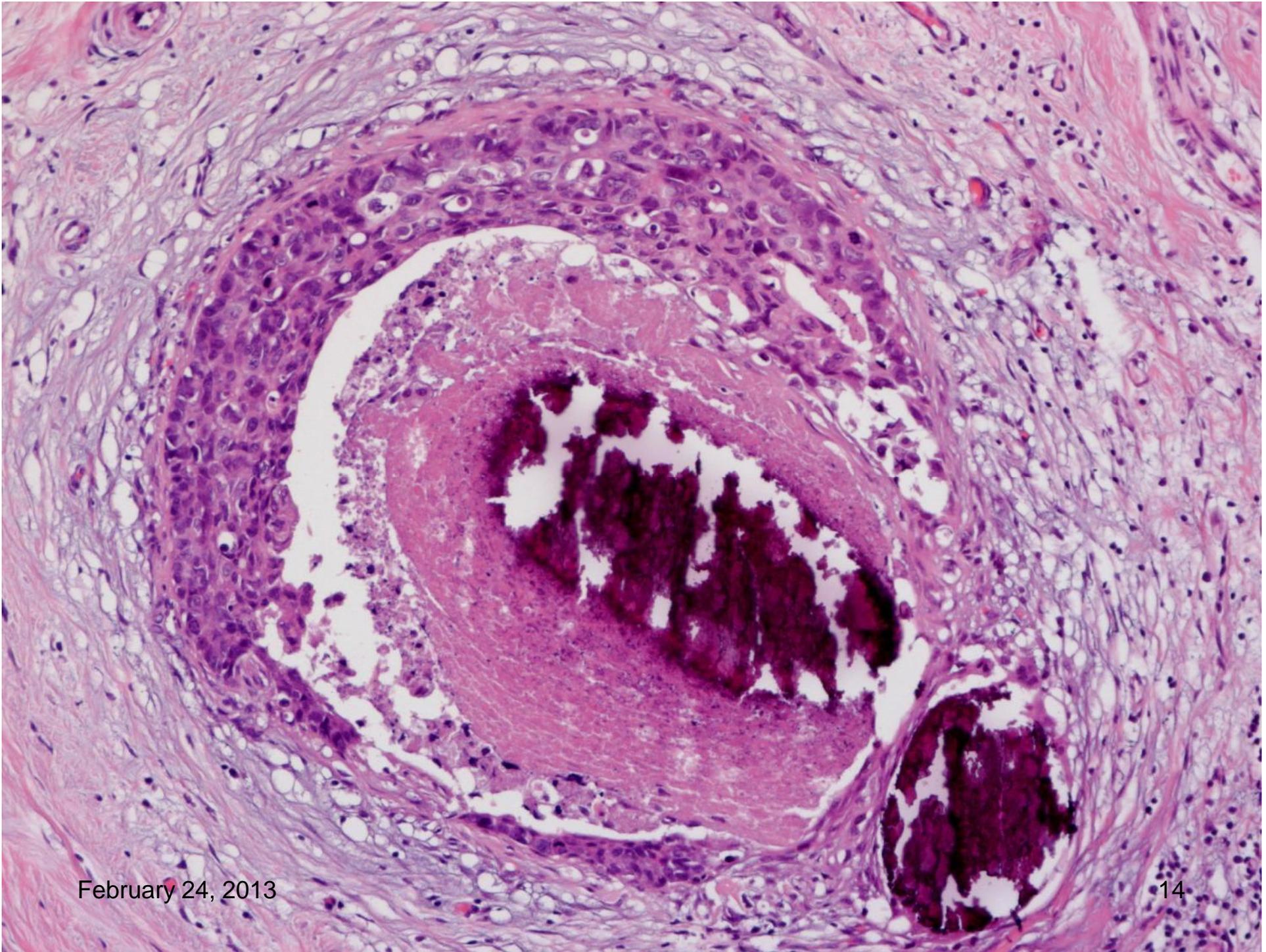
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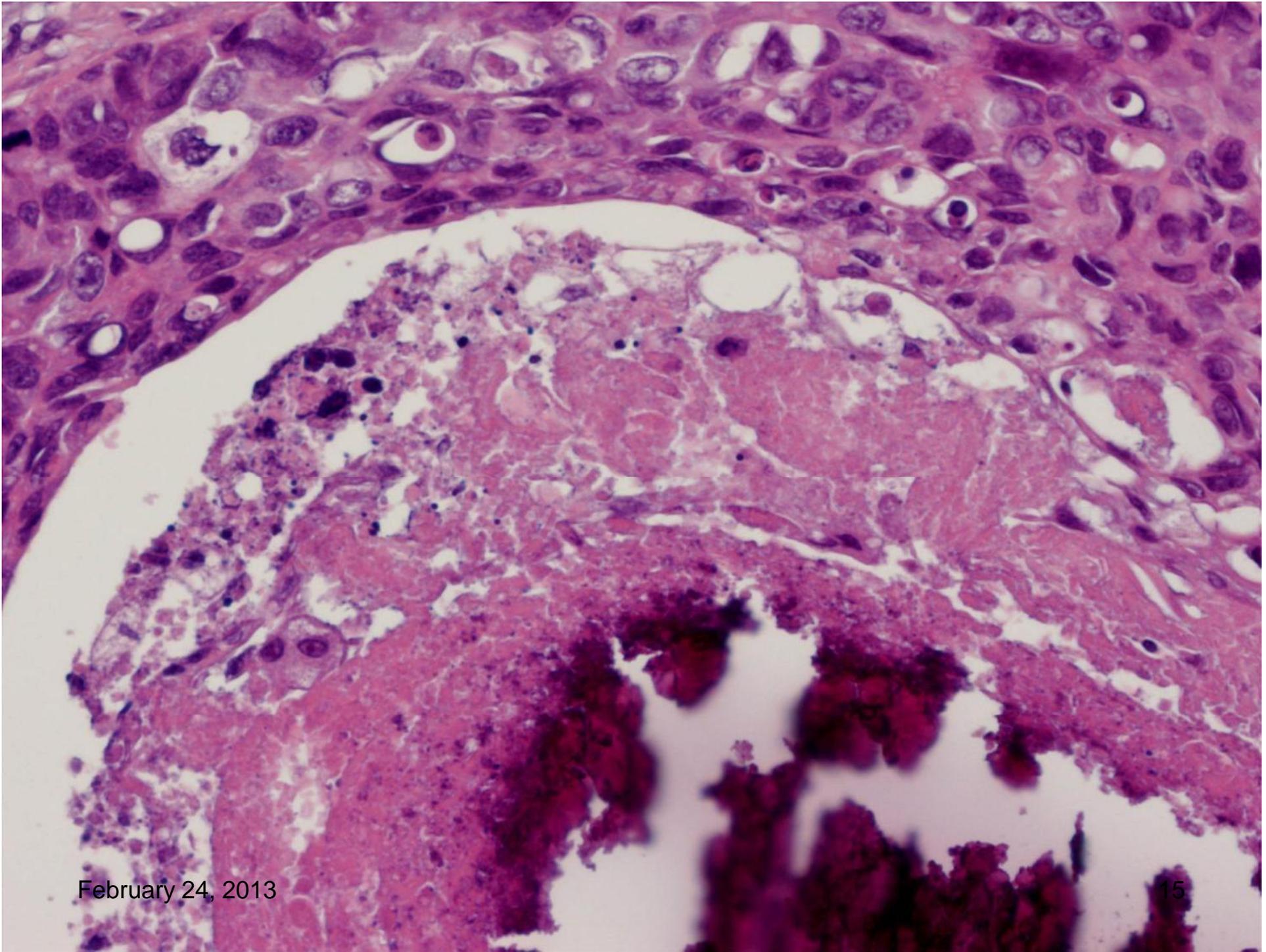
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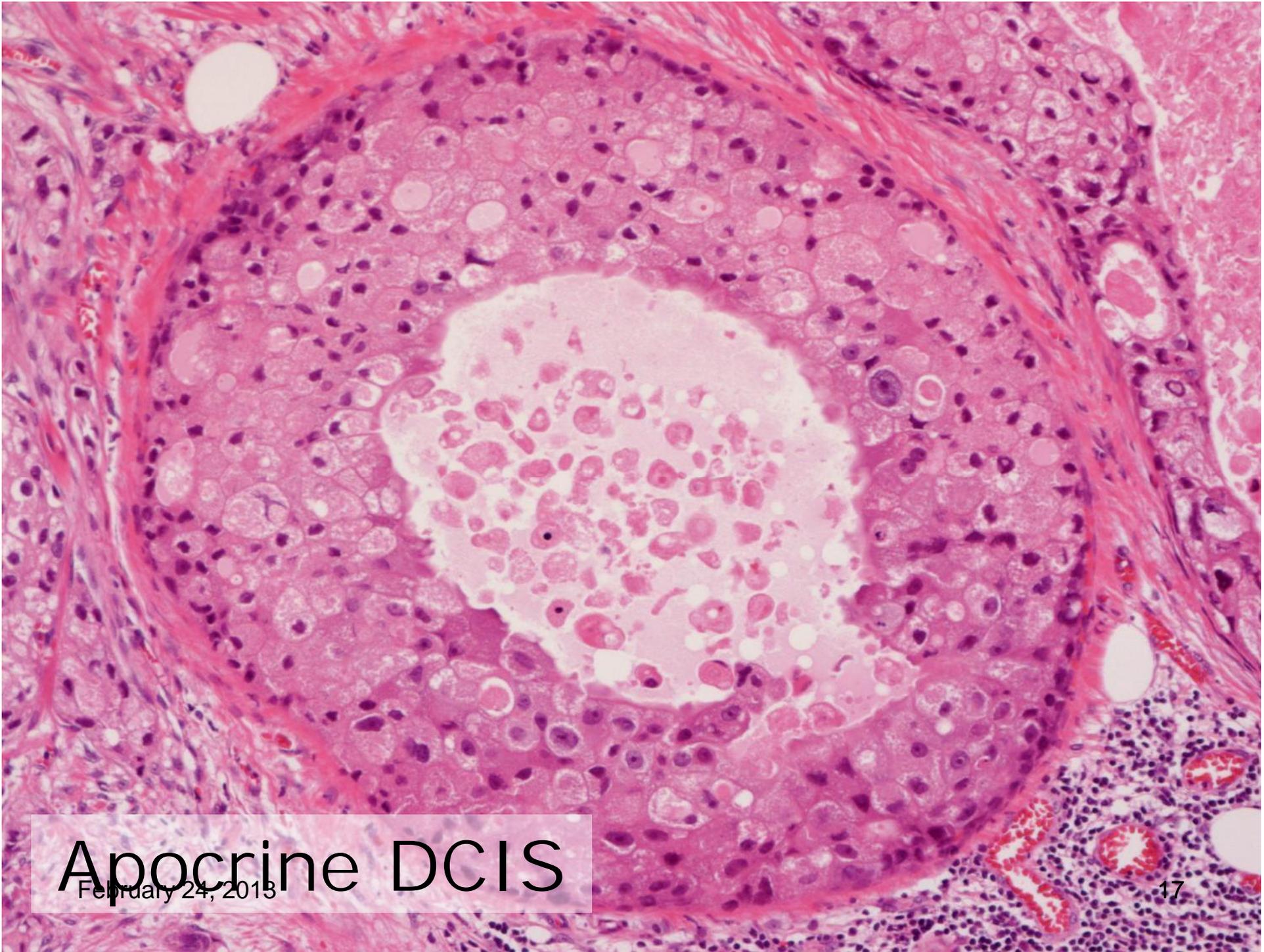
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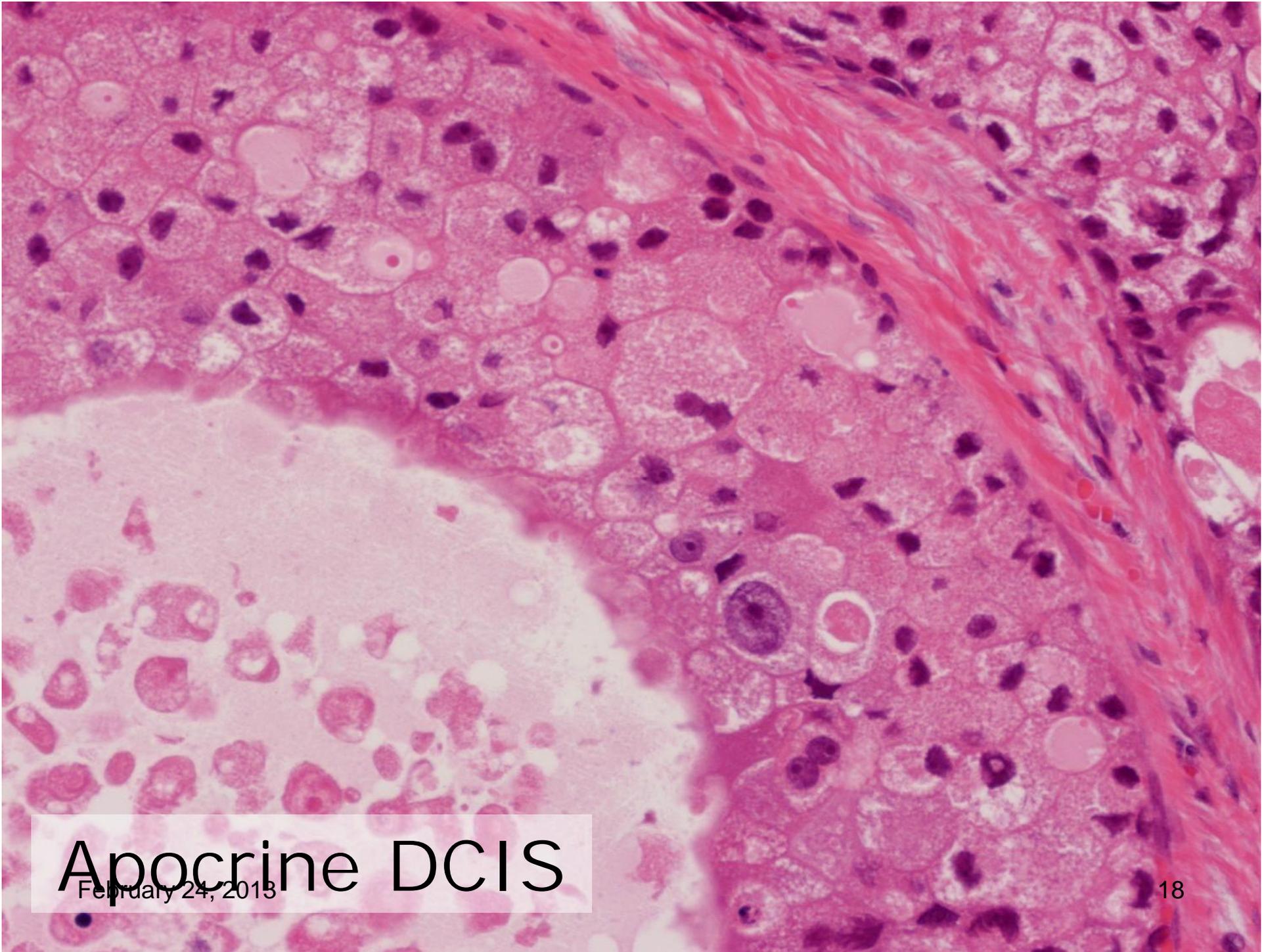
# 特殊なDCIS

- 紡錘細胞型 Spindle cell
- アポクリン型 Apocrine
- 印環細胞型 Signet-ring cell
- 神経内分泌型 Neuroendocrine
- 扁平上皮型 Squamous
- 明細胞型 Clear cell



