Upstage Rate of Atypical Ductal Hyperplasia Detected on Breast Tomosynthesis

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INTRODUCTION

- Current literature reporting on atypical ductal hyperplasia (ADH) upstage rates after excisional biopsy analyzed data collected prior to the widespread introduction of tomosynthesis mammography and consistent use of vacuum-assisted core needle biopsies (CNB).
- To our knowledge, there is no study specifically investigating the upstage rates of ADH with contemporary mammographic and pathologic modalities.
- The purpose of the study is to determine the upstage rate of ADH detected in patients who underwent tomosynthesis mammography, and to identify risk factors affecting upstage rates.
- We hypothesize that current upstage rates are lower than previously reported.
- Specifically, we hope to identify a subset of women with ADH diagnosed on CNB with a cancer upstage rate of < 2% in the surgical excisional biopsy specimen.

METHODS

- We plan to conduct a retrospective review of all adult patients (>18 yo) treated at the Northwestern Lynn Sage Comprehensive Breast Center from 01/01/2016 to 01/31/2024, diagnosed with at least one ADH lesion on tomosynthesis mammography, and subsequently underwent surgical excision.
- Patient with prior or concomitant breast carcinoma, malignant CNB findings, and incomplete charts will be excluded.

Table 1. Patient Characteristics

RESULTS

- We will determine upstage rate of ADH to carcinoma following excisional biopsy, and identify clinical risk factors associated with lesion upstaging, focusing on diagnostic patient-specific, exam-based, imaging, and pathologic factors.
- Preliminary results are shown in Table 1 below.

CONCLUSIONS

- Our project will provide insight into the true upstage rate for patients whose ADH lesions are initially diagnosed on tomosynthesis mammography.
- As most previously published projects on the topic report cases of ADH detected with less sensitive mammographic modalities, our project has the potential to contribute substantial data to determining a more contemporary and clinically relevant upstage rate.
- If rates are low, this would suggest that surgical excision can potentially be deferred. Thus, our results could limit unnecessary surgery for patients in the future.
- Furthermore, for the subset of patients opting for surveillance of ADH lesions detected on screening tomosynthesis, the additional benefit of our project will be to provide data to support the feasibility and safety of continued surveillance of these lesions rather than excision.