Background

- Papillary lesion management is variable
- May include resection or serial imaging
- Paucity of research with regard to race

Objective

- Look at incidence across African American race
- Search for possible risk factors associated with upstaging

Methods:

- Retrospective chart review in an urban community hospital
- CNB pathology report “papilloma” or “papillary”
- Excisional biopsy report compared to CNB
- Multivariate analysis of patient factors and radiographic factors
- 123 patients identified

Results:

- Papillary lesions accounted for 6% of all CNB (compared to 2.4% previously reported)
- There is a 4% incidence of papillary lesions in African American women at our institution
- Upgrade rate to malignancy was not statistically significant in the African American population.

Discussion:

- African American population has higher incidence of papillary lesions
- No increased risk of upstaging in African Americans
- Further studies are necessary to determine if the clinical outcome varied between races
- Papillary lesions with atypia were 3.3 times more likely to upgrade to malignancy
- Higher BIRADS classification were more likely to upgrade to malignancy, across all papillary lesions

Conclusions:

- Our study reflects what has already been observed: papillary lesions are variable without identifiable risk factors to suggest upgrade.

- Currently there is no indication that African American race is associated with higher risk of upgrade to malignancy.

References: