

# Abstracts för föreläsningar och posters



Vårmöte i patologi  
Västerås 2010

# Innehåll

Rectal cancer State of the Art föreläsning.....	3
Prognostic Markers in Malignant Melanoma .....	4
Epithelial Tumours of the Ovary- A Second Look.....	5
Coliter, klassifikation, diagnostik och behandling .....	7
It's All About the Power! .....	9
The Prelymphatic System of the Breast.....	10
The Significance of Sentinel Node Micrometastasis and Submicrometasis in Breast Carcinoma .....	11
Multifocal Breast Carcinomas and their Clinical Relevance .....	12
LEAN Principles in Histology .....	13
Histology Process Improvement - The Challenge and Benefits of Being a Lean Histo-Pathology Lab .....	14
Varför har andelen östrogenreceptor-positiva bröstcancrar ökat?.....	15
Regionalt Onkologiskt Centrum, ROC .....	16

<b>Rectal cancer State of the Art föreläsning</b>	<i>Kennet Smedh, MD, PhD, FRCS, Kirurg</i> <i>Maziar Hosseinali Khani, MD, Kirurg</i>
	<i>Centrallasarettet, Västerås</i>
<i>Onsdag 19/5 kl. 14:45 - 16:15, stora kongresshallen</i>	

De Regionala Onkologiska Centren (ROC) har sedan 1995 via ett validerat kvalitetsregister följt resultaten vid de svenska sjukhus som opererar rektalcancer. Sedan några år har man gjort en poängbedömning av varje sjukhus.

Vi har de sista fyra åren, sedan jämförelserna började publiceras, legat ensamma i topp på 3, 3, 5 respektive 4 poäng jämfört med några få sjukhus som legat på 1 till 2 poäng, medan majoriteten av sjukhusen ligger på 0 poäng som är genomsnittspoängen.

Dagens föreläsning belyser hur vi utvecklat vården av patienter med ändtarmscancer multidisciplinärt genom att förena klinisk forskning med nyskapande utveckling av mottagningsverksamhet, preoperativ diagnostik, kirurgiskt teknik och postoperativ vård samt pre- och postoperativ onkologisk behandling, vilket resulterat i de idag signifikant bästa resultaten i Sverige.

<b>Prognostic Markers in Malignant Melanoma</b>	<i>Dr Margrét Agnarsdóttir</i>
	<i>Institutionen för genetik och patologi, Uppsala universitet</i>
<i>Torsdag 20/5 kl. 08:00 - 08:45, stora kongresshallen</i>	

For a patient diagnosed with cutaneous malignant melanoma the thickness of the tumor measured in mm (Breslow) is the most important prognostic factor. The lecture will focus on protein expression and on proteins as potential prognostic markers (biomarkers) in malignant melanoma. This type of research also adds to the understanding of what molecular mechanisms are important in this tumor form.

<b>Epithelial Tumours of the Ovary- A Second Look</b>	<i>Anita M Borges MD FRCPATH</i>
	<i>Asian Institute of Oncology &amp; Piramal Diagnostics Histopathology Centre, Mumbai, India anitaborges@hotmail.com</i>
<i>Torsdag 08:45 - 09:30, stora kongresshallen</i>	

Epithelial ovarian tumours have fascinated pathologists and clinicians for decades. The heterogeneity of histological types, their varying behaviours, the concept of borderline tumours, the familial nature of some tumours, and the dismal outcome of high grade serous carcinomas despite effective chemotherapy, have all contributed to the enigma that surrounds these tumours. To this has been added the realization that the pathways of development of high grade and low grade tumours are distinct, and that the epithelium of the fallopian tube may be the site of origin of the majority of familial pelvic serous carcinomas, and possibly several sporadically occurring high grade ovarian serous carcinomas. This lecture will explore the implications for pathologists and clinicians of our recent understanding of the molecular pathology and pathways of development of ovarian epithelial tumours.

It is becoming amply clear that the common high stage, high grade carcinomas are not progressed low grade carcinomas. The latter are one end of the spectrum of changes that arise in cortical cysts of the ovary, with cystadenomas and borderline lesions being early precursors. The fact that no easily recognisable precursor has been identified for the lethal high grade serous carcinoma, which appears to arise de novo and spread rapidly in the peritoneal cavity, suggests that the presently employed screening strategies for early diagnosis of ovarian cancer will not result in a significant reduction in mortality.

