invasive breast carcinoma. We investigated 28 lobular carcinomas in situ, excised and diagnosed in the last 8 years in our Department, using routine microscopy methods. They were graded in 3 types, according to Armed Forces Institute of Pathology (AFIP) recommendations. Grade 1 represented 7.14%, grade 2 represented 76.86%, and grade 3 represented 25%. A correlation between the grades and the presence of simultaneous invasive carcinomas and ductal carcinoma in situ was achieved. Pure LCIS represented 25% and LCIS associated with invasive carcinomas represented 50%. 10.71% were associated with DCIS and 14.28% were associated both with DCIS and with invasive lobular carcinoma. 61.11% of invasive carcinomas were associated with LCIS grade 3. All LCIS grade 3 were associated with microinvasive and invasive lobular carcinomas. Grade 1 LCIS was associated with DCIS in 66.66% of cases.

We conclude that subsequent ductal invasive carcinoma may develop from the DCIS associated with LCIS, although the relation could not be demonstrated in all cases. The frequent association of DCIS with LCIS grade 1 may indicate a common genotype of a stem cell, with a duality in phenotypic expression. A first step in the switch of phenotype may be expressed by grade 2 and especially grade 3 of LCIS. LCIS grade 3 predicts the existence of an invasive component and necessitates a rigorous examination of the entire specimen.

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The Sloane Project – A UK prospective audit of screen-detected non-invasive carcinomas of the breast

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The Sloane Project is a national prospective audit of women with screen detected non-invasive breast carcinoma, inviting participation from all 98 UK Breast Screening Units. The aim of the project is to gain knowledge regarding the diagnosis, treatment and clinical outcomes of screen detected carcinoma in situ and atypical hyperplasias. This will enable patients and health care professionals to make more informed choices regarding treatment options in the future. Particular characteristics in terms of radiological and pathological appearance and their significance in terms of outcome will be collected, together with details of surgical and adjuvant treatment, via specifically designed data forms. The audit will compile a database of potentially 10,000 cases over a 5 year time period. The patients will be followed up and the incidence of ipsilateral and bilateral recurrence will be determined, along with cases of contralateral and metastatic disease. This information will allow us to calculate survival and identify prognostic indicators and their influence on outcome in order to help determine the optimal treatment for screen-detected non-invasive cancers.