Use of Immunomarkers D2-40 and CD31 in Detection of Lymphovascular Invasion in Breast Carcinoma

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Abstract
Breast cancer is a major health problem in the world. It is a disease with significant morbidity and mortality. Metastasis and recurrence are the main causes of mortality in breast carcinoma. Lymphovascular invasion is associated with increased axillary node metastasis and recurrence. Identifying lymphovascular invasion (LVI) is difficult in haematoxylin and eosin stained slides especially if lumen is completely filled by tumour cells or when retraction artefacts are present. D2-40 is a sensitive and specific marker to detect tumour cells in lymphatic vessels. It selectively and specifically stains lymphatic endothelial cells. CD31 is a 130 kDa transmembrane glycoprotein in the immunoglobulin super family. CD31 stains blood and lymph vessels. Staining with these immunomarkers makes it easy to identify the invasion. If it is identified more aggressive therapy can be given to the patient which will reduce the recurrence rate in carcinoma breast patients.

Keywords: Lymphatic invasion, blood vessel invasion, Carcinoma breast, D2-40, CD 31, metastasis.

Introduction
D2-40 is a sensitive and specific marker to detect tumour cells in lymphatic vessels. It selectively and specifically stains lymphatic endothelial cells. CD31 is a 130 kDa transmembrane glycoprotein in the immunoglobulin super family. CD31 stains blood and lymph vessels. D2-40 specifically stains lymph vessels. Identifying lymphovascular invasion (LVI) is easy in many cases but becomes difficult in haematoxylin and eosin stained slides, if lumen is completely filled by tumour cells or when retraction artefacts are present due to tissue shrinkage during fixation. Lymphovascular invasion is associated with high histological grade, high ki67 expression and negative hormone receptor. Metastasis and recurrence are the main cause of mortality in breast carcinoma. Lymphovascular invasion is associated with increased risk of metastasis and recurrence of tumour. Tumour cells can reach blood circulation via connection between tumour associated lymphatic and blood circulation. LVI is also associated with distant relapse and decreased survival. Therefore tumours with lymphovascular invasion without lymph node involvement may get benefit from adjuvant chemotherapy.

Objectives
To assess usefulness of D2-40 and CD 31 in detection of lymphatic and vascular invasion in carcinoma breast compared to routine H&E stain.
**Procedure**

The mastectomy specimens received in the Department of Pathology during a period of 18 months were included in the study. The specimen was fixed in 10% formalin, representative samples were taken and processed. Multiple 3-5 µm sections were taken from advancing edge of tumour and stained with H&E. Lymphovascular invasion was assessed in peritumoural tissue on H&E stained sections. Lymphovascular invasion was identified when carcinoma cells are present within a definite, endothelial lined space. When tumour cells were observed in a space without a definite endothelial lining, it was not considered as emboli. Lymphatics were taken as vascular channels lined by single layer of endothelial cells, occasionally containing lymphocytes, lymphatic fluid and without any RBC’S. Blood vessels were taken as vascular channels with supporting smooth muscle and lumen of which showed RBC’s. Sections were also taken for immunohistochemical staining. Immunostaining was performed on sections using routine immunohistochemical procedure. 5 micrometer thick sections were made on poly L Lysine coated slides kept at 37 degree Celsius overnight and at 60 degree Celsius for 1 hour next day followed by antigen retrieval and staining. Antibodies used were D2-40 and CD31 (6)(7). Vessels were considered lymphatic when endothelium stained with both D2-40 and CD31. Vessels were classified as blood vessel when endothelium stained only for CD31 and negative for D2-40. Tumour cells seen in D2-40 stained vessels were taken as lymphatic emboli. Tumour cells seen in vessels stained only by CD31 were taken as blood vessel emboli (8)(9).

**Observation**

Data was collected from 60 patients of invasive breast carcinoma and lymphatic and vascular invasion was assessed by H&E and immunohistochemical stains D2-40 and CD 31. By H&E stain Lymphatic invasion was detected in 24 of 60 cases (40%). By D2-40 invasion was detected in 40 of 60 cases (66.7%). 16 cases of lymphatic invasion which were missed by H&E stain and was detected by D2-40 staining. In H&E sections Blood vessel invasion was detected in 36 of 60 cases.

By CD 31 stain, Blood vessel invasion was detected in 45 of 60 cases.

9 cases of vascular invasion which were missed by H&E stain could be detected by CD31 staining. Thus sensitivity of D2-40 in detecting lymphatic invasion was found to be 83.3%. Specificity was found to be 44.4% and Kappa value was 0.250, p value – 0.049 indicating fair agreement.