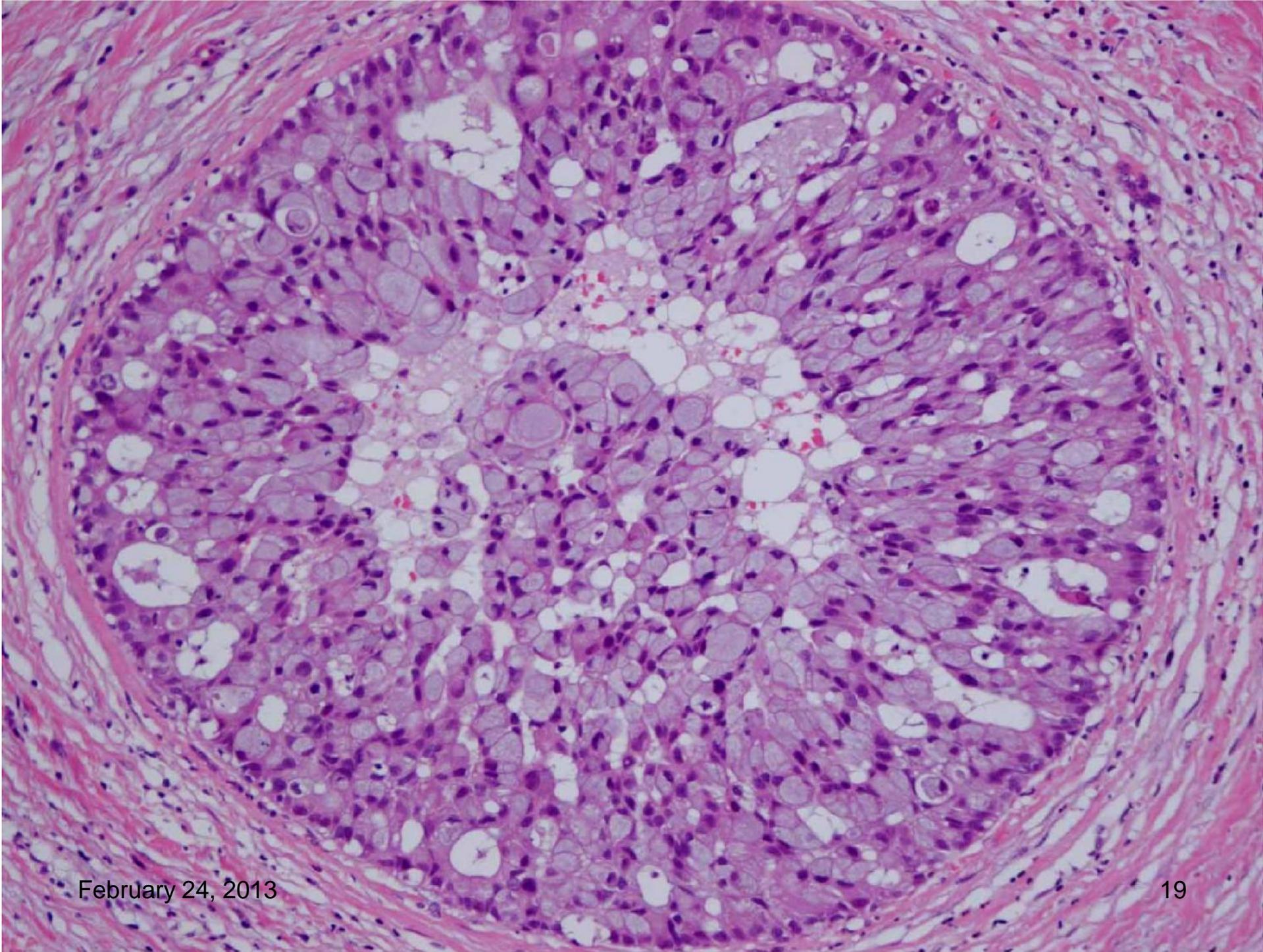
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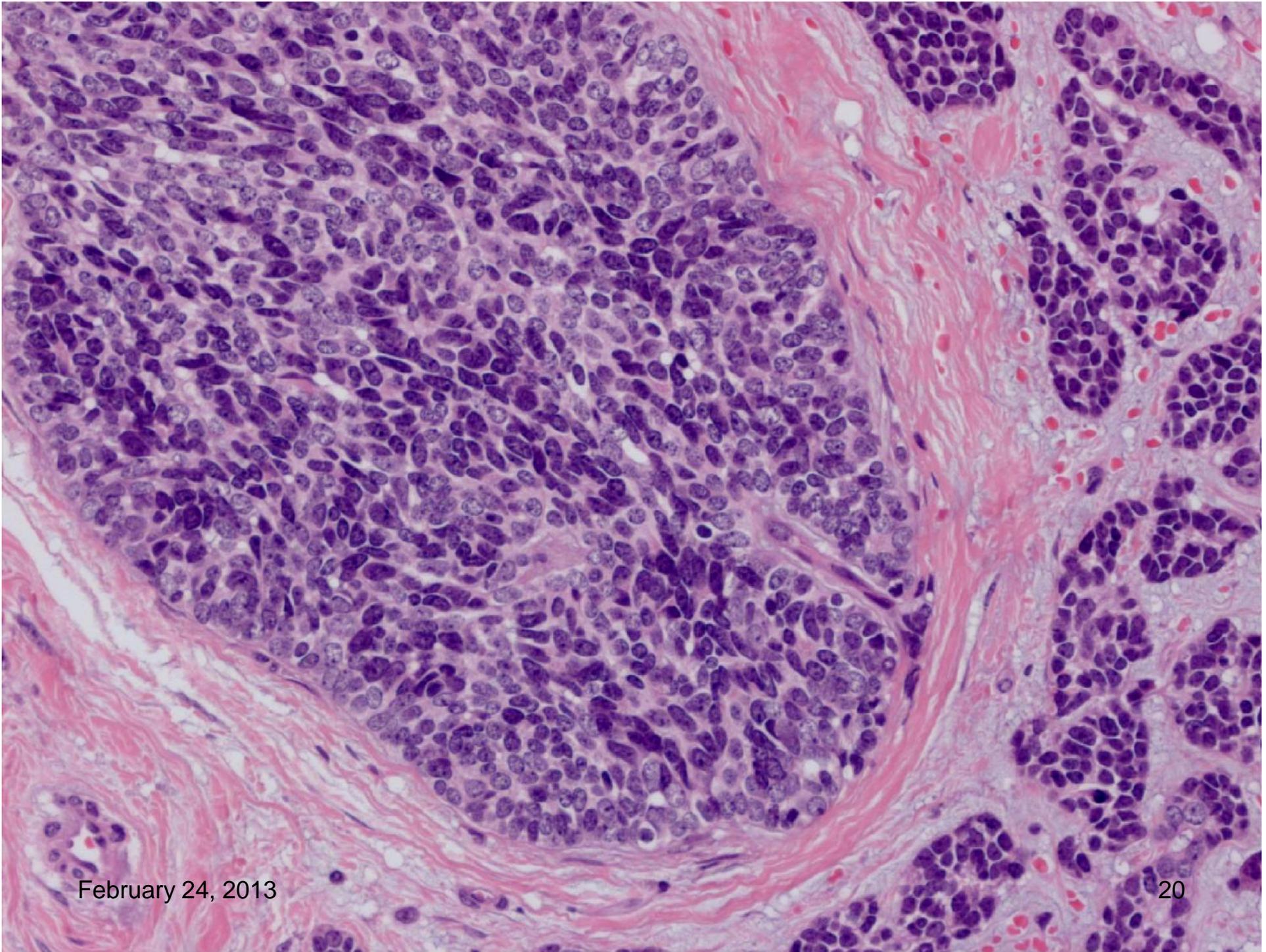
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# Apocrine DCIS

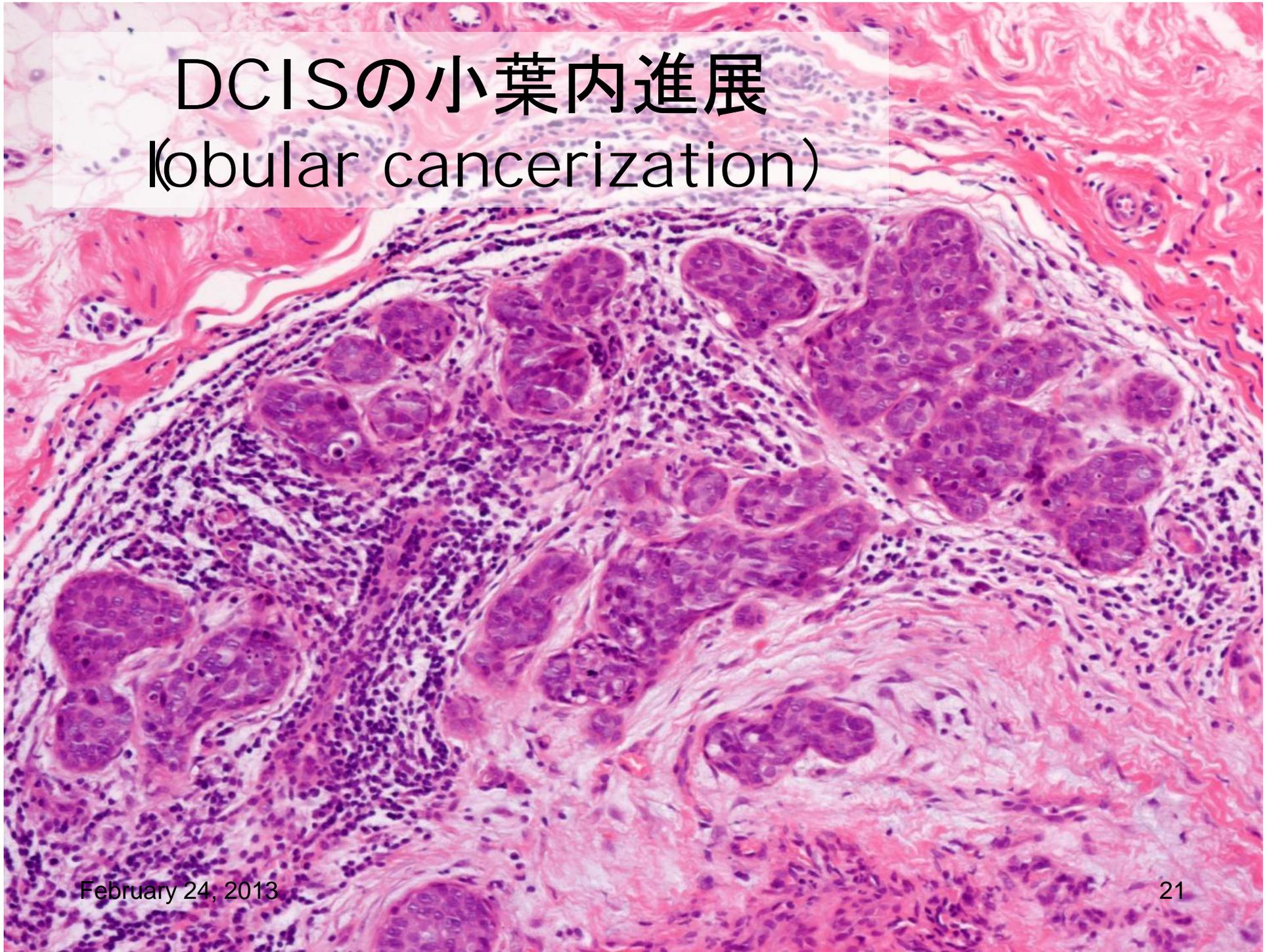
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# DCISの小葉内進展 (lobular cancerization)

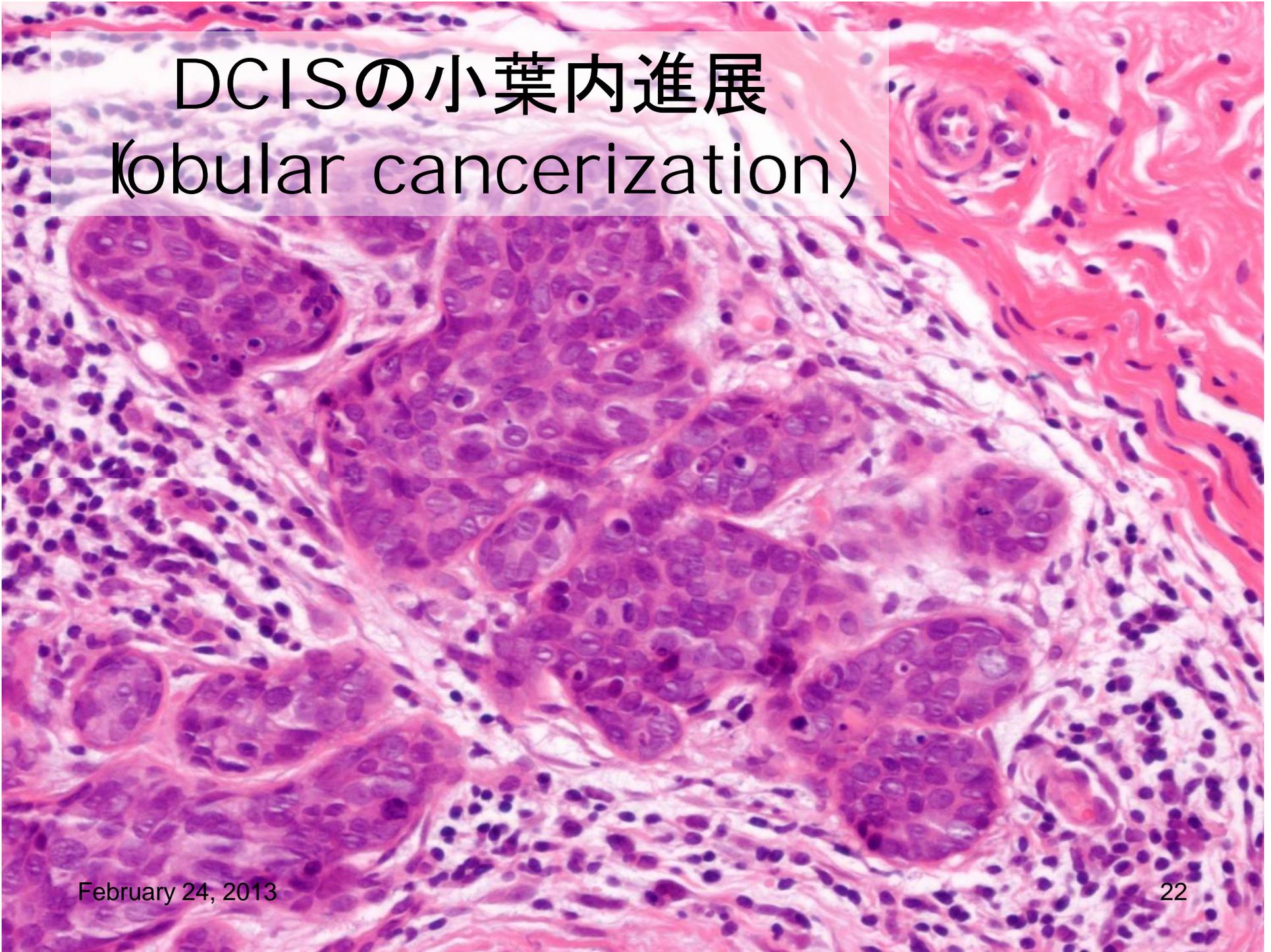


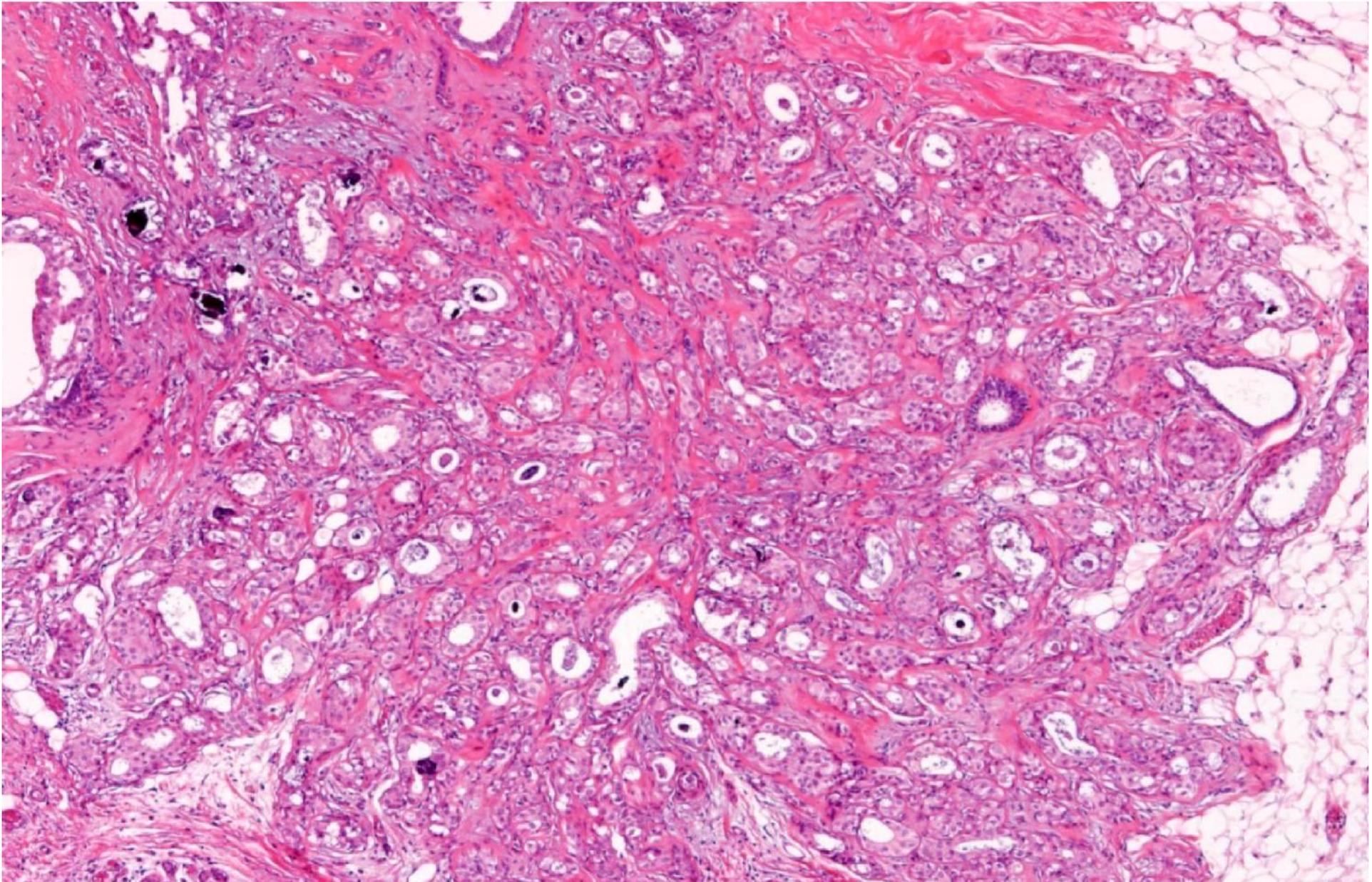
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# DCISの小葉内進展 (lobular cancerization)

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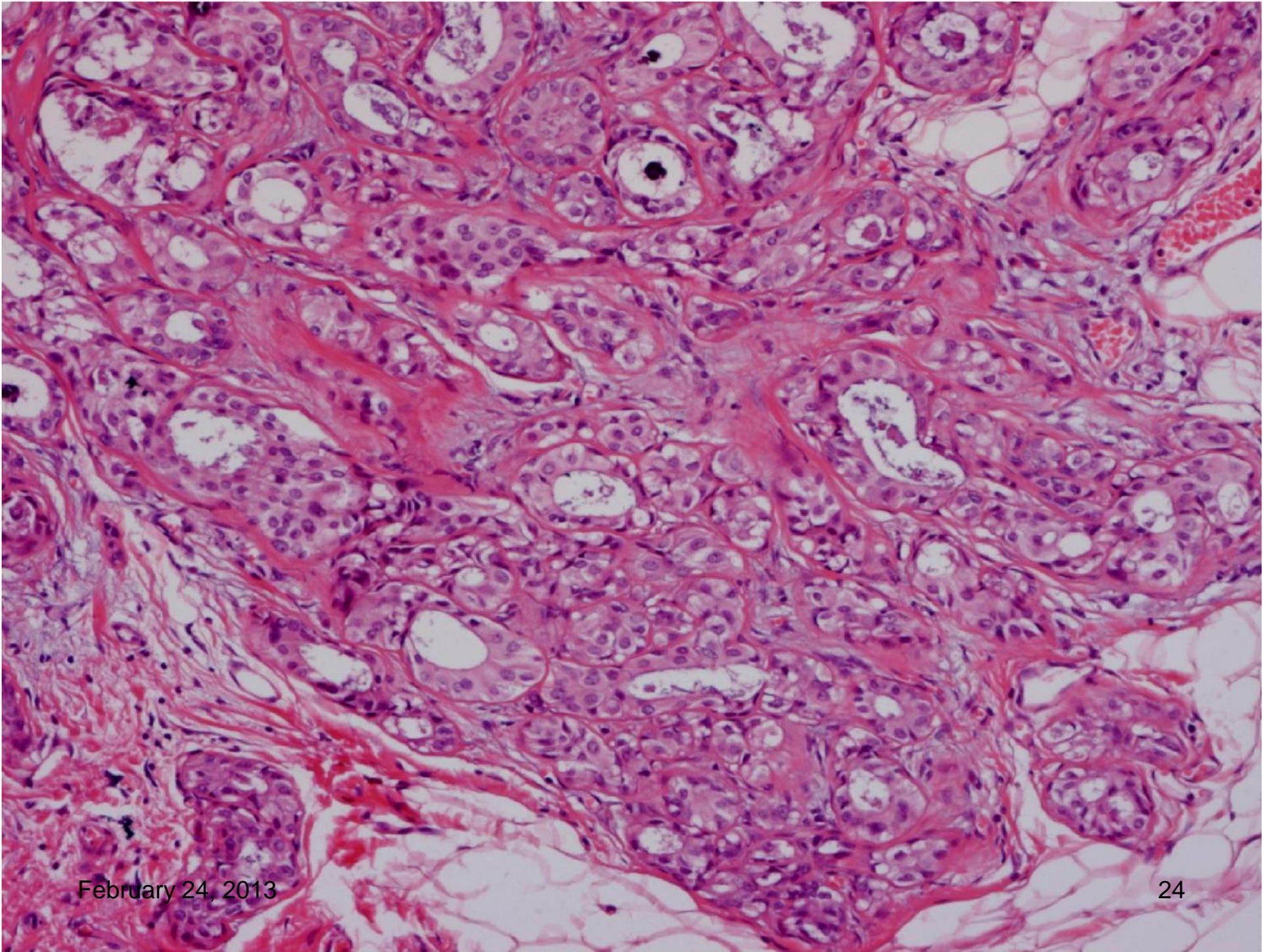
22

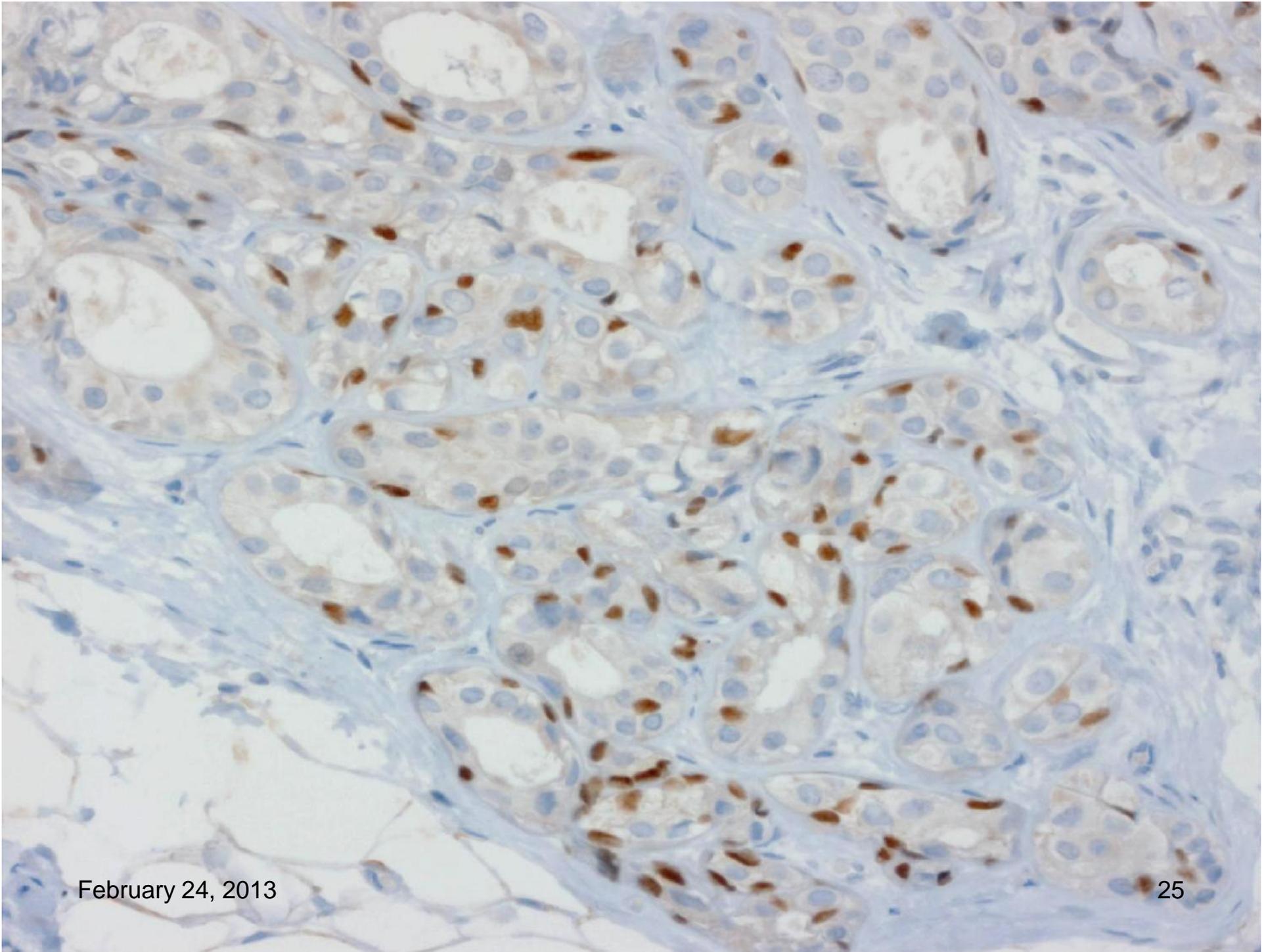


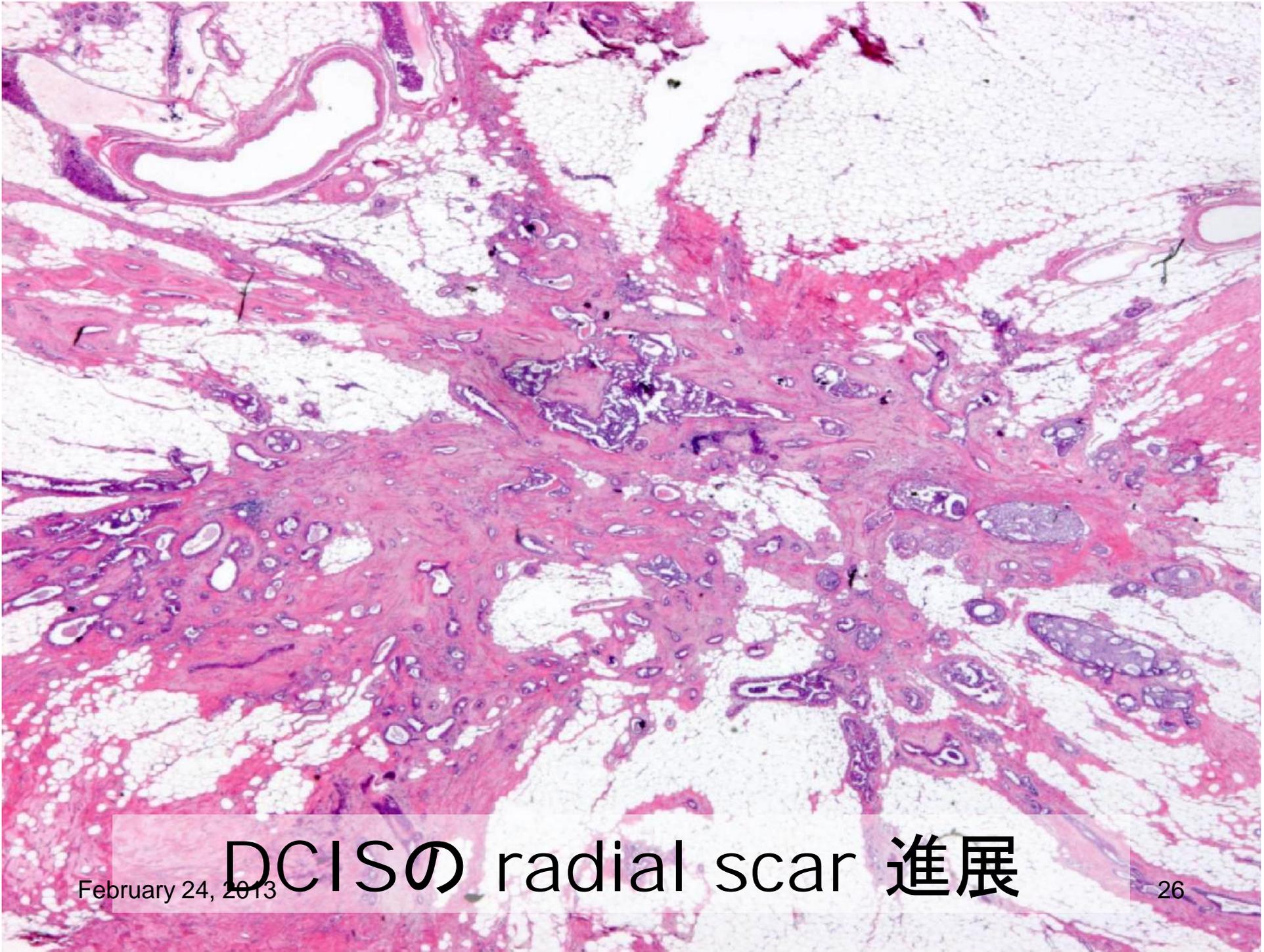


DCISの sclerosing adenosis 進展

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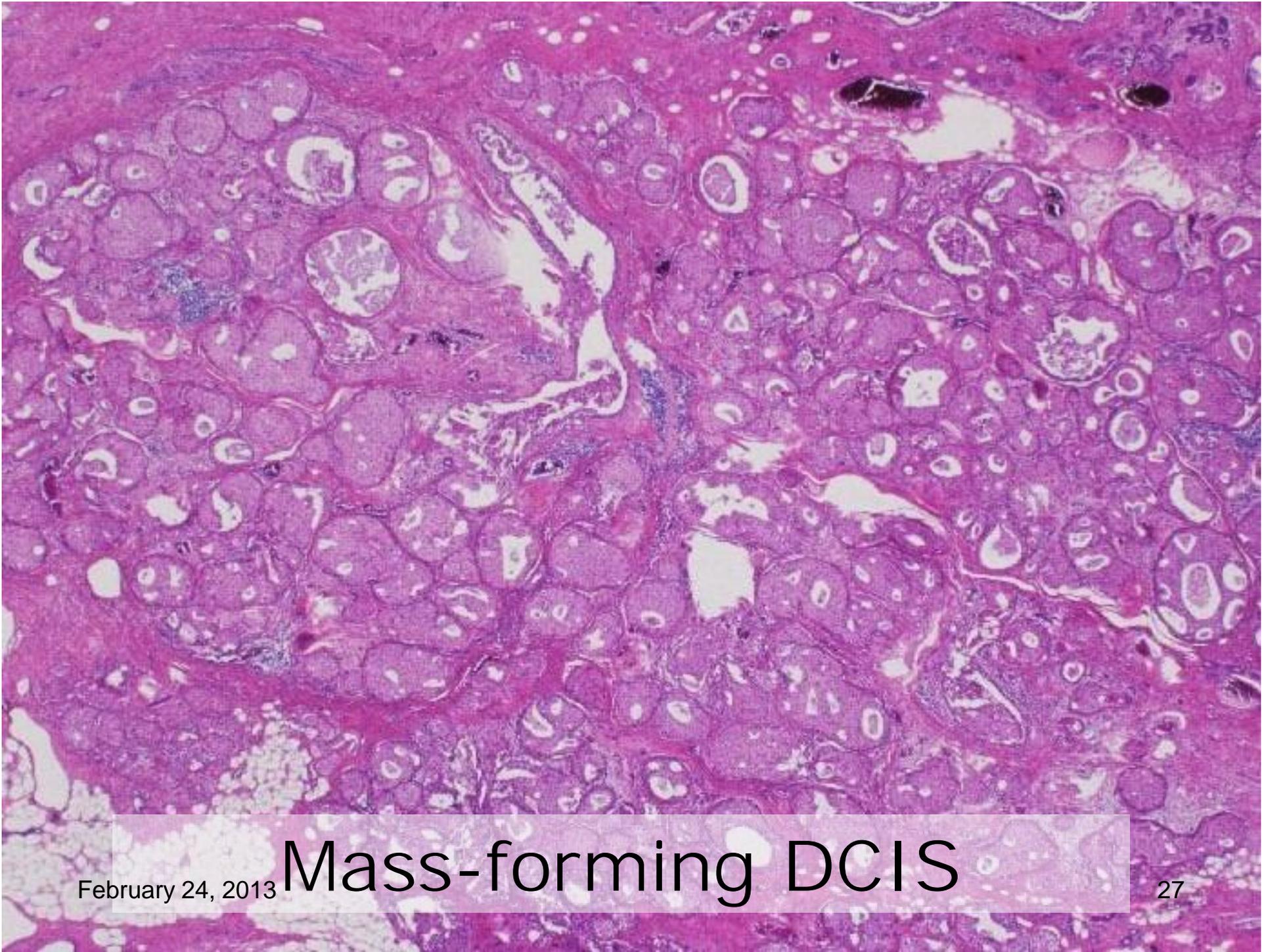






