Flat Epithelial Atypia Identified on Core Needle Biopsy Does Not Require Excision

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INTRODUCTION

- Flat epithelial atypia (FEA, also known as “DIN1a”) diagnosed on core needle biopsy (CNB) have traditionally been excised due to risk of missing a cancer
- In recent years, routine excision of FEA has been called into question
- Current literature reports variable upstage to malignancy rates ranging from 4% to 30%, and most studies report data from single diagnostic centers which limits generalizability of results
- The aim of this study was to evaluate the upstage rates of CNB diagnosed FEA from multiple diagnostic centers across Metro Vancouver, and identify factors predictive of malignancy

METHODS

- Patients having excision of FEA at Mount St. Joseph Hospital between 2013 and 2017 were identified from OR lists
- The primary endpoint was rate of upstage to malignancy
- Associated histology, with upstage to cancer was evaluated

RESULTS

- The presence of ADH or CSL in the biopsy were the only predictors of histological upstage to malignancy (p=0.001, p=0.0001)
- The two invasive cancers were found in lesions associated with ADH, which is a lesion previously studied at our center and found to be high-risk for upstaging. Current literature also recommends excision of most cases of ADH for this reason
- CSL is still a controversial lesion, with variable reported upstage rates. An on-going study at our center is evaluating upstage rates in our region to better inform management
- ASBS endorses observation with clinical and imaging follow up for pure FEA lesions and excision if concurrent ADH
- ASBS recommends surgical excision of most CSL
- Majority of published upstage rates for FEA are single-institutional studies limiting generalizability of results vs. this study represents a population-based sample from across our region

CONCLUSION

- The upstage rate to malignancy after excision of CNB diagnosed pure FEA at our regional center is 0%
- Therefore, we recommend that pure FEA with radiology and pathology concordance does not require surgical excision, and can instead be followed with serial imaging
- Patients with FEA in association with other high-risk lesions should be managed as per indicated for the other high-risk lesion due to the variable associated upstage rates
- We specifically recommend the excision of FEA lesions found in association with ADH due to the higher rates of upstaging

REFERENCES

7. ASBS Concordance Assessment, ASBS 2016