Assessing the Clinical Outcomes of a Multidisciplinary Breast Benign Concordance Conference

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Background

- **Historically, high-risk lesions have been surgically excised due to concern for concurrent cancer.[1,2]**
- **New data indicates many may be safely followed, but guidelines delineating which patients require surgery and which can be followed are lacking.[3,4,5]**
- **One strategy is for multidisciplinary meeting to review such cases and provide management recommendations.**

Objective

- **To describe the clinical outcome of patients who had high risk breast lesions reviewed by the University of Kansas Cancer Center benign concordance conference (BCC).**

Methods

- **Single institution retrospective chart review of patients with high risk lesions reviewed at BCC in 2014.**
  - **Concurrent or prior breast cancer patients excluded.**
- **3 year follow-up imaging, clinical, and pathologic data was reviewed for missed cancers**
- **Data included demographics, diagnosis, recommendations from BCC, and clinical outcomes.**

Results – Demographics & Pathology Data (Table 1)

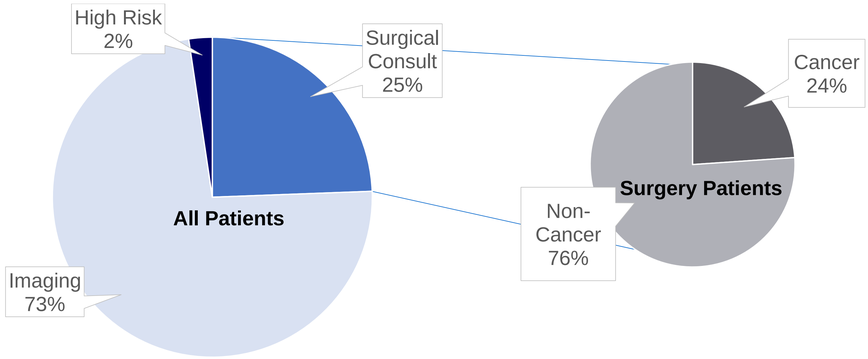
- **254 patients meeting inclusion/exclusion criteria were reviewed.**
- **Most had biopsy as result of abnormal mammogram (75.2%)**
- **Most biopsies were concordant (96.5%)**

Table 1: Demographics & Pathology	Total Population (n=254)
Average Age +/- STD	53 +/- 12
Gender	
Female	250 (98.4%)
Male	4 (1.6%)
Race	
Asian	3 (1.2%)
African American	31 (12.2%)
Caucasian	208 (81.9%)
Unknown	12 (4.7%)
Insurance	
Medicare	80 (31.4%)
Medicaid	5 (2.0%)
Private	165 (65.0%)
Unknown	4 (1.6%)
Family Hx BC	
Yes	23 (9.0%)
No	100 (39.3%)
Abnormal Breast Imaging	
Mammogram	191 (75.2%)
Ultrasound	51 (20.0%)
MRI	12 (4.7%)
Concordance	
Concordant	245 (96.4%)
Discordant	4 (1.5%)
Pathology	
Atypia	14 (5.5%)
Papilloma	24 (9.4%)
LCIS	3 (1.2%)
Sclerosing Lesion	13 (5.1%)
Radial Scar	9 (3.5%)
Other *	187 (73.6%)

*Other most commonly included fibrocystic change/ fibrous breast tissue/ stromal fibrosis (n=88), fibroadenoma (n=23), usual ductal hyperplasia (n=18).

Results – BCC Recommendations & Surgical Pathology

- **BCC recommendations were for imaging follow-up 74.4% (n=186); surgical consult 23.2% (n=58); and high risk referral 2.4% (n=6).**



- **Imaging follow-up included 3 mo. 4.3% (n=8); 6 mo. 51.1% (n=95); or annual 44.6% (n=83).**
- **Of 58 surgery referral patients, 79.3% (n=46) underwent surgical excision.**
  - **Upgrade to cancer occurred in 23.9% (n=11).**

Results – 3 year Follow-up

- **In 3 year follow-up, two new cancers (1.1%) were diagnosed: one in the contralateral breast (17 months) and a second in the ipsilateral breast differing quadrant (27 months).**
  - **Both of these were diagnosed in imaging follow-up patients.**
- **No patients had missed cancers at the biopsy site as a result of BCC recommendation for imaging or high risk referral rather than surgical excision.**

Discussion

- **Multidisciplinary conference approach to high risk lesions safely decreased unnecessary surgical referrals and operations while not missing any cancer diagnoses.**
- **Efforts to identify which patients required BCC discussion are underway to further streamline the multidisciplinary review process.**
- **Follow-up for multiple years of BCC to demonstrate outcomes over time is underway.**
- **Additional work considering cost analysis and implementation at other institutions would be beneficial going forward.**

References

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