**Table 1: Sensitivity and specificity of D2-40:**

<table>
<thead>
<tr>
<th>LVI on H&amp;E</th>
<th>Count</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% within D2-40</td>
<td>80.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>% within LVI ON H&amp;E</td>
<td>44.4%</td>
<td>16.7%</td>
</tr>
<tr>
<td>present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% within D2-40</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>% within LVI on H&amp;E</td>
<td>55.6%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% within D2-40</td>
<td>60.0%</td>
<td>40.0%</td>
</tr>
<tr>
<td>% within LVI on H&amp;E</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

CD 31 showed 100% sensitivity and 62.5% specificity. Kappa for diagnostic agreement (0.667) was substantial, p value less than 0.05. No significant association was observed between lymphatic invasion detected by D2-40 with lymph node metastasis (chi-square value -0.897, p value-0.344).

No significant association between CD31 positive blood vessel invasion and lymph node metastasis (Chi-square value 2.392, p value- 0.122).

No significant association was observed between vascular invasion detected by CD31 with tumour size (p value-1).

No significant association was observed between lymphatic invasion detected by D2-40 with tumour size (p value-0.439)
No significant association was observed between blood vessel invasion detected by H&E with tumour size (p value-0.576)
No significant association was observed between lymphatic invasion detected by H&E with age of patient (p value-0.138)

**Table 2:** sensitivity and specificity of CD31

<table>
<thead>
<tr>
<th>CD31 Absent</th>
<th>Count</th>
<th>BV1 on H&amp;E</th>
<th>% within CD31</th>
<th>% within BV1 on H&amp;E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>15</td>
<td>0</td>
<td>100.0%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Present</td>
<td>9</td>
<td>36</td>
<td>20.0%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>36</td>
<td>40.0%</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

**Table 3:** Frequency lymph node metastasis in grade 1, grade2, grade3 tumours

<table>
<thead>
<tr>
<th>Grade</th>
<th>Lymph nodal metastasis</th>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>26</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>11</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

No statistically significant association was observed between lymphatic invasion detected by D2-40 with age of patient (p value-0.271)
No significant association was observed between vascular invasion detected by CD31 with age of patient (p value-0.881).

**Table 4:** Association between lymphatic invasion and grade of tumour

<table>
<thead>
<tr>
<th>H&amp;E LVI</th>
<th>Grade</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>2</td>
<td>26</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>43</td>
<td>16</td>
</tr>
</tbody>
</table>

No statisticantly significant association between lymphatic invasion detected by H&E with grade of tumour (Fishers exact value- 0.865).
No statisticantly significant association between lymphovascular invasion detected by D2-40 with grade of tumour (P=0.480).
No statisticantly significant association between vascular invasion detected by CD 31 with grade of tumour (P=0.188).

**Discussion**

In this study 60 cases of invasive breast carcinoma were evaluated. Lymphatic and vascular invasion was asseso on H&E section. Lymphatics were taken as vascular channels lined by single layer of endothelial cells, occasionaly containing lymphocytes, lymphatic fluid and without any
RBC’S. Blood vessels were taken as vascular channels with supporting smooth muscle and lumen of which showed RBC’S. Then sections were stained with D2-40 and CD 31. Tumour cells lying in spaces lined by D2-40 positive cells were taken as lymphatic invasion as it specifically stains lymphatic endothelium only. Tumour cells lying in spaces lined by CD 31 positive cells taken as blood vessel invasion.

Lymphatic invasion was detected by H&E in 24 of 60 cases (40%). Lymphatic invasion was detected by D2-40 staining in 40 of 60 cases (66.7%). Thus increased detection rate of lymphatic invasion was observed with the use of D2-40. Sensitivity of D2-40 in detecting lymphatic invasion was found to be 83.3% and specificity was found to be 44.4%. Kappa for diagnostic agreement was fair (0.250). D2-40 was found to be a useful marker to distinguish between lymphatic invasion and blood vessel invasion. According to Jung Ah Lee et al D2-40 positive lymphatic invasion showed a positive correlation with lymph node metastasis and showed increased incidence of recurrence

According to study conducted by Rabaab et al lymphatic invasion more often seen patients less than 50 years. In this study no statistically significant association was observed between D2-40 lymphatic invasion and age of patients (p value-0.271). However frequency of lymphatic invasion was found to be more in 50 or less than 50 years (72.7%) compared to those more than 50 years (59.3%).

According to study by Vaneesa et al lymphatic invasion correlated with high grade possibly due to growth factor production by rapidly proliferating tumour which produces larger variety of clonal tumour cells capable of lymphatic invasion. In this study no statistically significant association was observed between lymphatic invasion and grade of tumour.

