Atypical Ductal Hyperplasia Identified on Core Needle Biopsy Should be Excised


Mount St Joseph Hospital, Vancouver, British Columbia

Introduction
- Excision of all atypical ductal hyperplasia (ADH) has been routine.
- Upstage to malignancy of ADH is variable, between 7-45%.
- The purpose of this study was to evaluate the presence of malignancy following excision of ADH diagnosed on core needle biopsy (CNB) at our center and to evaluate factors predictive of malignancy.

Methods
- Chart review performed to identify patients with ADH identified on CNB between 2014 and 2017.
- Rate of upstage to malignancy was calculated.
- The association of age, center where CNB was performed, palpability, discharge, clinical exam size, imaging size, family history of breast cancer, and type of biopsy with upstage to cancer was evaluated.

Discussion
- This is consistent with other studies regarding upstage rates of ADH and atypia.
- We did not see a low risk with lesions <6 mm in size as some authors report.
- Most of the invasive cancers were found in lesions 6-10 mm in size.
- ASBrS recommends excision of most cases of ADH and our data supports that approach.

Conclusion
- CNB diagnosis of ADH has a 21% rate of upstage to malignancy at our regional center and we recommend excision for these patients.
- Clarification of the size of calcification will be helpful for ongoing monitoring of risk of upstage to malignancy and risk stratification.

References:
2. Khoury et al. Histopathology. 2015
4. Latronico et al. Breast. 2018
6. ASBrS Concordance Assessment, ASBS 2016