February 24, 2013

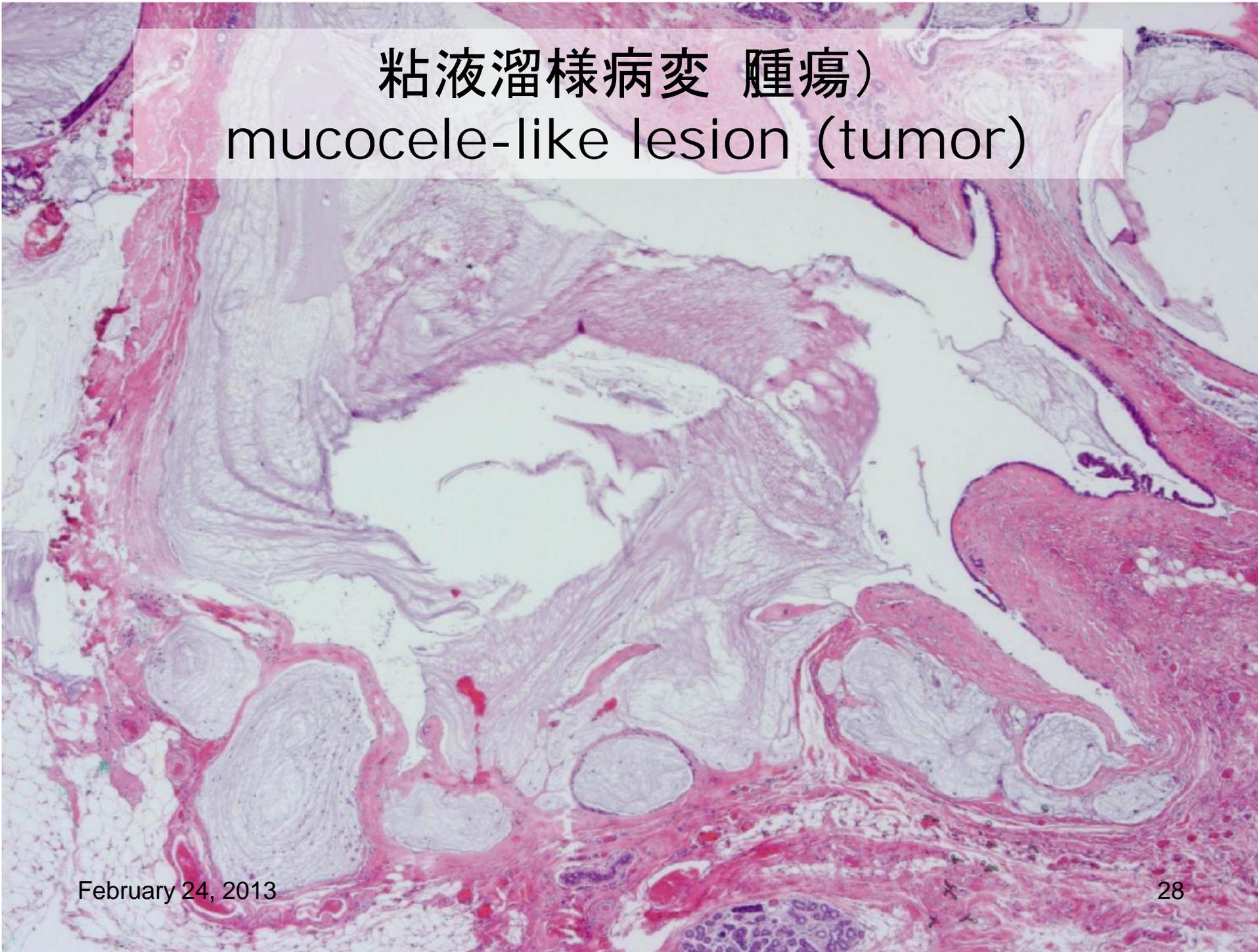
# DCISの radial scar 進展



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# Mass-forming DCIS

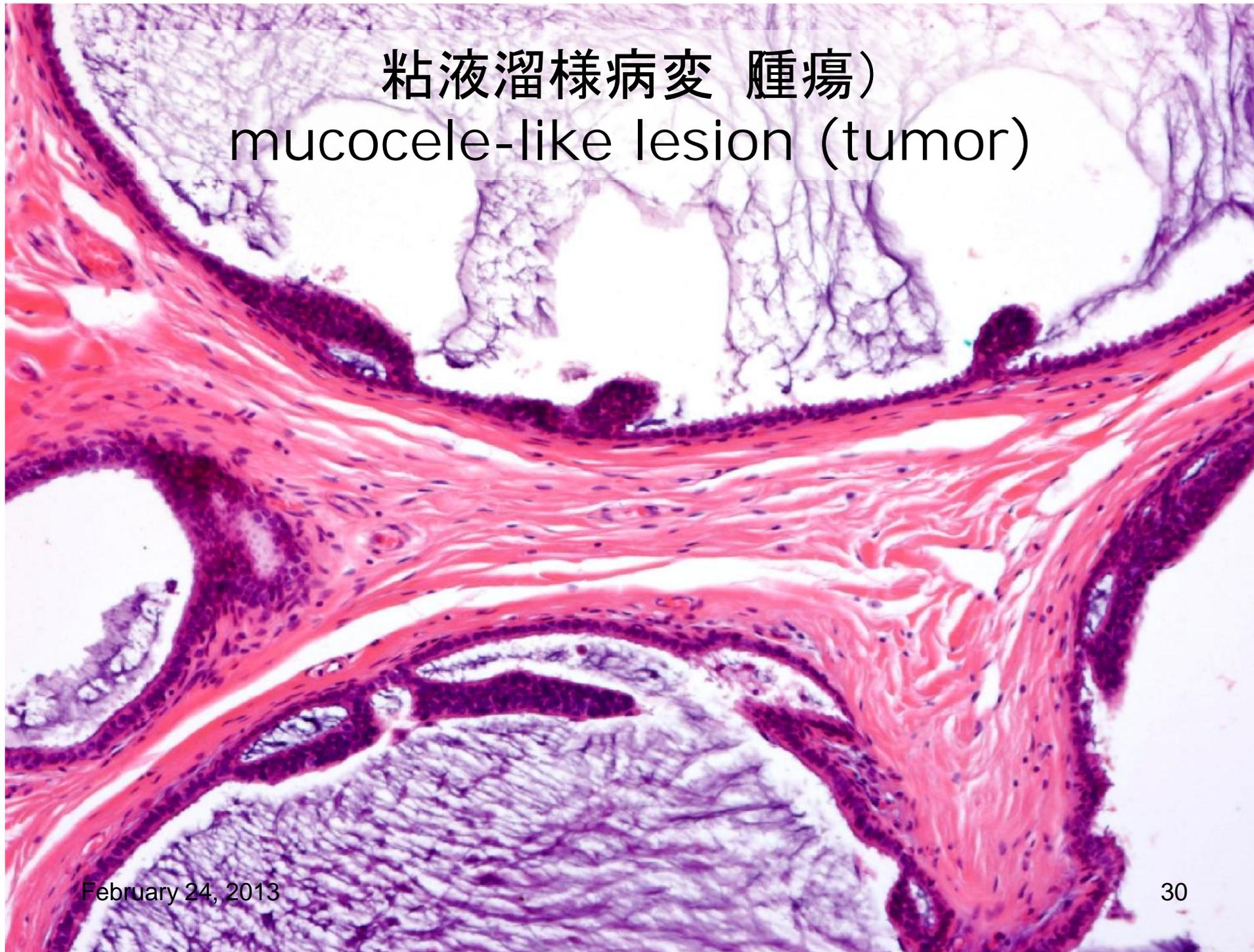
粘液溜様病変 腫瘍)  
mucocele-like lesion (tumor)

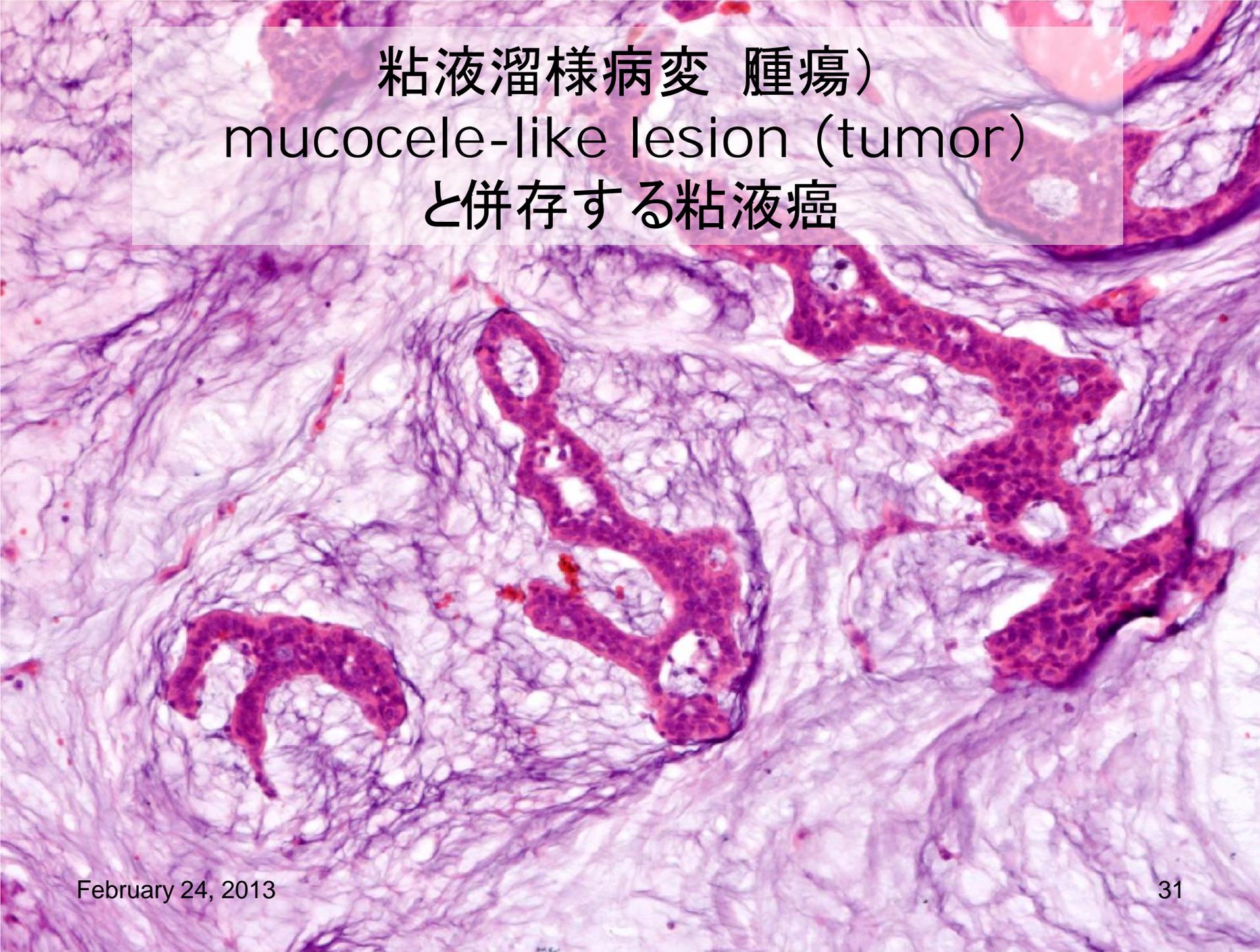


粘液溜樣病変 腫瘍)  
mucocele-like lesion (tumor)



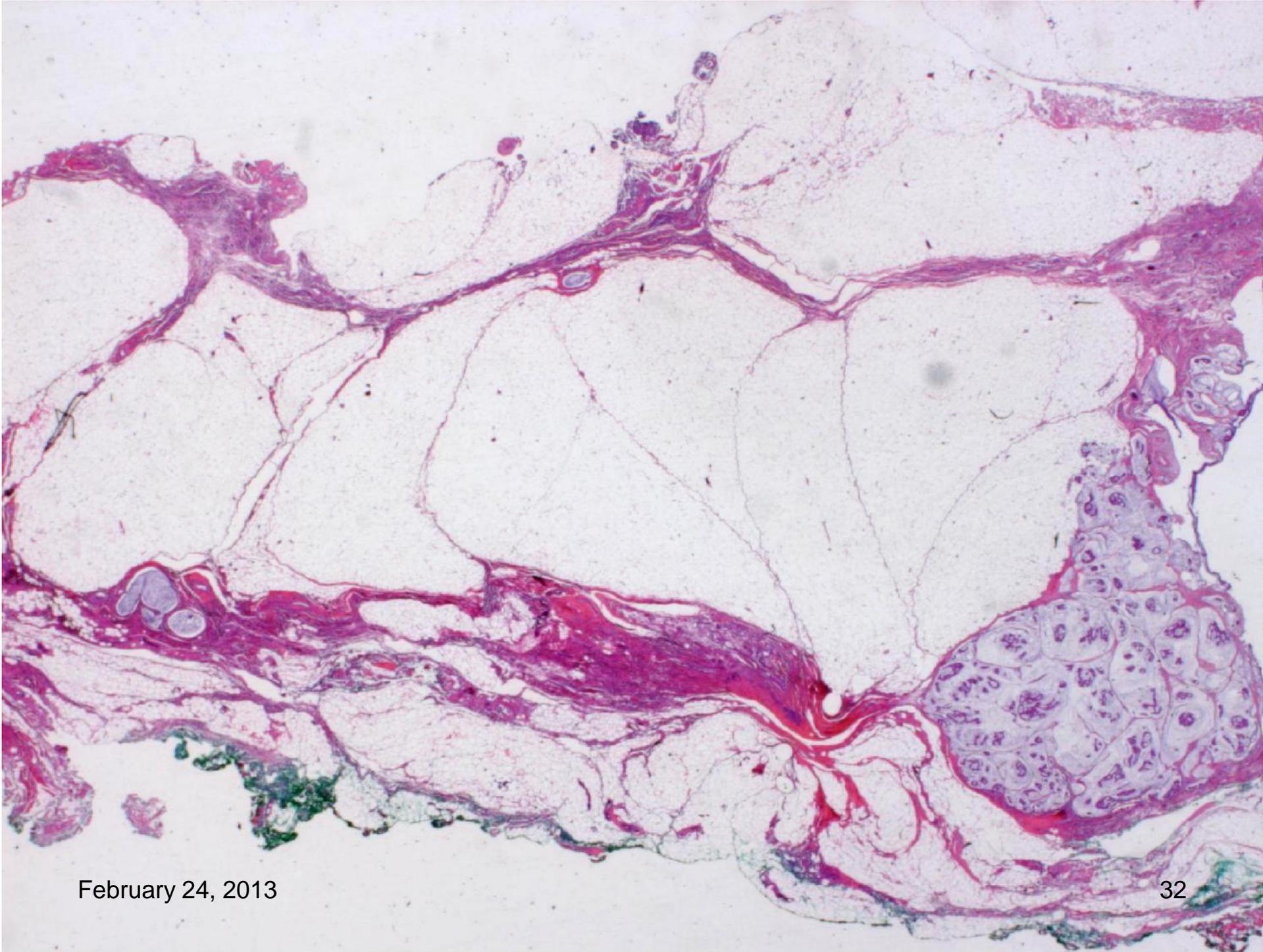
粘液溜様病変 腫瘍)  
mucocele-like lesion (tumor)