It is generally believed that the ovarian surface epithelium is the origin of ovarian carcinomas. The finding of p53, which is a useful

early marker of serous neoplasia in the genital tract, in secretory cell dysplasia and carcinoma in situ in the distal fallopian tubes of women who have undergone prophylactic salpingo-oophorectomies for familial ovarian cancer, has opened up fundamental issues in our understanding of the mechanisms of ovarian carcinogenesis which will impact on ovarian cancer control. Research is on to identify markers of fallopian tube epithelial carcinogenesis which can be translated into a successful early diagnosis and prevention strategy for ovarian cancer.

#### Short Bibliography:

1. Levanon K, Crum C, and Drapkin R. New Insights Into the Pathogenesis of Serous Ovarian Cancer and Its Clinical Impact: *J Clin Oncol* 2008, 26:5284-5293.
2. McCluggage G. My approach to and thoughts on the typing of ovarian carcinomas: *J. Clin. Pathol.* 2008; 61;152-163;
3. Landen CN Jr., Birrer MJ, and Sood AK. Early Events in the Pathogenesis of Epithelial Ovarian Cancer: *J Clin Onco* 2008; 1 26: 995-1005.
4. Lawrenson K, Gayther SA. Ovarian cancer: A clinical challenge that needs some basic answers. *PLoS Med* 2009; 6(2): e1000025. doi:10.1371/ journal.pmed.100002 (**www.plosmedicine.org**)
5. Shih IM and Kurman RJ. Molecular Pathogenesis of Ovarian Borderline Tumors: New Insights and Old Challenges: *Clin Cancer Res* 2005; 11, 7273-7279

<b>Disposition av föreläsningen Coliter, klassifikation, diagnostik och behandling</b>	<i>Åke Öst, Ragnar Befrits</i>
	<i>Aleris, Karolinska Universitetssjukhuset</i>
<i>Torsdag 20/5 kl. 10:15 - 11:30, stora kongresshallen</i>	

1. Introduktion (ÅÖ)
2. Klassifikation av coliter (ÅÖ)
  - Kronisk inflammatorisk tarmsjukdom/IBD UC , CD , IC)
  - Mikroskopiska coliter (LC , KC och andra)
  - Infektiösa coliter
  - Ischemisk colit
  - Andra (bla läkemedelsinducerad colit)
3. Diagnostik
  - Endoskopi (RB)
  - Röntgen (RB) andra (RB)
  - Histopatologi (ÅÖ)
  - DiBiCol (ÅÖ)
  - Andra molekylärbiologiska/genetiska test (RB)
4. Behandling (RB)
5. När är säker differentialdiagnostik viktigast (RB)
6. IBD och cancer
  - Epidemiologi och riskfaktorer (RB)
  - Histologisk diagnostik (ÅÖ)
7. Sammanfattning (RB + ÅÖ)

Referenslista kommer att finnas tillgänglig vid föreläsningen.

incidental microscopic findings in the stroma of the breast, defined “the PASH phenomenon”[3]. The interpretation of Flora Hatveit[7] that these spaces were originated from CD34 positive attenuated stromal cells and that the spaces are connected to lymphatics has been recently demonstrated by Asioli et al at 3D level[8]. Pre lymphatic channels are a consistent way of spread for numerous neoplasms . Attenuated stromal cells give also origin to benign and malignant stromal tumours.

#### Reference List:

- 1 Fukunaga M.(2005) Expression of D2-40 in lymphatic endothelium of normal tissue and in vascular tumours. *Histopathology* 46:396-402.
- 2 Enzinger FM, Weiss SW. (1995) *Soft tissue tumors*. 3 ed. St.Louis - USA: Mosby,
- 3 Tavassoli FA, Eusebi V. (2009) *Tumors of the breast*. 4 ed. Washington, DC: American Registry of Pathology/AFIP,
- 4 Damiani S, Peterse JL, Eusebi V.(2002) Malignant neoplasms infiltrating “pseudoangiomatous” stromal hyperplasia of the breast: an unrecognized pathway of tumor spread. *Histopathology* 41:208-215.
- 5 Powel CM, Cranor ML, Rosen PP.(1995) Pseudoangiomatous stromal hyperplasia (PASH). *Am J Surg Pathol* 19 (3):270-277.
- 6 Badve S, Sloane JP.(1995) Pseudoangiomatous hyperplasia of male breast. *Histopathology* 26:463-466.
- 7 Hartveit F.(1990) Attenuated cells in breast stroma: the missing lymphatic system of the breast. *Histopathology* 16:533-543.
- 8 Asioli S, Eusebi V, Gaetano L, et al.(2008) The pre-lymphatic pathway, the roots of the lymphatic system in breast tissue: a 3D study. *Virchows Arch* 453:401-406.

