

Retrospective Review of ADH and ALH Excision Results After Core Needle Biopsy

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Introduction

- Benign breast diseases are a category of disorders that involve the growth of non-malignant masses of breast tissue
- Atypical ductal hyperplasia (ADH) and atypical lobular hyperplasia (ALH) both fall under this category
- Currently the best course of action for a patient following a diagnosis of ADH or ALH is not well defined
- Most protocols following a diagnosis focus on observation and patient education rather than direct treatment
- Additional research is necessary to determine if this methodology is appropriate in addressing these lesions or if their future risk warrants more aggressive treatment

Background

- 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

Methods

- Data collected through a single center retrospective chart review
- Patient population of interest are those 18+ years of age who have been diagnosed with 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

Aim

- 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

- 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

Conclusion

- 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