INTRODUCTION
The standard of care for radial scar seen on core biopsy is surgical excision. However there is a paucity of data to evaluate if there is a safe and effective alternative. The primary objective of this study was to determine if patients with benign core biopsy pathology containing radial scar underwent excision or not. A secondary objective was to evaluate if there were any clinical implications. A size fits all approach may need to be refined to avoid overtreatment. Below is a list of the current research.

Recommends Excision of Radial Scar (RS)

Jacobs, et al., 1999 —«radial scar” on ANY breast pathology
- RS with radiologic appearance of a mass/architectural distortion on mammogram there was a significantly higher (p = 0.002) relative risk of breast cancer.
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Jayson, et al., 2006 —«radial scar” on ANY breast pathology
- RS  with radiologic appearance of a mass/architectural distortion on mammogram there was a significantly higher (p = 0.002) relative risk of breast cancer.
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Sarita Jamil, Angela Kulikowski, Judy P. Conlon, et al., 2003 —«radial scar” on ANY breast pathology
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Racz, et al., 2014 —«radial scar” on ANY breast pathology
- RS with radiologic appearance of a mass/architectural distortion on mammogram there was a significantly higher (p = 0.002) relative risk of breast cancer.
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HYPOTHESIS
Radial scar diagnosed on core needle biopsy impacts a higher risk for developing breast cancer. However, there is a paucity of data to evaluate if there is a safe and effective alternative. The primary objective of this study was to determine if patients with benign core biopsy pathology containing radial scar underwent excision or not. A secondary objective was to evaluate if there were any clinical implications. A size fits all approach may need to be refined to avoid overtreatment. Below is a list of the current research.

METHODS

Women diagnosed with RS without concurrent suspicious breast or core needle biopsy between 1996 - 2013 at a single institution
- 95% underwent excision
- 5% patients went on to relapse
- Only 1 patient (0.8%) was upgraded to malignancy

 METHODS

Patient Inclusion/Exclusion

Women diagnosed with RS without concurrent suspicious breast or core needle biopsy between 1996 - 2013 at a single institution
- 95% underwent excision
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RESULTS

Radologic Target Total (N) Subsequent Excision Pathologic Upgrade (N) Rate of Upgrade (%) P

Mammographic Calcification
23 19 0 -
Mammographic Symmetry Abnormality
25 22 5 22.7% 0.02
MRI Enhancement
2 2 0 -
Palpable Lesion
4 2 0 -
Nipple Discharge
0 0 0 -
All Targets
45 45 5 11.1%

DISCUSSION

Patients Diagnosed with Radial Scar After Core Needle Biopsy for Mammographic Asymmetry Have a Higher Upstage Rate than Other Imaging Findings.

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REFERENCES


QUESTIONS & FUTURE WORK

• Expand our study cohort to include patients treated at our institution between 2008-2016.
• Multi-institution study to increase our patient cohort to validate our results.