



MEETING ABSTRACT

Open Access

Identification of copy number alterations associated with the progression of DCIS to invasive ductal carcinoma

C Johnson^{1,2†}, KL Goringe^{1,2*†}, ER Thompson¹, K Opeskin³, SE Boyle¹, Y Wang⁴, P Hill³, GB Mann^{5†}, IG Campbell^{1,2†}

From Familial Aspects of Cancer 2011 Research and Practice: A combined meeting of kConFab, Australian Breast Cancer Family Study, Australian Colorectal Cancer Family Study, Australian Ovarian Cancer Study, Family Cancer Clinics of Australia and New Zealand and kConFab Kingscliff, Australia. 23-26 August 2011

Ductal carcinoma *in situ* (DCIS) is a non-obligate precursor to invasive ductal carcinoma (IDC). Identification of the genetic differences between the two lesions may assist in identifying genes that promote the invasive phenotype. To annotate these alterations we analysed 21 breast tumours containing synchronous areas of DCIS and IDC. Tumour cells were microdissected from FFPE tissue and analysed by 300K Molecular Inversion Probe (MIP) copy number arrays. Matched IDC and DCIS showed highly similar copy number profiles (average of 83% of the genome shared). Four regions of loss (3q, 6q, 8p and 11q) and four regions of gain (5q, 16p, 19q and 20) were recurrently affected in IDC but not in the matching DCIS. *CCND1* and *MYC* showed increased amplitude of gain in IDC. One region of loss (17p11.2) was specific to DCIS. Our data shows that DCIS is an advanced pre-invasive tumour with genetic instability and continues to evolve in parallel with co-existing IDC. In the IDC-specific regions of genomic alteration we have identified novel loci as well as genes with previous links to breast cancer progression.

Published: 12 April 2012

doi:10.1186/1897-4287-10-S2-A93

Cite this article as: Johnson *et al.*: Identification of copy number alterations associated with the progression of DCIS to invasive ductal carcinoma. *Hereditary Cancer in Clinical Practice* 2012 **10**(Suppl 2):A93.

Author details

¹VBCRC Cancer Genetics Laboratory, Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia. ²Department of Pathology, University of Melbourne, Melbourne, Victoria, Australia. ³Department of Anatomical Pathology, St Vincent's Hospital, Fitzroy, Victoria, Australia. ⁴Affymetrix Inc., Santa Clara, USA. ⁵The Royal Melbourne and Royal Women's Hospitals, Parkville, Victoria, Australia.

† Contributed equally

¹VBCRC Cancer Genetics Laboratory, Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia

Full list of author information is available at the end of the article

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit

