

Upgrade rates of atypical ductal hyperplasia and flat epithelial atypia in core-needle biopsies in a community hospital with a large minority population

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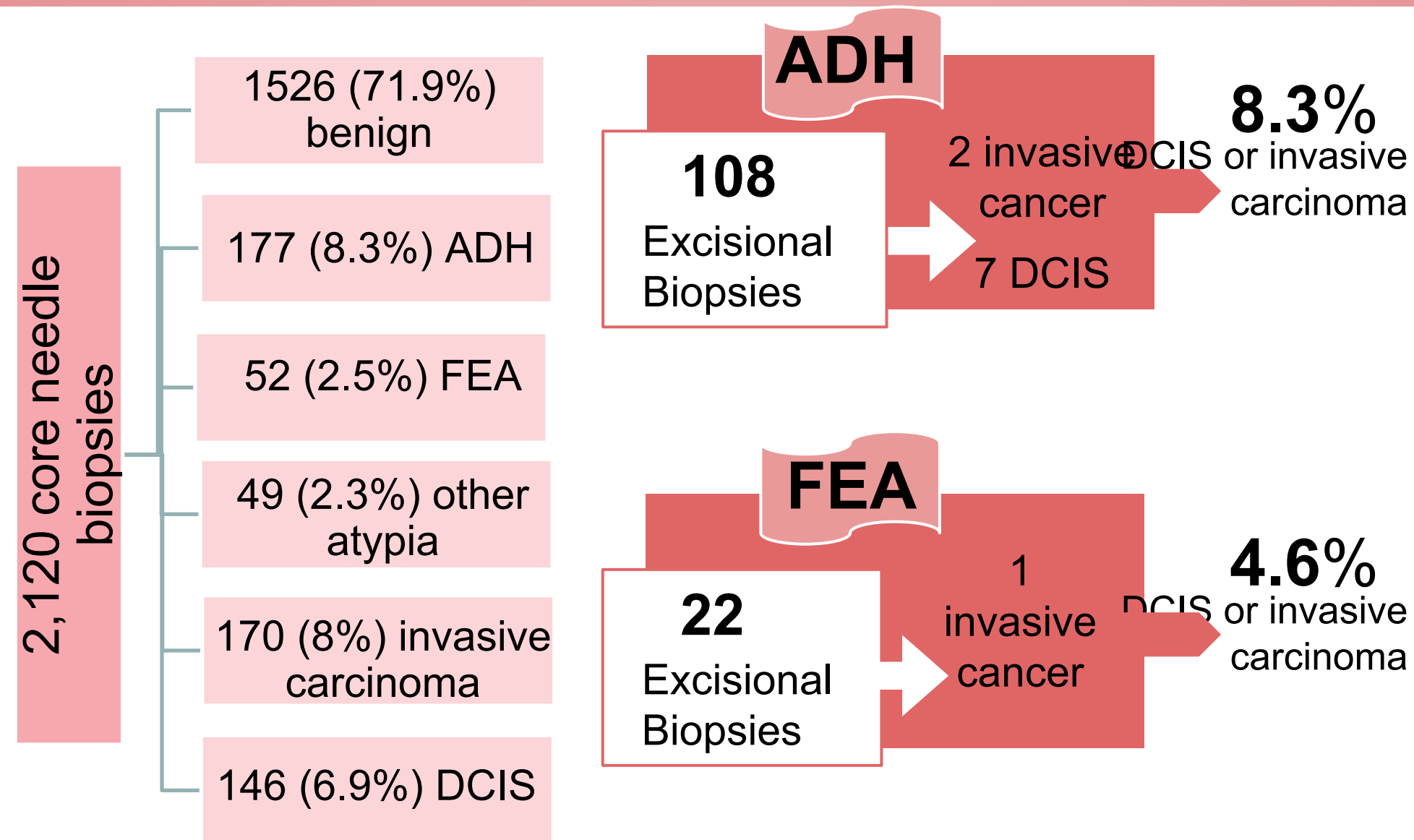
Introduction

The rate of upgrade from atypical ductal hyperplasia (ADH) to ductal carcinoma in situ (DCIS) or invasive carcinoma at excisional biopsy remains greater than 2%, and upgrade of flat epithelial atypia (FEA) to any higher risk lesion is as high as 40%. Community hospital data has not been validated. Additionally, ethnic or cultural diversity is rarely emphasized.