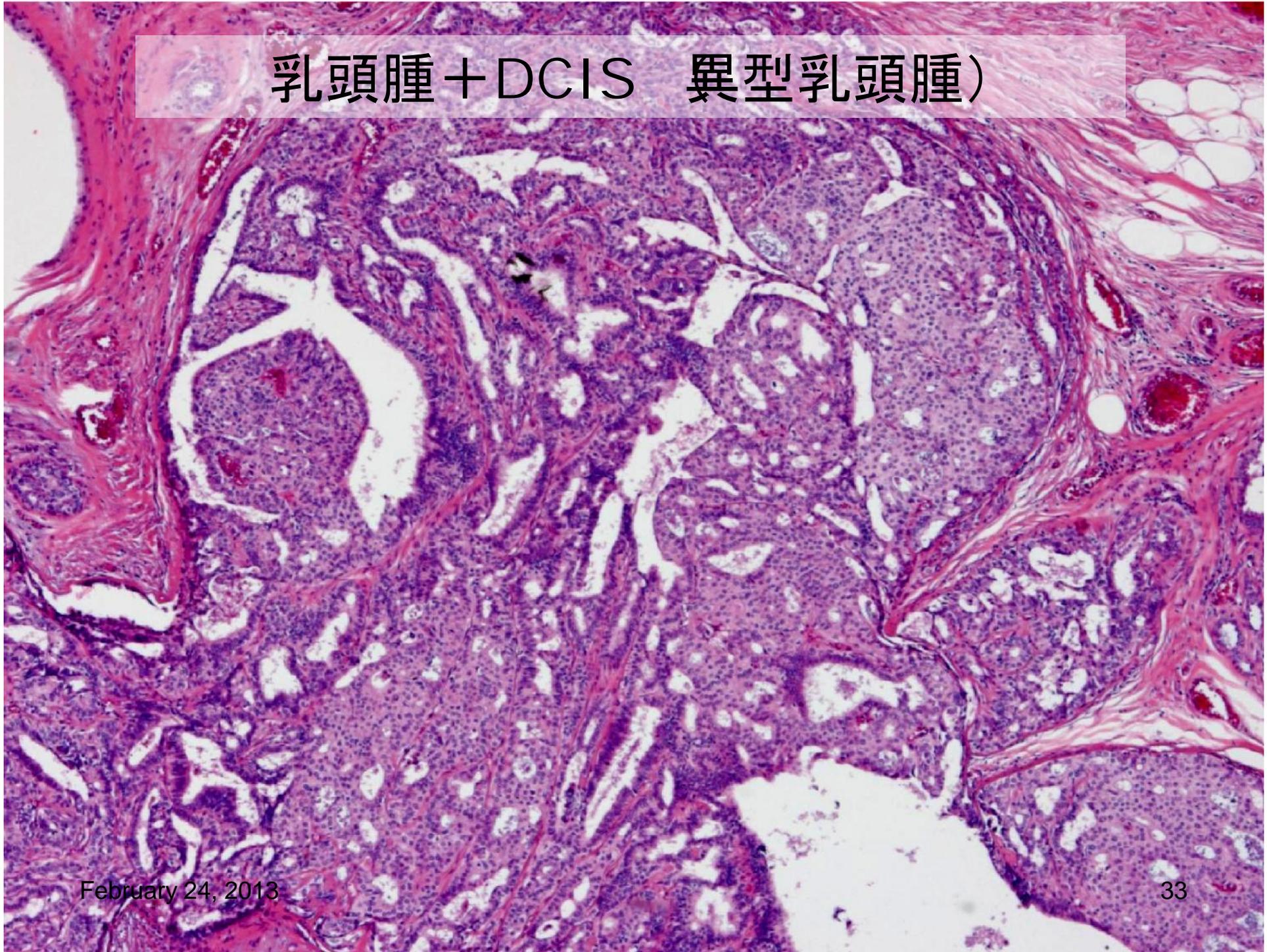
粘液溜様病変 (腫瘍)  
mucocele-like lesion (tumor)  
と併存する粘液癌

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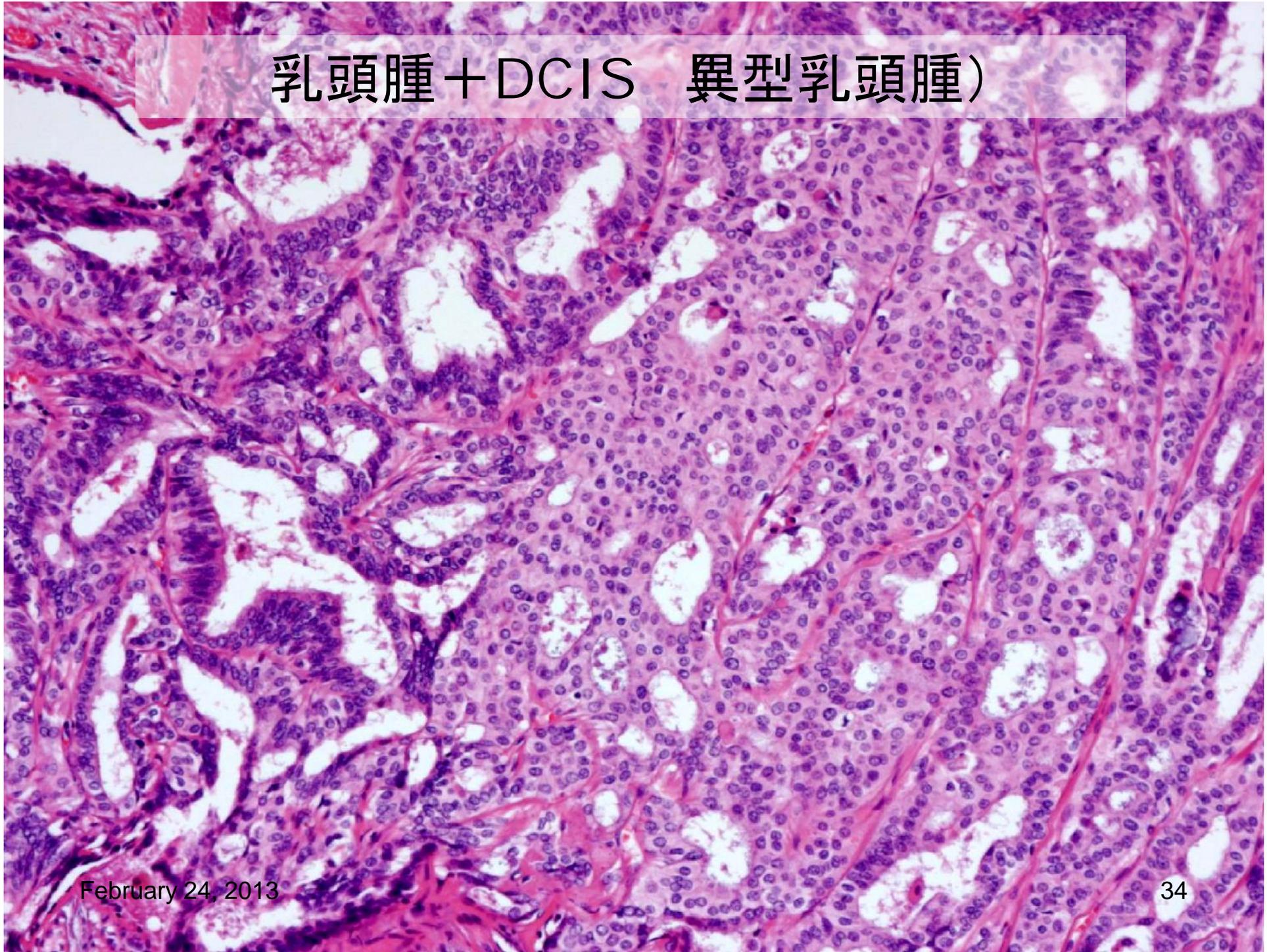
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乳頭腫+DCIS (異型乳頭腫)



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乳頭腫+DCIS (異型乳頭腫)



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# DCIS in Intraductal Papilloma

- Papilloma with ADH (atypical papilloma)
  - DCIS < 3 mm or < 30% or < 1/3
- Papilloma with DCIS
  - DCIS ≥ 3mm or ≥ 30% (90%) or ≥ 1/3

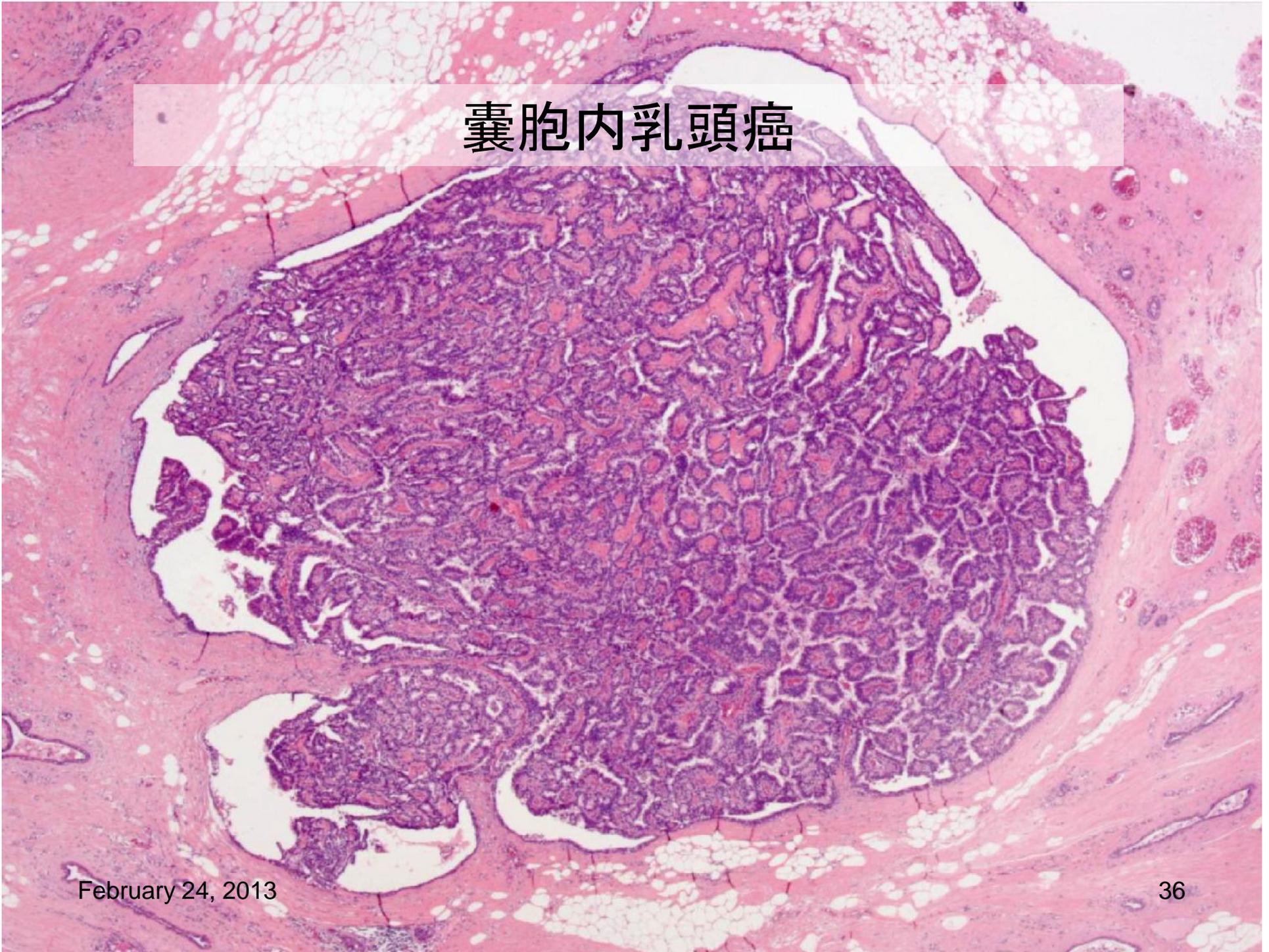
## WHO2012

- 割合ではなく、定量 計測) を推奨
- intermediate-, high-grade DCIS は量に関係なく DCISとして記載

# 囊胞内乳頭癌

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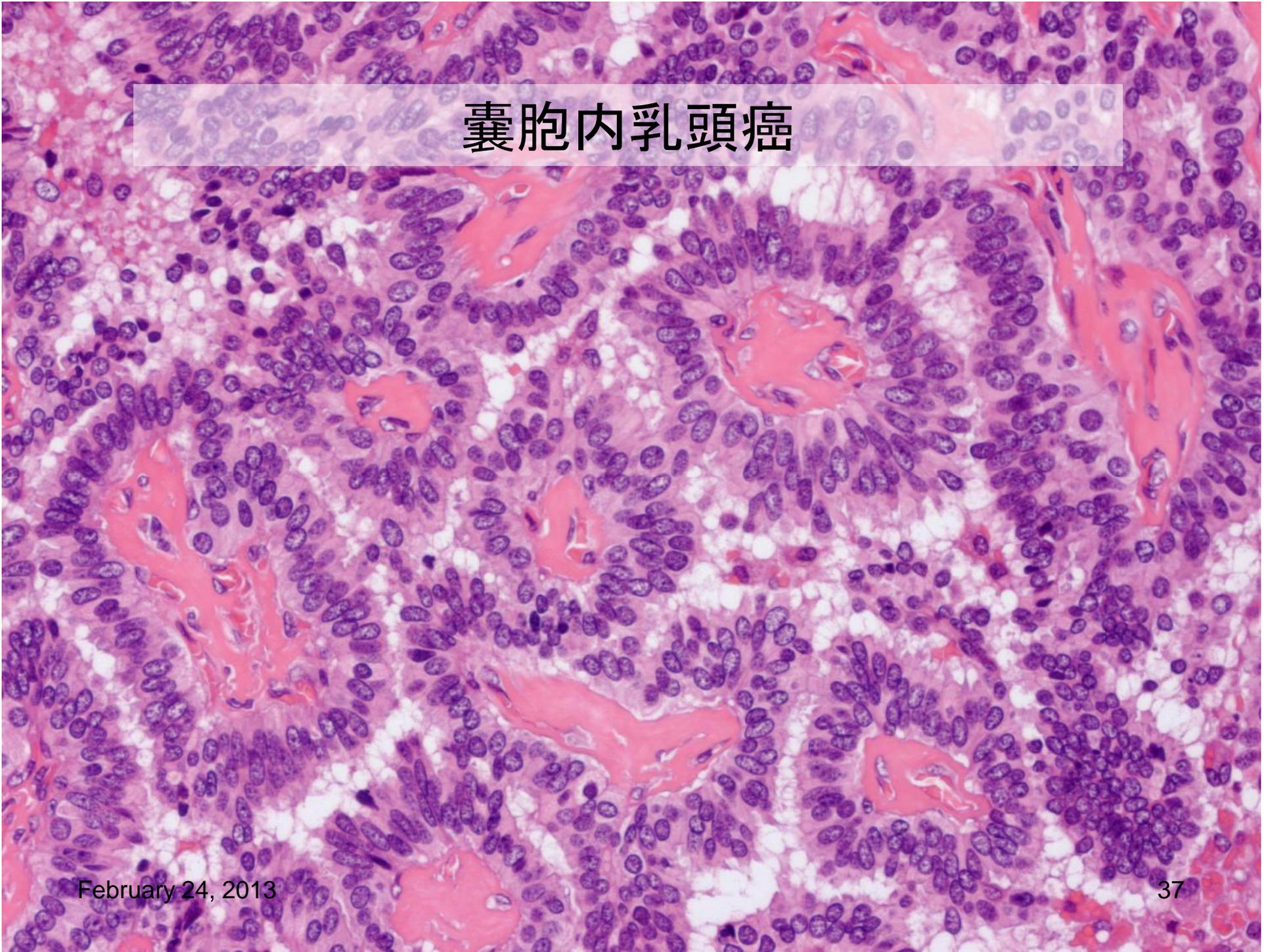
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# 囊胞内乳頭癌

