



Management of women with atypical ductal hyperplasia diagnosed on needle core biopsy of a screen-detected breast lesion

Version Control

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Background

The Clinical Advisory Committee (CAC) considered the challenges of managing women with atypical lesions within the BreastScreen Australia program.

Women with these lesions present idiosyncratically and although some general guidance can be provided, each case must be managed on its own merits.

Review of upgrade rates within BreastScreen Australia Services may be informative and aid in developing individual Service policy.

Literature reviewed included Rageth et al 2016, 'First international consensus conference on lesions of uncertain malignant potential in the breast (B3 lesions)', *Breast Cancer Res Treat*, 159:203-213 and Rosen, P 2017, *Rosen's Diagnosis of Breast Pathology by Needle Core Biopsy*, 4th edn, Wolters Kluwer, pp 147-148.

The CAC consulted with United Kingdom Coordinating Committee for Breast Pathology, and reviewed guidelines from Public Health England 2016, *NHS Breast Screening Programme: Clinical guidance for breast cancer screening assessment*.

CAC decision/recommendation

The management of atypical ductal hyperplasia (ADH) diagnosed on needle core biopsy of a screen-detected breast lesion requires the exercise of case-by-case judgement ideally by a multidisciplinary team, and with radiology and pathology clinical correlation. However, for most situations the CAC recommends:

- Excision biopsy should be used for ADH.

Women with ADH are at increased risk of subsequent invasive breast cancer. For this reason, more frequent surveillance and methods to reduce the incidence of breast cancer could be discussed (for example lifestyle changes and potential use of medication) or an appropriate referral suggested.

This advice is clinical guidance for the BreastScreen Australia Program for consideration and suggested implementation within each jurisdiction.