Methods

- IRB approval obtained
- Retrospective review of 2,120 total core-needle biopsies performed over 60 months
- All data was analyzed by a single researcher
- Histopathology results displaying ADH and/or FEA in the initial core-needle biopsy were compared to follow-up open biopsy pathology results
- Primary or preferred language was identified using the electronic medical record

Results

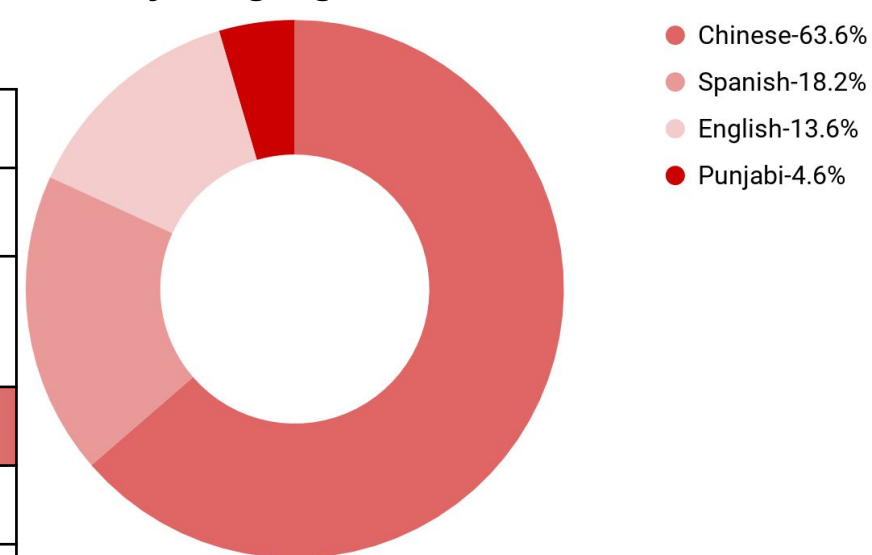


Thirty-one unique languages 1308 (61.7%) non-English speakers

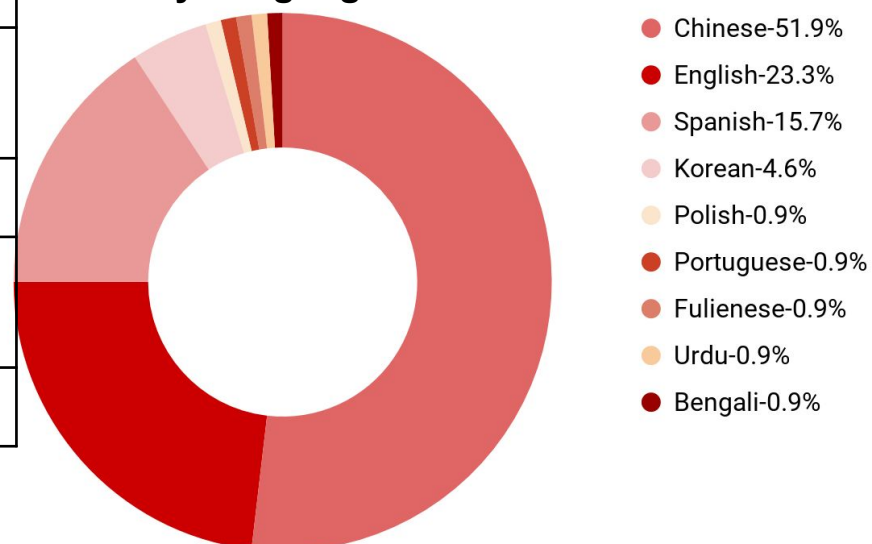
Definitive Treatment after Upgrade

FEA (n=1)	
Upgrade	Treatment & Language
Invasive Cancer	Lumpectomy with sentinel lymph node biopsy; Spanish
ADH (n=9)	
Upgrade	Treatment
DCIS	Lumpectomy; Bengali
	Mastectomy; Chinese (x 2), English
	Lost to Follow Up; English
Invasive Cancer	Lumpectomy with sentinel lymph node biopsy; English
	Re-excision lumpectomy; Polish

Primary Language of Patients with FEA



Primary Language of Patients with ADH



Conclusion

Our study aimed to investigate the upgrade rates for ADH and FEA to DCIS and invasive carcinoma at a community hospital with a diverse patient population.

Our study demonstrates

- ADH upgrade to DCIS or invasive carcinoma of 8.3%
- FEA upgrade to DCIS or invasive cancer 4.6%

This is overall consistent with previously published data.

Despite the diversity of our patient population, as evidenced by the number of preferred languages spoken by our patients, we have upgrade rates similar to larger cohort studies. Language does not appear to have a direct correlation with choice of definitive treatment.

Future directions of study could include patient follow up regarding satisfaction after treatment choice.