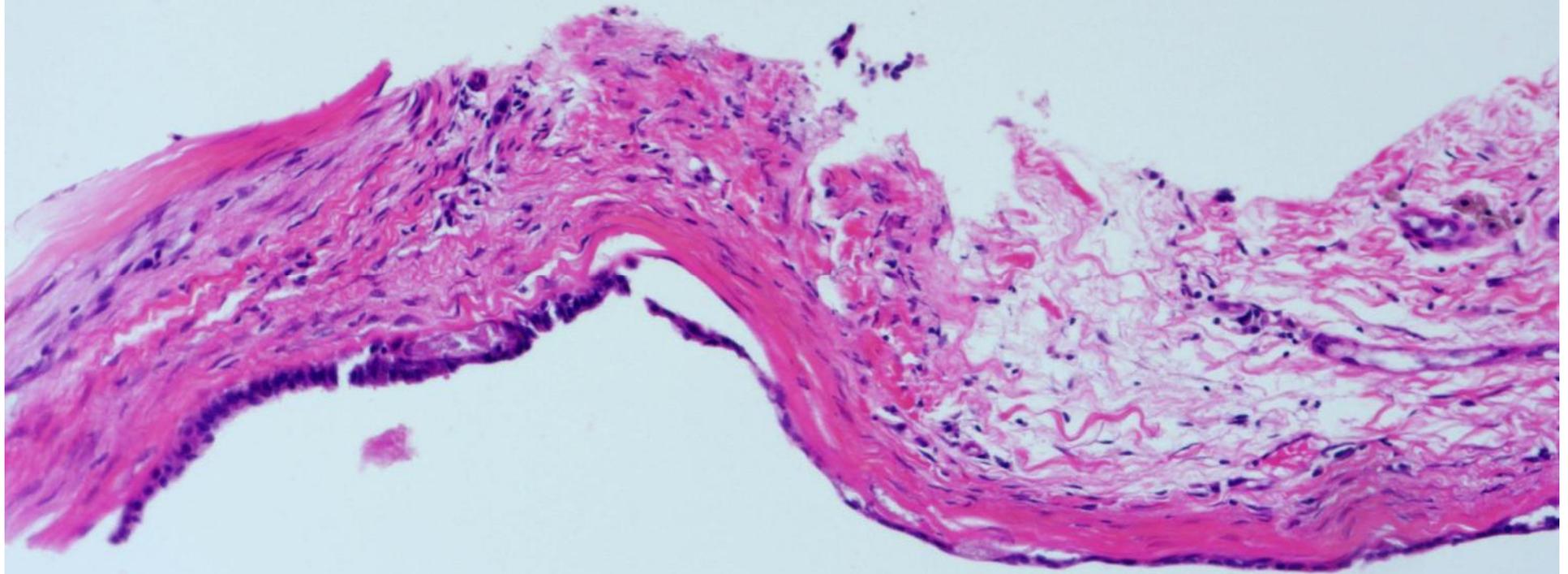
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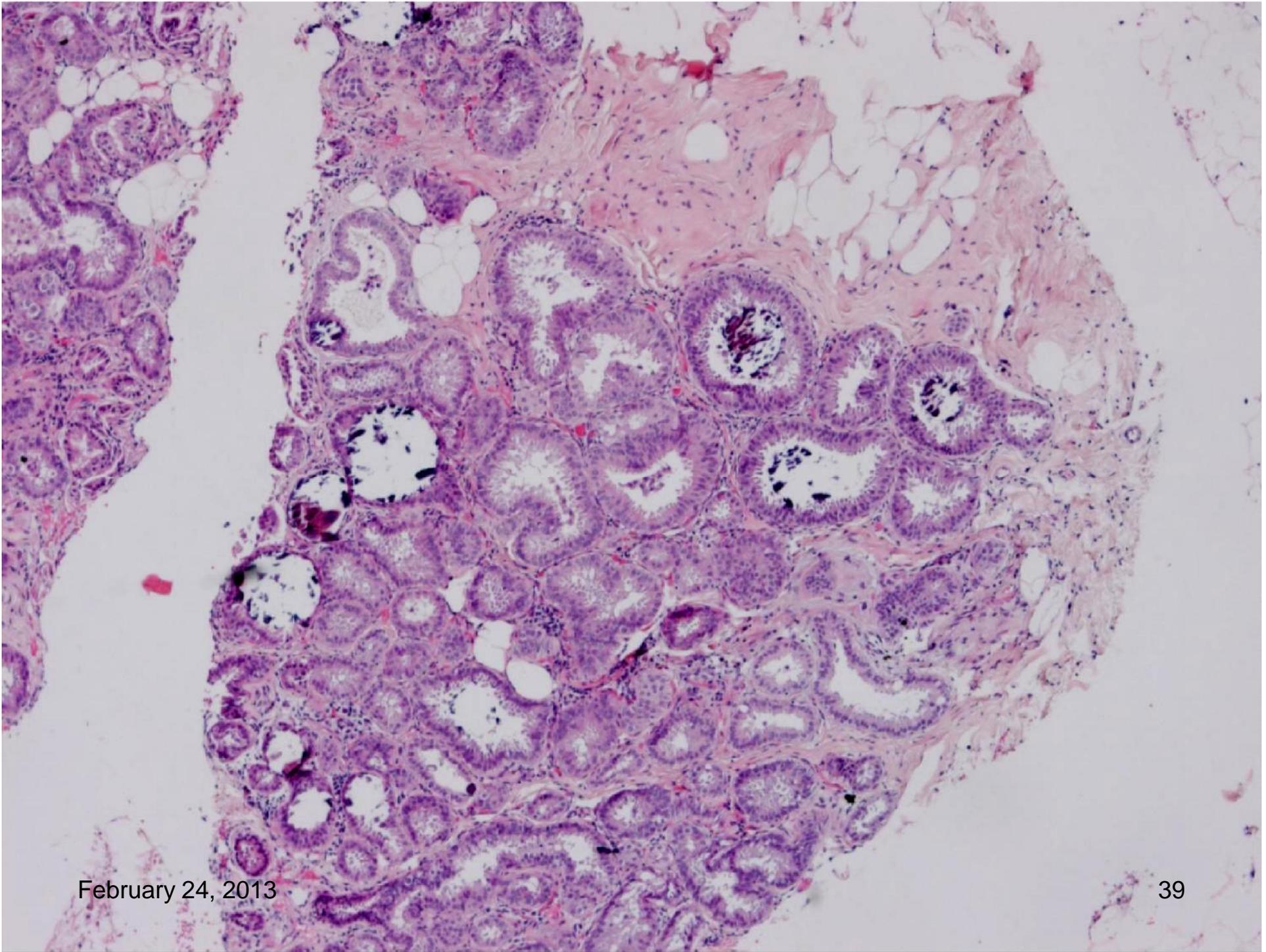
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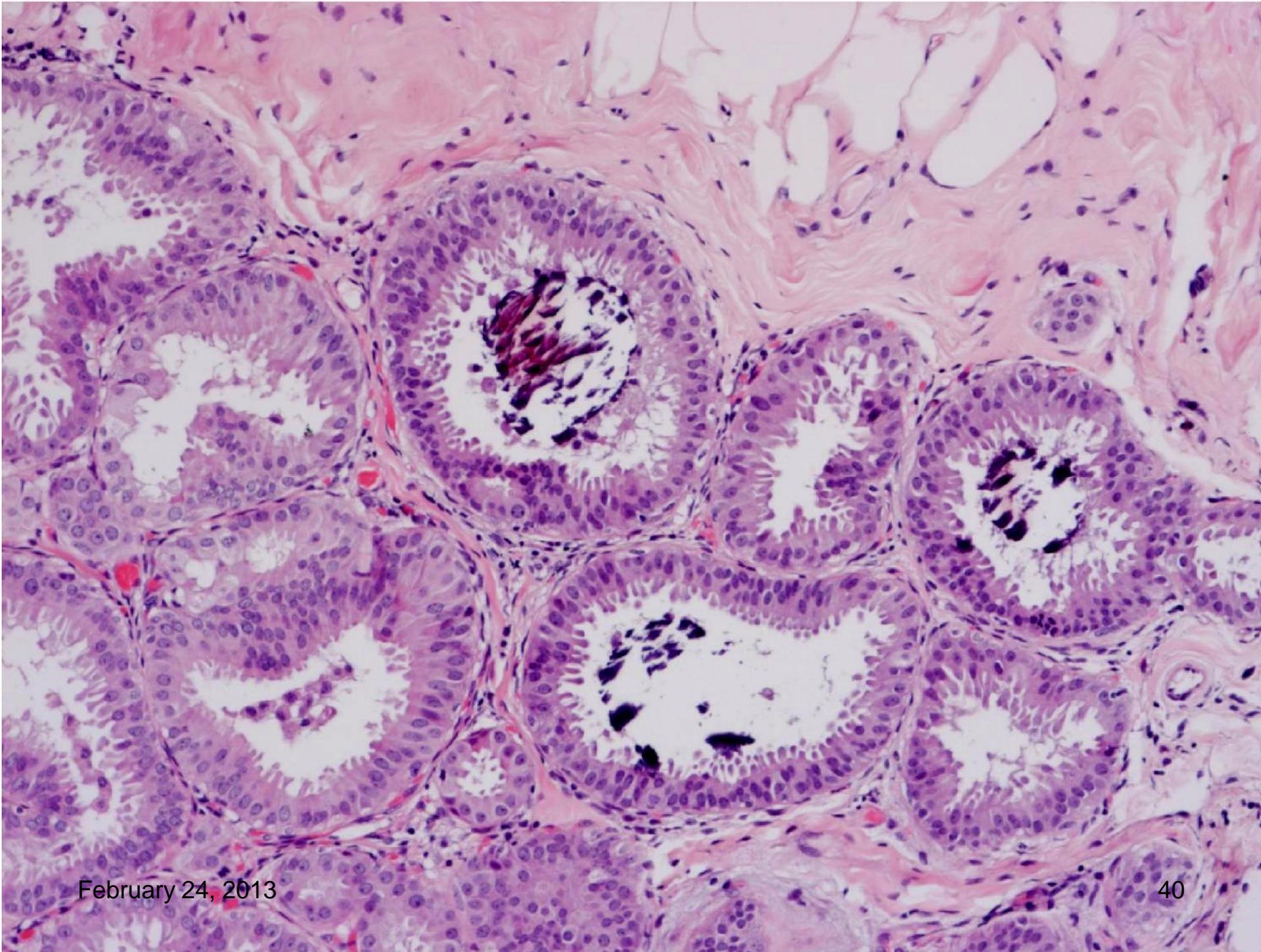
# 囊胞内乳頭癌

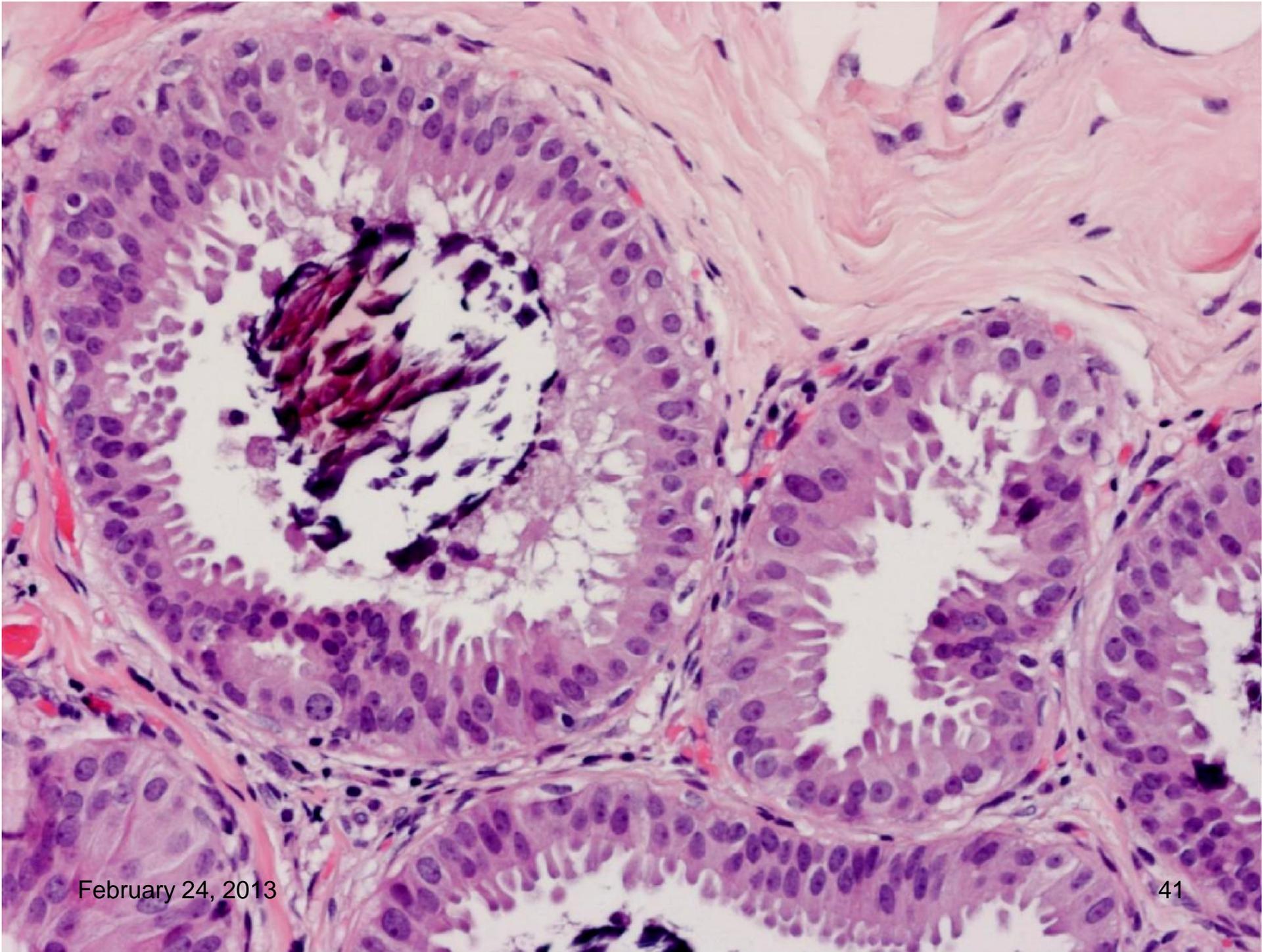
CNB ⇒ “NEGATIVE”



