 Though ADH and ALH have been studied in the past, there is currently no uniform consensus on the risks they pose or how best to treat them.

Years of studies have produced conflicting evidence surrounding ADH and ALH.

- Conflicting evidence exists regarding whether a family history of breast cancer impacts a patient’s risk of malignancy following an ADH diagnosis.
- Data is also unclear regarding the risk of breast cancer following an ADH diagnosis when compared to the risk following an ALH diagnosis.
- Insufficient information to definitively recommend screening techniques following diagnosis, since future risk is ill defined.

Conflicting evidence exists regarding whether a family history of breast cancer impacts a patient’s risk of malignancy following either ADH or ALH via core needle biopsy.

- Variables of interest collected for each patient:
  - Demographics (MRN, age, ethnicity, gender, DOB, age at time of diagnosis)
  - Comorbidities (current breast cancer diagnosis)
  - Primary outcome of core biopsy (ADH or ALH)
  - Upstage rate to malignancy at time of excision
  - Breast Cancer hormone receptor status, stage, grade, and size if applicable
  - Date of core biopsy
  - Date of surgical excision

Patients diagnosed with techniques other than core needle biopsy are excluded from the study.

Those with a previous or concurrent breast cancer diagnosis are also excluded from the study.

Once collected descriptive statistics will be used to summarize patient demographics and study-specific data points.

- All statistical analysis to be carried out by biostatistician.

Goal of this study is to investigate the impact a diagnosis of ADH or ALH has on a patient’s future risk of developing breast malignancy.

This will be achieved by determining the rate of ADH or ALH upstaging to malignancy at time of excision.

Additionally, the number of patients who developed invasive carcinoma within 5 years of an ADH or ALH diagnosis will be determined.

This data will provide a better understanding of the future risk of breast malignancy following an ADH or ALH diagnosis, which can be used to refine treatment protocols and better advise patients.

Results pending.

Data actively being collected for this study.

Currently have approximately 2500 patient records undergoing review.

Next step following completion of data collection is statistical analysis.

There is currently a profound lack of clarity regarding the risks posed by ADH and ALH lesions.

More data is necessary to allow healthcare providers to confidently and responsibly advise patients on their risks and best course of treatment.

The data provided by this study will help to address this gap.

This will allow clinicians to develop more appropriate and effective treatment plans, leading to more favorable patient outcomes in the future.