Improve Counseling for Patients with a Biopsy Confirmed High Risk Breast Lesion Study
Standard 4.7 Studies of Quality

The Purpose of the Study

To improve counseling about the overall rate of DCIS or invasive cancer to patients with a biopsy confirmed high risk breast lesion. Determine the percentage of upgrades to carcinoma or in-situ carcinoma after surgery for high-risk breast lesions at the Comprehensive Breast Center compared to national data by December 2014.

1. Setting the Study Topic. – Analyze the local data regarding the upgrade rate to carcinoma (either in-situ or invasive) on resection specimen, given a diagnosis of a high risk lesion on breast core biopsy.

2. Define Criteria for Evaluation – Patients with breast core biopsies acquired during the study period (June 1, 2009 – December 31, 2013) diagnosed with a high risk lesion (ADH with or without FEA/ALH, ALH or FEA only, Papilloma / Complex sclerosing lesion, Atypical papillary neoplasm / lesion) were included in this study for evaluation.

3. Conducting the QI Study According to the Identified Measures. – Upgrade rates on subsequent excisional biopsy specimen were compiled based on the four categories listed in the defined criteria (item 2).

4. Prepare a Summary.

    1. 320 high risk lesions were diagnosed on breast biopsy during the study period.
    2. 128 were diagnosed as ADH (with or without FEA / ALH). 28 (22%) of this cohort were upgraded to carcinoma on follow up excision.
    3. 77 were diagnosed as ALH / FEA only. 16 (21%) of this cohort were upgraded to carcinoma on follow up excision.
    4. 91 were diagnosed as Papilloma / Complex sclerosing lesion without cytologic atypia. 4 (4%) were upgraded to carcinoma on follow up excision.
    5. 24 were diagnosed as Atypical papillary neoplasms / lesions. 15 (63%) were upgraded to carcinoma on follow up excision.

5. Compare with National Benchmarks.
    1. Although the upgrade rate for high risk breast lesions varies in studies, many large cohort studies would suggest that high risk lesions carry an approximately 15-25% risk of upgrade on excisional biopsy. Our data is comparable with these national values.
    2. Although our local rate for upgrade in the atypical papillary neoplasm / lesion (63%) was considerably greater than 15-25% and our local rate for upgrade in the papilloma / complex sclerosing lesion (4%) was considerably lower than 15-25%, taken as a single

cohort of 115 total patients, the upgrade rate for all papillary lesions / complex sclerosing lesions was 16.5%, which is compatible with published large cohort data.

3. Recent studies looking specifically at papillary lesions would suggest that papillary lesions with cytologic atypia carry a significantly higher rate of upgrade as compared to papillomas that do not reveal cytologic atypia. Our local data bears this out.
4. In general our local data is comparable to national benchmark data from large cohort studies.

6. Action Plan Based on the Evaluation. – Begin to use this data to advise patients of the risk of upgrade to carcinoma on excision, based on a breast core diagnosis of a high risk breast lesion.

7. F/U Steps to Monitor. – Continue to monitor this data in the future to make sure that there are no substantive changes in upgrade rate over time. Also, continue to analyze the data for papillary lesions with and without cytologic atypia to see if there might be an opportunity to bypass surgical excision for papillary lesions without atypia, and replace with imaging follow up.

8. Monitoring the Effectiveness of the Studies Action Plan. – The effects of improved patient counseling will be monitored by the Comprehensive Breast Center.