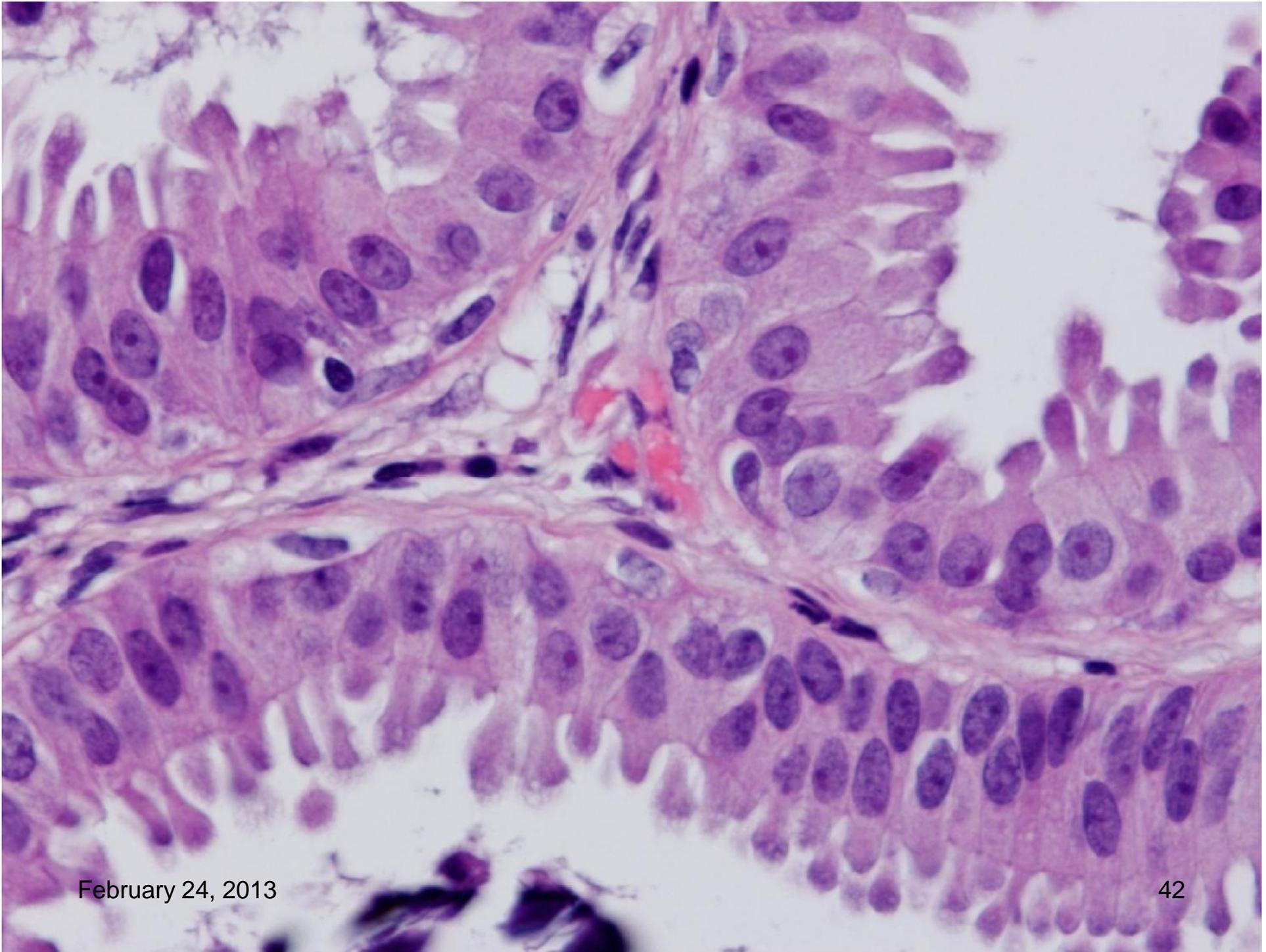


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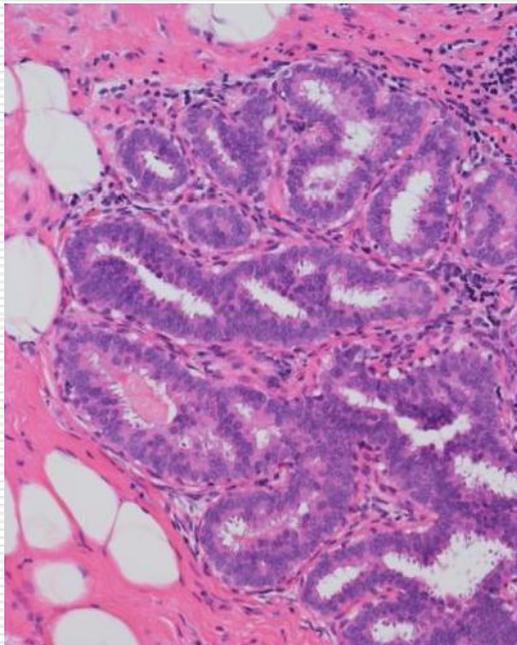


# 平坦型上皮異型

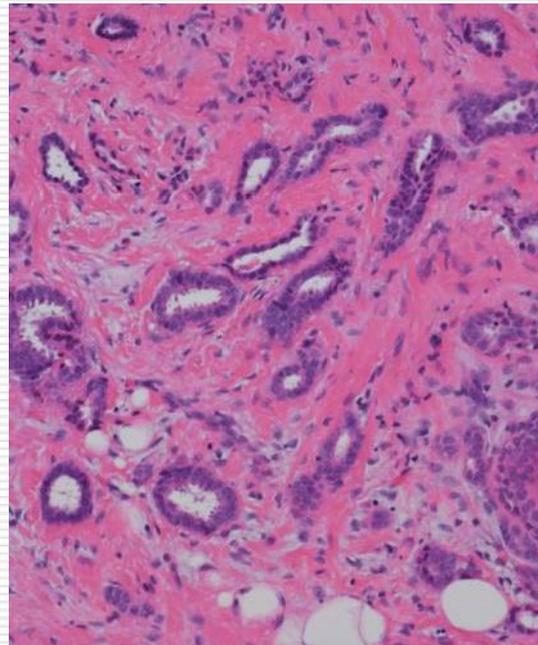
## Flat Epithelial Atypia (FEA)

- AKA: Clinging carcinoma、columnar cell change (hyperplasia) with atypia
- ADH、低悪性度DCISと併存することがある
- ときに浸潤性乳管癌と併存

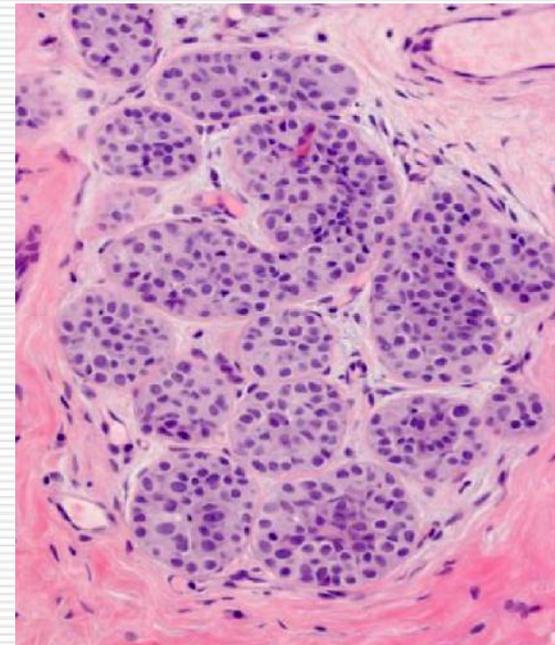
# ローゼンの三徴 Rosen Triad



平坦型上皮異型  
FEA



管状癌  
Tubular carcinoma



非浸潤性小葉癌  
LCIS

# 平坦型上皮異型

## Flat Epithelial Atypia (FEA)

- CNBで認められた場合には、1/3~1/4の頻度でDCIS/浸潤癌が併存 (切除生検)  
⇒ 切除生検を考慮

# FEAを伴うDCISが部分切除組織 断端に存在する場合

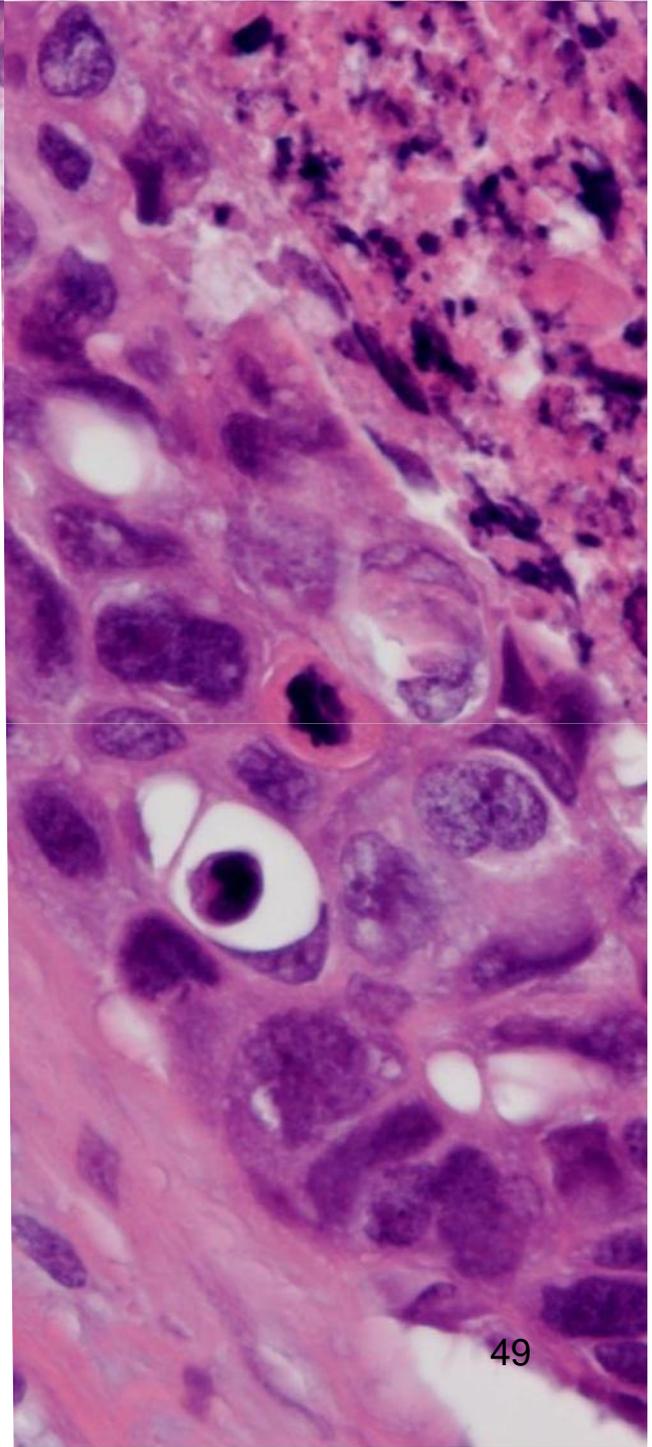
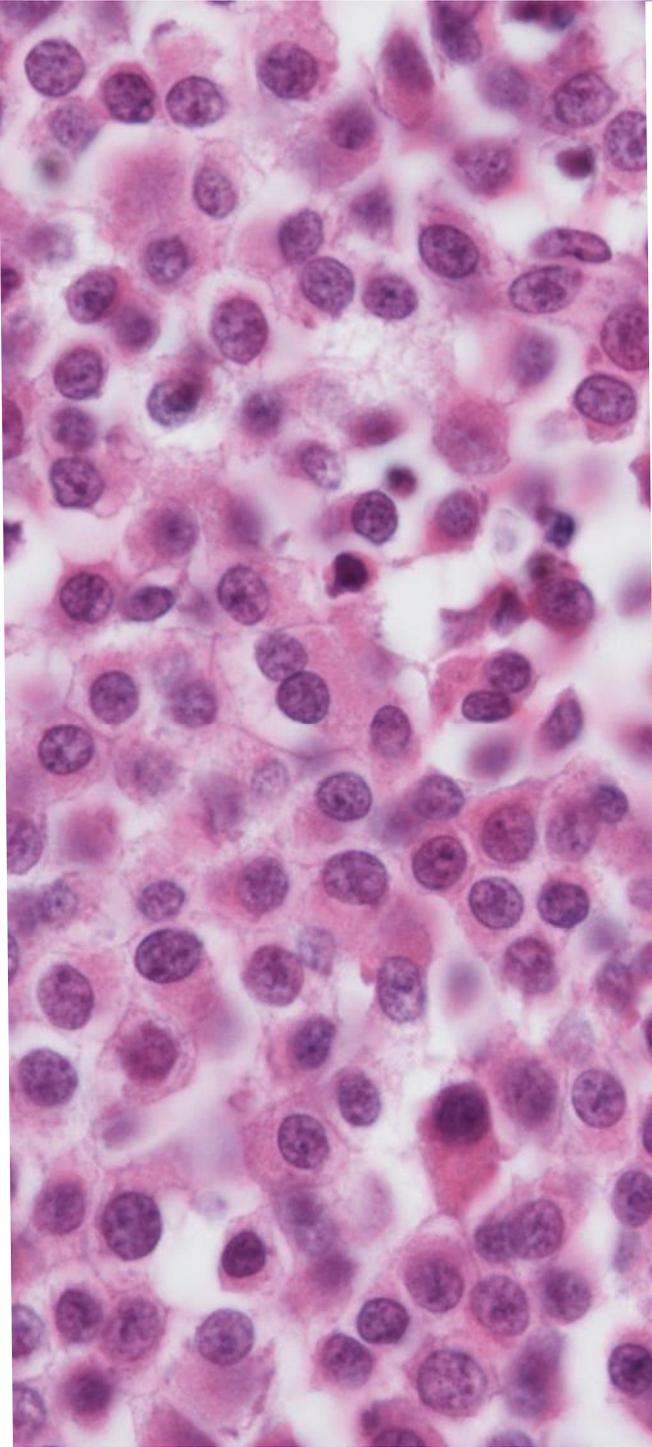
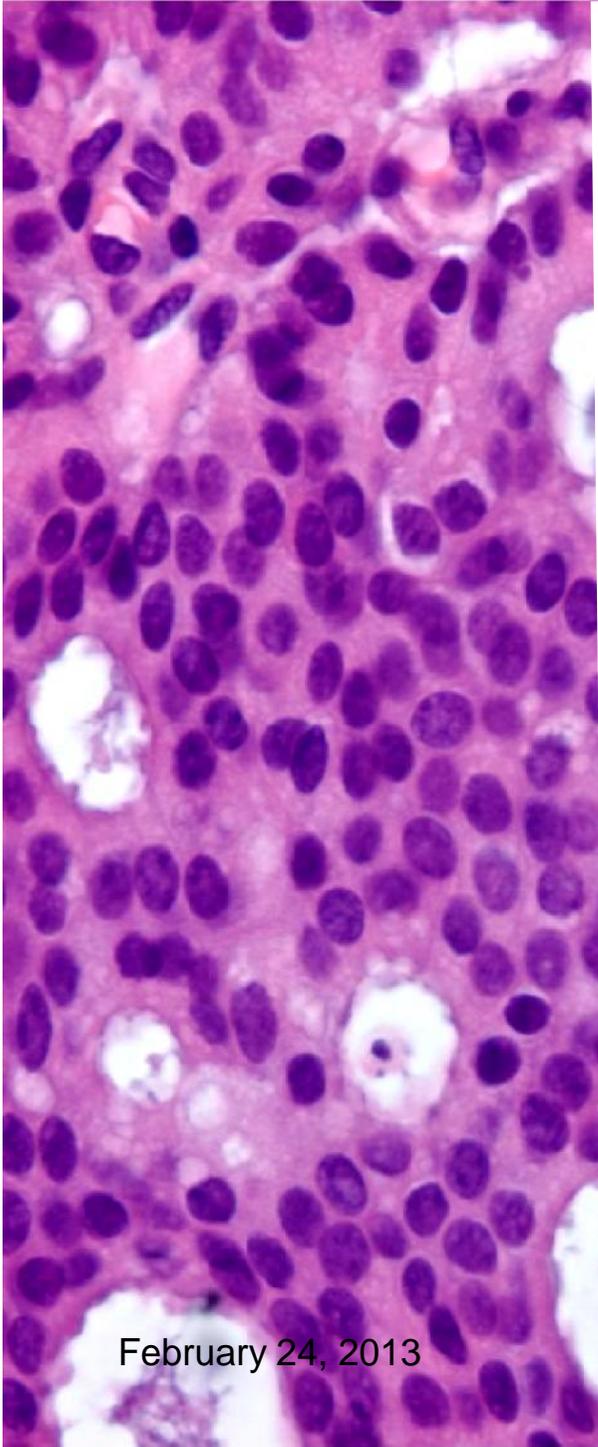
- 断端の評価、DCISの範囲の計測の場合、FEAは考慮に入れない
- FEA自体はDCISの再発あるいは浸潤癌への進行のリスクを意味しない(very low !!)