<b>It is All About the Power!</b>	<i>Mecius Simanaitis, Béla Bozóky, Carlos Fernández</i>
<i>Torsdag 20/5 kl. 12:30 - 13:30, stora kongresshallen</i>	

A talk on the PowerPaint, that is, extended immunohistochemistry used in a systematic, “intelligent” and creative way. Everybody knows that panels of IHC, not just a few stains, are necessary for accurate diagnosis. During the recent years the immunohistochemical laboratory at Karolinska Huddinge has been developing techniques for double, triple and quadruple IHC stains, which greatly enhance the pathologist’s ability in understanding the complex tumour architecture and disease processes, as well as making the final diagnosis. We will touch down on some technical issues of multiple IHC stains and share some of our results, as well as a few recent observations, mainly in the field of dermatopathology. We will also discuss some of the pitfalls of IHC.

<b>The Prelymphatic System of the Breast</b>	<i>Vincenzo Eusebi, professor</i>
	<i>Section of Anatomic and Surgical Pathology, University of Bologna at Bellaria Hospital(3) Institute of Irreproducible Results, Brussels, Belgium</i>
<i>Fredag 21/5 kl. 10:00 – 10:45, stora kongresshallen</i>	

Lymphatic channels appear in the embryo long after blood vessels. A dual histogenetic view on the origin of lymphatics has been proposed. One takes in consideration an origin from veins , the other favours spindle cell stromal (CD 34) (myo)fibroblasts . As it will be apparent later , probably both theories are applicable to the origin of lymphatics. Endothelial cells from blood vessels are positive for FVIII, CD 34 and CD 31. Endothelial cells from lymphatics are positive for D2-40 (podoplanin), CD 34 , VEGFR-3 and Prox -1. This antigenic profile is consistently applicable to normal vessels and benign vascular tumours but certainly does not apply to angiosarcomas as 50% of the latter stain for D2-40[1] as to lead to the statement “ it is better at the moment to regard the term angiosarcoma as embracing malignant tumours of both haematic and lymphatic endothelia”[2, 3]. In 2002 Damiani et al [4] reported a series of lymphomas and non cohesive poorly differentiated carcinomas that were invading the stroma of a fibroepithelial tumour. The invasion had a plexiform pattern and it seemed that neoplastic cells were invading along pre-existing spaces. It was proposed that the fibroepithelial structure in which the invasion occurred, was the entity defined as pseudoangiomatous stromal hyperplasia (PASH)[5] and that neoplastic cells were spreading along the spaces present in the stroma of PASH. Therefore these are true spaces as they are observed also in frozen sections (therefore no fixation artifacts)[6], they are visible at EM level[3] and finally neoplastic cells spread along their “lumina”. It was also proposed that what Flora Harveit[7] had described as “ attenuated cells in breast stroma : the missing lymphatic system” were the same spaces seen in PASH. It has been also elaborated that these spaces are

<b>The Significance of Sentinel Node Micrometastasis and Submicrometastasis in Breast Carcinoma</b>	<i>Gábor Cserni, MC, PhD</i>
	<i>Bács-Kiskun County Teaching Hospital, Kecskemét, Hungary E-mail: cserni@freemail.hu</i>
<i>Fredag 20/5 kl. 10:45 - 11:30, stora kongresshallen</i>	

For a patient diagnosed with cutaneous malignant melanoma the thickness of the tumor measured in mm (Breslow) is the most important prognostic factor. The lecture will focus on protein expression and on proteins as potential prognostic markers (biomarkers) in malignant melanoma. This type of research also adds to the understanding of what molecular mechanisms are important in this tumor form.

<b>Multifocal Breast Carcinomas and their Clinical Relevance</b>	<i>Docent Tibor Tot</i>
	<i>Department of Pathology and Clinical Cytology, Central Hospital Falun, Sweden <a href="http://www.falupat.com">http://www.falupat.com</a></i>
<i>Fredag 21/5 kl. 11:30 – 12:15, stora kongresshallen</i>	

The majority of breast carcinomas are characterized by complex sub-gross morphology with multifocal or diffuse growth of in situ or invasive components or both. Multifocality of the invasive component is associated with approximately doubled risk of vascular invasion and lymph node metastasis. The different sub-gross growth patterns in breast carcinoma will be illustrated and new results indicating survival-related prognostic relevance of tumor multifocality will be demonstrated.