CD 31 stains both lymph and blood vessel endothelial cells. Blood vessel invasion taken as tumour cells lying within vessels stained by CD31 and not with D2-40. Vaneesa et al found vascular invasion in 4.1% cases in H&E and in 15.4% cases by CD31 staining. Kappa value was 0.198 which showed poor agreement. This study detected vascular invasion by H&E in 36 of 60 cases (60%). CD 31 positive vessels showed invasion in 45 of 60 cases (75%). Thus increased detection rate of blood vessel invasion observed by using CD31 compared to H&E. CD 31 staining had a sensitivity of 100% and specificity of 62.5% in detection of blood vessel invasion according to this study. Kappa value obtained was 0.667. Kappa for diagnostic agreement was substantial for vascular invasion detected by CD31. Thus CD 31 was found to be a useful marker for detection of blood vessel invasion as per our study. According to study by T Kato et al patients with high average microvessel count and blood vessel invasion were associated with increased risk.
of cancer related death (15). So identifying blood vessel invasion separately is prognostically important.

According to study by Vanessa fortes et al positive correlation was observed between blood vessel invasion and tumour size more than 2 cm (13). Out of the 45 cases with blood vessel invasion detected by CD31, 30 cases had tumour size more 2cm according to our study. However no statistically significant association between tumour size and blood vessel invasion was observed (p value- 1) possibly due to small sample size.

According to study by Fadia et al blood vessel invasion was found to be associated with large tumour size and high tumour grade (16). In this study no statistically significant association was observed between grade and CD 31 positive blood vessel invasion. However frequency of vascular invasion detected by CD 31 was higher (81.2%) in grade 3 tumours compared to grade 2 tumours which showed a frequency of 74.4%. Grade 1 tumour didn’t show any lymphovascular invasion.

A study by vanessa et al did not observe any relationship between blood vessel invasion and metastasis (17). Fadia et al observed positive association between blood vessel invasion and lymphnode metastasis. In this study no significant association was observed between vascular invasion detected by CD31 with lymph node metastasis (p value-0.122).

No significant association was observed between vascular invasion detected by CD31 with age of patient (p value-0.881). Almost equal frequency of lymphovascular invasion detected in 50 or less than 50 years age group (75.8%) and in more than 50 years age group (74.1%)

38 patients had lymphnode metastasis among 60 cases studied. 22 cases did not have any lymphnode involvement. Among 16 cases with grade 3 tumours 11 had lymph node metastasis. This study showed higher frequency of lymph node involvement in high grade tumours

Lymphatic invasion missed in 16 cases on H&E. Blood vessel invasion missed in 9 cases on H&E. Some of these cases showed vessel lumen completely filled by tumour emboli which became on apparent only on immunohistochemical staining. Some of the cases lacked a definite endothelial cell lining.

No significant association was observed between lymphatic invasion detected by H&E with age of patient (p value-0.138).

No significant association was observed between blood vessel invasion detected by H&E with tumour size (p value-0.576)

Conclusion

- Increased detection rate of lymphatic invasion was observed with the use of D2-40.
- Sensitivity of D2- 40 in detecting lymphatic invasion was found to be 83.3% and specificity was found to be 44.4%.
- Kappa for diagnostic agreement was fair (0.250)
- D2-40 was found to be a useful marker to distinguish between lymphatic invasion and blood vessel invasion
- Increased detection rate of blood vessel invasion detected by CD31 compared to H&E
- CD 31 staining has a sensitivity of 100% and specificity of 62.5 % in detection of blood vessel invasion according to this study.
- kappa value obtained was 0.667. Kappa for diagnostic agreement was substantial for blood vessel invasion detected by CD31
- CD 31 was found to be a useful marker for detection of blood vessel invasion as per this study
- Frequency of lymph node metastasis was found to be higher (67.5%) in D2- 40 positive lymphatic invasion group compared to those without D2-40 lymphatic invasion (55%).
- Frequency of lymphatic invasion was found to be more in 50 or less than 50 years (72.7%) compared to those more than 50 years (59.3%).
- No significant association was observed between vascular invasion and age of patient (p value-0.881)
• no significant association was observed between vascular invasion and lymph node metastasis (p value-0.122)
• No significant association was observed between lymphatic invasion and lymph node metastasis
• No statistically significant association between lymphatic invasion and grade of tumour

References
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GF, Gobbi H. Lymph vascular invasion in invasive mammary carcinomas identified by the endothelial lymphatic marker D2-40 is associated with other indicators of poor prognosis. BMC cancer. 2008 Feb 29;8(1):64.


