PostScript

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Invasive lobular carcinoma and cytokeratin

immunohistochemistry: an audit
Small axillary lymph node metastases from an invasive lobular carcinoma of the breast can be notoriously difficult to detect on routine haematoxylin and eosin (H&E) staining. Since August 2001, it has been our departmental policy to carry out immunohistochemistry using a broad spectrum antikeratin antibody (AE1/AE3; Dako Ltd, Ely, Cambridgeshire, UK) to ensure that micrometastases are not missed.

Between August 2001 and September 2002, 62 patients were coded as having invasive lobular cancer on our database. Twenty six had wide local excisions and the remainder had mastectomies (including four who had bilateral mastectomies and two completion mastectomies following wide local excision). Fifty nine patients had axillary lymph nodes removed of any number. Three patients had had node dissections in previous years.

Twenty one patients had positive nodes on H&E; two had immunostaining performed and this found extra micrometastases in one example. The other 19 did not have immunostaining done. Thirty eight patients had negative nodes on H&E; all 38 had immunostaining carried out and this found micrometastases in four patients. All four of these patients had modified Bloom and Richardson grade 2 invasive lobular carcinomata with diameters ranging from 20 mm to 35 mm. One had no lymphovascular invasion; two had possible and one had definite lymphovascular invasion reported. In three patients the micrometastases were in the form of scattered single subcapsular cells and in one patient these joined up to form cords of subcapsular cells. In summary, the proportion of axillary node positive invasive lobular carcinoma cases increased from 21 of 59 to 25 of 59 with cytokeratin immunohistochemistry. In all cases, however, only a few cells were identified.

The use of cytokeratin immunohistochemistry on lymph nodes is controversial because this technique may detect small nests of cells that have no prognostic importance.^{1,2} There is a body of evidence that individual micrometastatic tumour cells of many tumour types have no prognostic relevance.² Some studies have demonstrated that patients with micrometastases have a significantly worse survival rate than node negative patients using cut off points of 0.5 mm and 0.2 mm,³ although others have failed to show this.²

Our practice does increase the number of patients who are upstaged but the importance of this in terms of the need for adjuvant treatment could be considered open to debate.

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References

- 1 Wong SL, Chao C, Edwards MJ, *et al*. The use of cytokeratin staining in sentinel lymph node biopsy for breast cancer. *Am J Surg* 2001;182:330-4.
- 2 Page DL, Anderson TJ, Carter BA. Minimal solid tumour involvement of regional and distant sites. *Cancer* 1999;86:2589-91.
- 3 Dowlathshahi K, Fan M, Snider *et al*. Lymph node micrometastases from breast carcinoma. *Cancer* 1997;80:1188-97.

BOOK REVIEW

Bench Aids for the Morphological Diagnosis of Anaemia

World Health Organisation, 2001. (£25.00.) ISBN 92 4 1545322 1.

This is not a book but a collection of seven tough laminated sheets contained in a robust card envelope. The sheets are printed on both sides and contain a combination of text and colour photomicrographs. As one would expect from a World Health Organisation publication the bench aids are for global consumption. Thus, the authors have made introductory and advisory comments regarding laboratory investigations that are pertinent to users both in the high technology laboratories of the Western World and also in the less well equipped developing countries. Of the total 14 sides, five contain largely text. The subjects include a summary of the causes of anaemia, a glossary of morphological terms, recommended laboratory investigations for various types of anaemia, and general comments on the preparation of blood

films and care of the microscope. These sections are well written and require only a fairly basic knowledge of English for comprehension.

Overall, the authors (three UK haematologists) have done a very good job and one's immediate impression is of a colourful and user friendly diagnostic aid. I do have a few criticisms. Although the causes of anaemia are summarised it seems a little odd to exclude a classification of anaemia on the basis of red cell size—for instance, although we have a few suggested tests for macrocytic anaemia there is no list of causes of macrocytosis. This seems an odd omission in what is a fairly basic bench top aid for anaemia diagnosis. The photomicrographs are generally of a high quality, but a few are not, and do not clearly demonstrate the alleged abnormality. There are blank spaces on some of the pages, which could easily have been filled by useful additional illustrations. The miscellaneous page contains a rather odd selection of abnormalities and might have been better used by including some views of parasites (although as the authors point out there is a coexistent bench aid package for malaria). On the page headed "leucocytes in stained blood films" there is an illustration of all the usual leucocytes but also a picture of a clump of plasma cells, which appears to imply that plasma cells are routinely present in the blood film. There are occasional typographical errors and in one of the plates the legend does not correspond precisely to the micrograph, which might cause confusion to the uninitiated.

In essence this is a well produced, simple diagnostic aid for anaemia. I think it will be most useful in developing countries, where it is being marketed at a reduced price, and where presumably access to more sophisticated atlases and CD ROM packages is very limited. In developed countries, more senior haematology staff and morphologists would find it of little use, but it should be helpful to those learning morphology. The emphasis on the preparation of blood films and the correct use of the microscope is a useful corrective. By my calculation the price in the developed world is £25 and I think this represents good value. We will keep a copy on the bench top in our laboratory and I suspect it will be very well used.

M Howard

CALENDAR OF EVENTS

Full details of events to be included should be sent to Maggie Butler, Technical Editor JCP, The Cedars, 36 Queen Street, Castle Hedingham, Essex CO9 3HA, UK; email: maggie.butler2@btopenworld.com

ACP Management Course for Pathologists, 2003

10-12 September 2003, Hardwick Hall Hotel, Sedgfield, County Durham, UK
Further details: Ms Valerie Wood, ACP Central Office, 189 Dyke Road, Hove, East Sussex, BN3 1TL, UK. (Tel +44 01273 775700; Fax +44 01273 773303; email valerie@pathologists.org.uk)