<b>LEAN Principles in Histology</b>	<i>William DeSalvo, B.S</i>
	<i>HTL(ASCP)</i>
<i>Onsdag 19/5 kl. 12:50-13:30, lilla kongresshallen</i>	

Process Improvement; everybody is talking about it and you've heard about LEAN, but what does this really mean to you and where do you start. There are several "tools" that LEAN can provide to help to streamline your process and procedures and increase standardization. This discussion will focus on the implementation of "5S" and how simple changes can positively affect workflow and workload management. We will try to address some of the issues creating obstacles to process improvement and employee satisfaction.

<b>Histology Process Improvement - The Challenge and Benefits of Being a Lean Histo-Pathology Lab</b>	<i>William DeSalvo, B.S</i>
	<i>HTL(ASCP)</i>
<i>Torsdag 20/5 kl. 08:00 – 11:30, lilla kongresshallen</i>	

Incorporating a quality management process into your lab can provide an increase in quality and productivity and reduce down costs. To be successful you have to avoid the pitfall that instrumentation and automation can fix your process problems and issues. Join in a discussion that looks at the principles and philosophy of LEAN and Six Sigma applied to the Histo-Pathology Lab and how to incorporate the principles in instrument evaluation.

<b>Varför har andelen östrogenreceptor-positiva bröstcancrar ökat?</b>	<i>Sanda Beglerbegovic (1), Sven Johansson (2), Mårten Fernö(3).</i>
	<i>1) Patologen, Växjö, (2) Avdelningen för Onkologi, Lund,</i>
<i>Torsdag 20/5 kl. 13:30 – 14:30, rum 302 och poster</i>	

Bakgrund: Kännedom om ER (östrogen receptor) status, är viktigt vid val av behandling för patienter med bröstcancer. För patienter med tumörer som är ER-positiva, har endokrin behandling många gånger god effekt till skillnad från för patienter med ER-negativa tumörer. I Södra sjukvårdsregionen, mättes ER fram till omkring år 2000 i cytosolprover, som framställdes av vävnadshomogenat från frysta bröstcancerprover (med isotopteknik eller monoklonala antikroppar). Numera använder man istället immunhistokemisk analys i paraffinbäddat material. Före år 2000 var omkring 70 % av de undersökta bröstcancerfallen ER-positiva. Man har sett en ökning av incidensen ER-positiva fall och andelen ligger nu över 80 %. Det kan finnas flera orsaker till denna ökning: tidigare upptäckt genom mammografisk hälsokontroll, hormonanvändning i samband med menopaus kan ha ändrat biologin, även små tumörer, (0-10 %, 11-75 % och >75 %). Gränsen mellan negativt och positivt sattes vid 10 % infärgade kärnor. Resultat: Åtta av 25 fall från 80-talet och 14 av 25 fall från 90-talet blev ER-positiva med immunhistokemisk metod. Av dessa 22 fall, som var negativa med cytosolmetoden men positiva med immunhistokemi, hade 14 påvisbara ER-värden med cytosolmetoden, men under gränsvärdet för positivitet. Ytterligare två fall från 80-talet hade mellan >0 och 10 % infärgade kärnor med immunhistokemisk metod. Slutsatser: Nästan hälften (44 %; 22/50) av fallen som var ER-negativa med cytosolmetoden, blev positiva då de omanalyserades med immunhistokemisk metod under 2008. Metodbytet från cytosolmetod till immunhistokemi kan därför vara en viktig orsak till att andelen ER-positiva fall har ökat. Med fortsatt utveckling av nya instrument och bättre och känsligare antikroppar kan andelen positiva fall ytterligare påverkas.

<b>Regionalt Onkologiskt Centrum, ROC</b>	<i>Ingegerd Kyllerstedt, Kristina Laanemäe, Handläggare/ data management</i>
	<i>Regionalt Onkologiskt Centrum</i>
<i>Torsdag 20/5 kl. 15:00 – 16:30, rum 301</i>	

Föreläsningen kommer att behandla nyttan och syftet med Cancerregistret samt vilka sjukdomstillstånd och diagnoser som är anmälningpliktiga.