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International Conference on Wound Care, Tissue Repair and Regenerative medicine & 8th World Congress on

BREAST CANCER MANAGEMENT AND THERAPY June 14-15, 2018 | London, UK

Breast cancer predisposing lesions upgrade rate in pathology based on clinicoradiological characteristics

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Objectives: With increasing use of percutaneous imaging guided core needle biopsy (CNB) instead of excisional biopsy for assessment of suspicious breast lesions, clinicians are more frequently encountering CNB pathology results indicating noncancerous but high-risk lesions, including flat epithelial atypia (FEA), atypical ductal hyperplasia (ADH), sclerosing adenosis (SA) and papillary lesions (PL). The aim of this study was to evaluate upgrading rate in this predisposing lesion in excision specimens based on clinicoradiological characteristics.

Methods: We conducted a retrospective review of electronic medical records in the data base of the Iranian breast cancer research center collected between March 2014 and March 2017 and identified 1850 consecutive cases of image-guided CNB. The clinicoradiological characteristics including age, tumor size, family history of breast cancer, CNB procedure were analyzed to investigate correlation of these variables to upgrade rate.

Results: Breast cancer predisposing lesions were identified in 208 patients. The mean age of the patients was 44.6 years (range: 22-61 years). Highest upgrading rate was in papillary lesions and atypical ductal hyperplasia (20.4% & 25% respectively). In sclerosing adenosis and flat atypical hyperplasia lesions upgrade rate was zero. Multivariate analysis indicate that there was a significant correlation between tumor size and age with upgrade rate (p= 0.001 & p= 0.038 respectively). But the other clinicoradiological variables did not show significant correlation.

Conclusions: Our study showed that upgrading rate in breast cancer predisposing lesion is very high especially in PL and ADH and these patients should be candidate for surgical excision with special consideration to tumor size and age of the patient. In order to achieve more accurate results, studies with more sample size required.

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