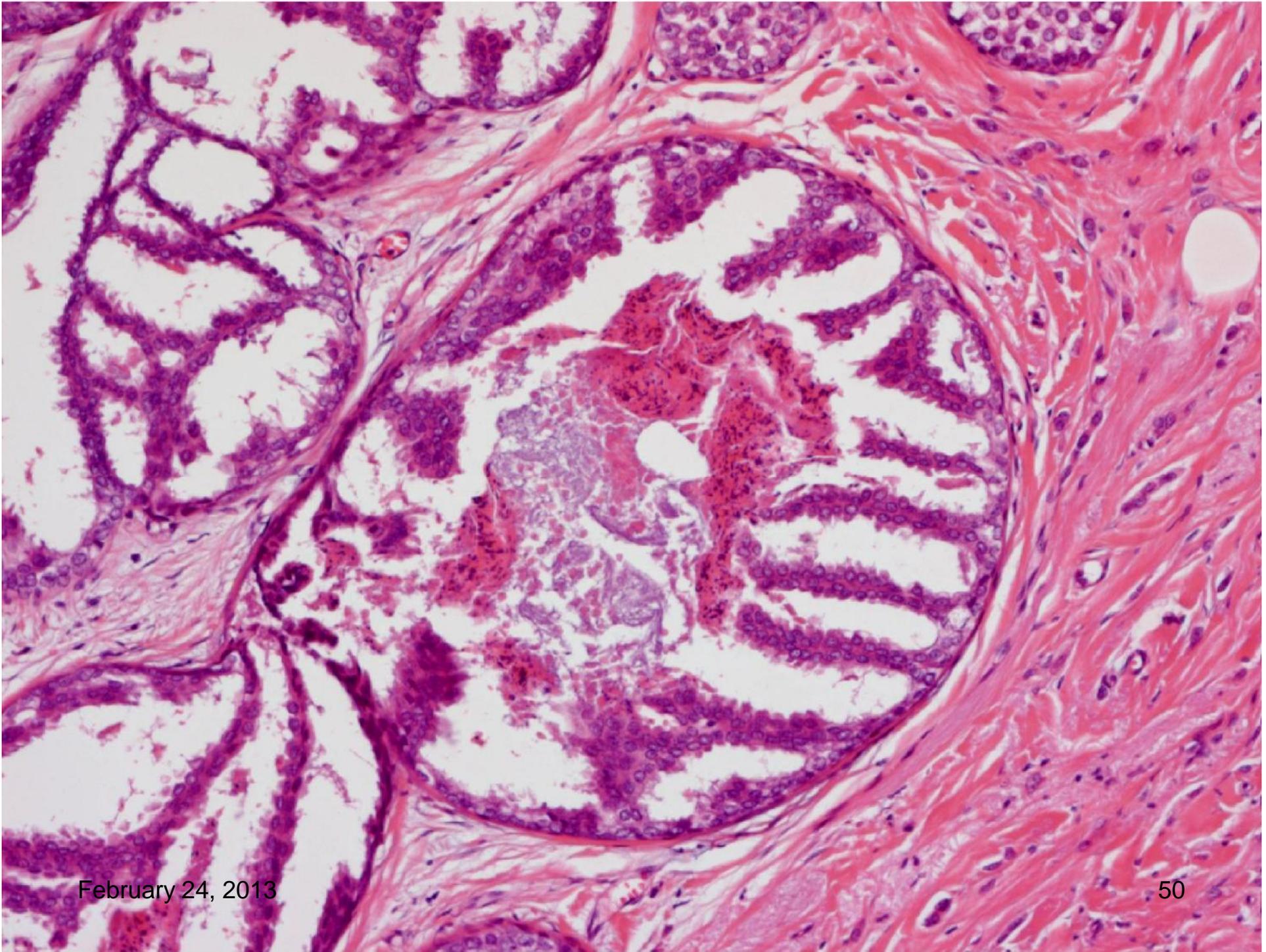
# DCIS の Grading

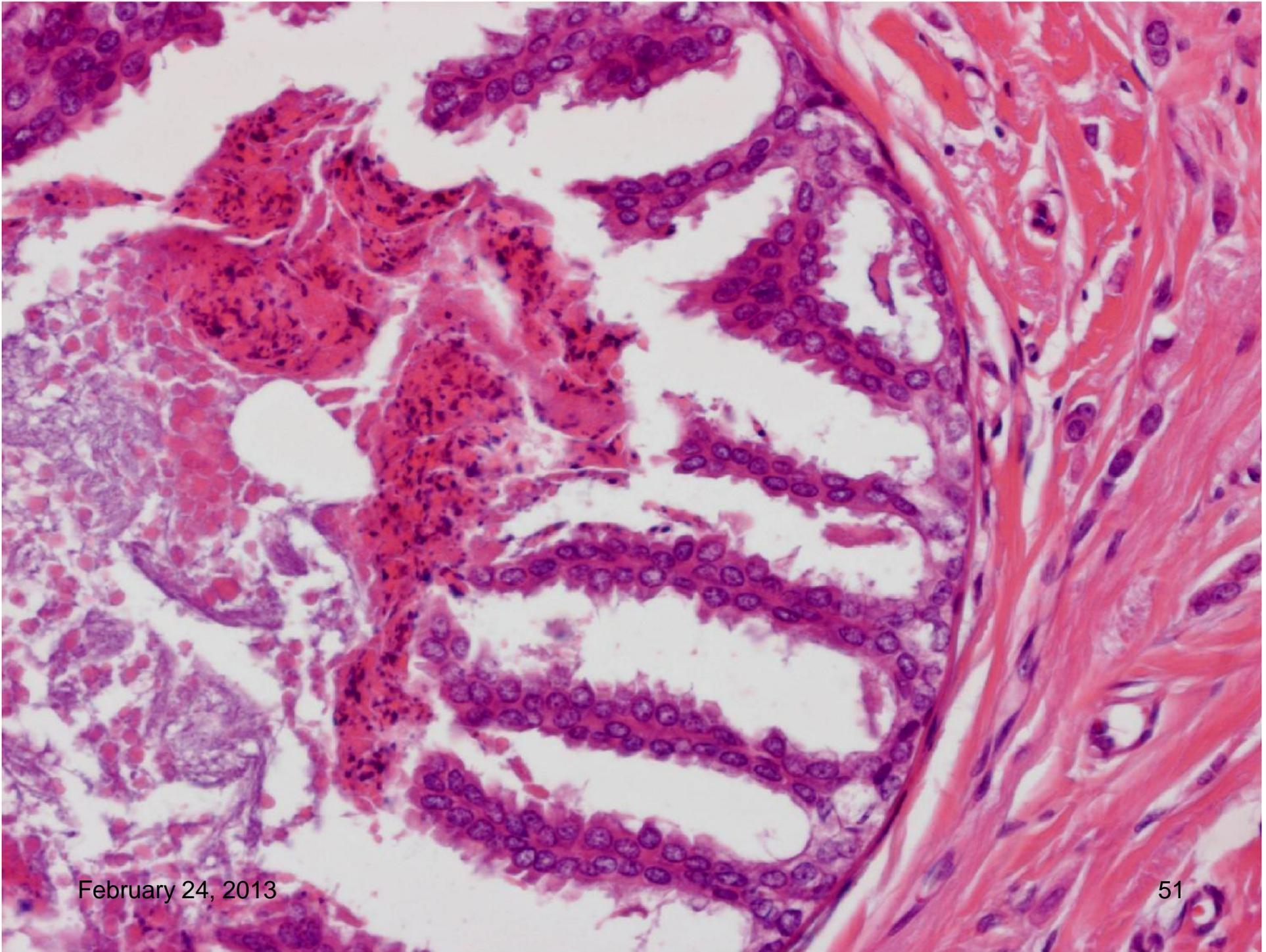
- WHO2012
  - DCIS with low nuclear grade
  - DCIS with intermediate nuclear grade
  - DCIS with high nuclear grade

# Grading

- 細胞異型
- 面皸型壞死
- 細胞配列（極性）





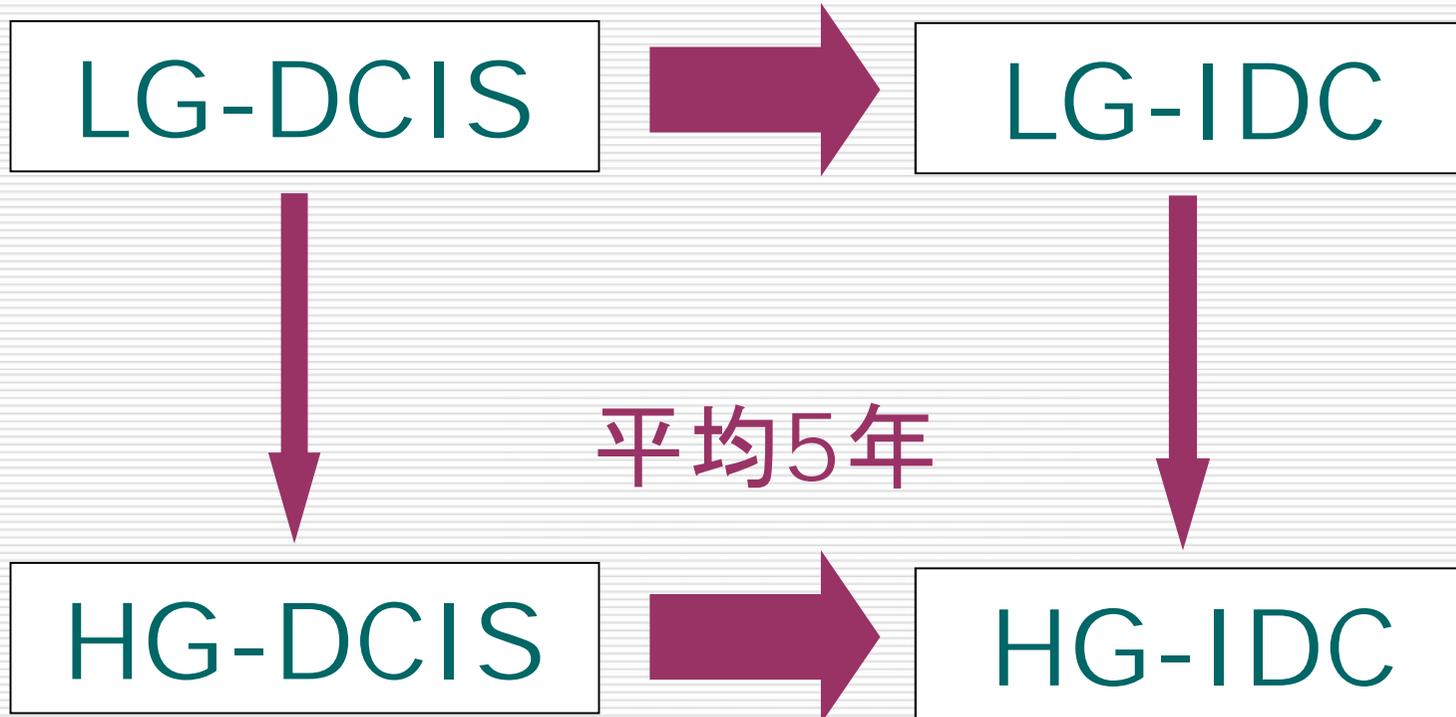


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# Recurrence (%) of DCIS by Grade

	Follow-up (mos)	Low-Grade	High-Grade
<b>Excision only</b>			
Lagios, '89	100	2.3	30.5
Bellamy, '93	60	0	40.0
Ottesen, '92	53	5	30.0
Schwartz, '92	47	2	47.6
<b>Excision + Rad Rx</b>			
Solin, '93	88	4.6	20.3
Schwartz, '92	51	2	11.3

15年以上



# 浸潤癌が併存するリスクの指標

- 高異型度
- 壊死
- 篩状/乳頭状構築
- 径 4 mm を超える小葉内進展
- 画像上腫瘤影
- 広範な石灰化巣

# DCIS の転帰

- CNB後浸潤癌がみつかる頻度
  - 切除生検 :28% (4~75%) (175例、7文献)
  - 乳房全摘 :12% (0~21%) (615例、9文献)
    - 非触知の場合 :4% (0~19%) (44例、14文献)
- 多巣性の頻度
  - 乳房全摘組織 :33% (0~46%) (742例、12文献)
- 両側性の頻度
  - 11% (0~38%) (501例、8文献)

# DCIS の転帰

- 腋窩リンパ節転移
  - 1% (674例、11文献)
- 部分切除のみの場合の浸潤癌発生頻度
  - 23% (10~67%) (165例、6文献)
  - 非触知の場合 ;4~9%

# DCIS の転帰

- 部分切除後の局所再発率 (§文献)

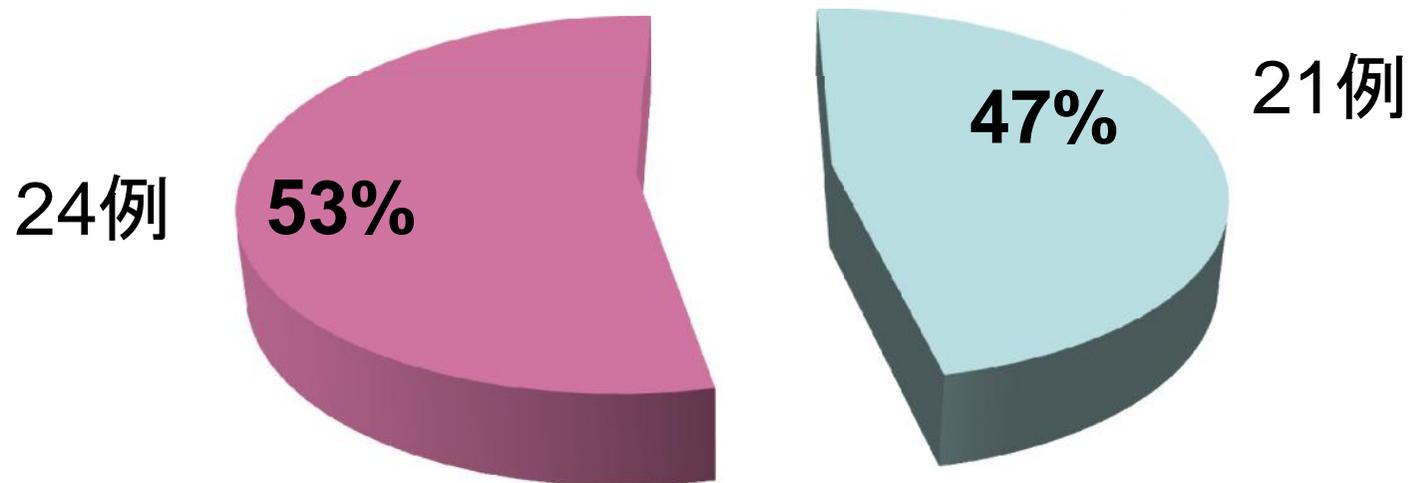
➤ 5年 :13~27% ;10年 :20~44%

Author	5yr	10yr
Lagios	15	20
Blamey	14	22
Cataliotti	13	22
FORTEC*	18	26
Silverstein	19	28
NSABP B17*	23	30
Schwartz	27	41
Cutuli	27	44

\*Prospective

# 局所再発のパターン (Solin et al)

■ DCIS ■ IDC



# 局所切除後の照射と局所再発率

Study	F/U (n)	Radiation		Reduction
		No	Yes	
NSABP-B17	10.8yr (n=813)	32%	16%	50%
FORTEC10853	10.5yr (n=1,010)	26%	15%	42%
UK/ANZ	4.4yr (n=1,030)	14%	6%	60%

# NSABP B-24

## Implication of ER Status of DCIS

Allred et al. SABCS 2002 and USCAP

### Tamoxifen 反応性

免疫染色	再発	P value
ER陽性 n=484 (77%)	RR=0.41 59% reduction	0.0002
ER陰性 n=146 (23%)	RR=0.80 20% reduction	0.51

# DCISの病理診断報告

- 主病変の記載
  - 核異型度 (nuclear grade)
  - 壊死の有無
  - 構築パターン
- 付随事項
  - 断端 陽性か否か、focalかdiffuseか、最短距離)
  - 病変の広がり (サイズ)
  - ER 発現
  - 微小石灰化(部位、パターン)
  - MMG 所見との対比

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February 24, 2013

62