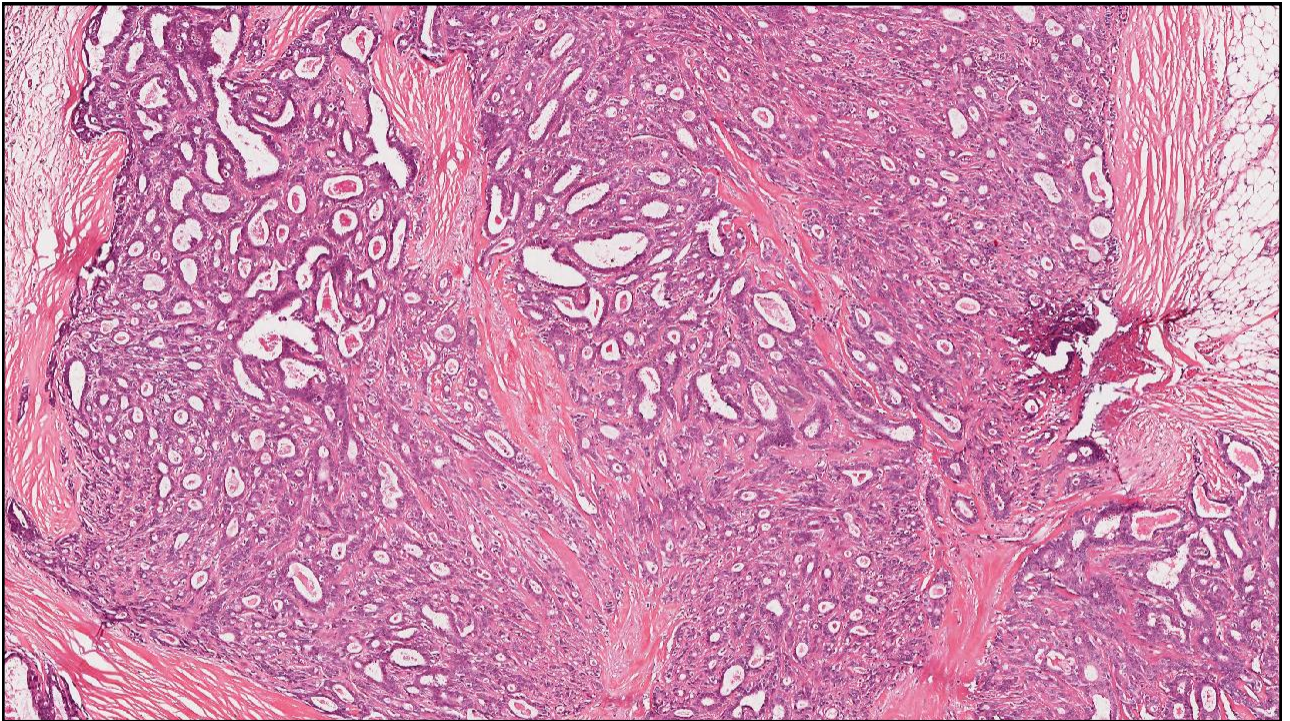
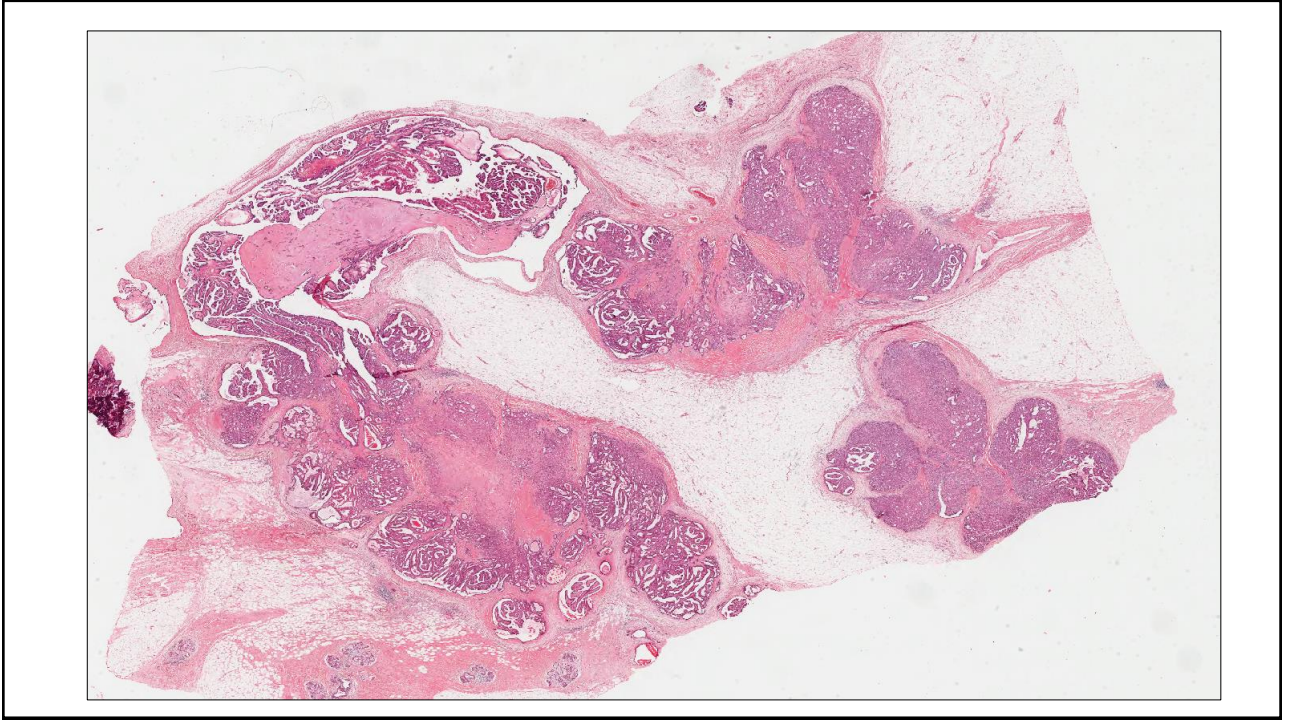
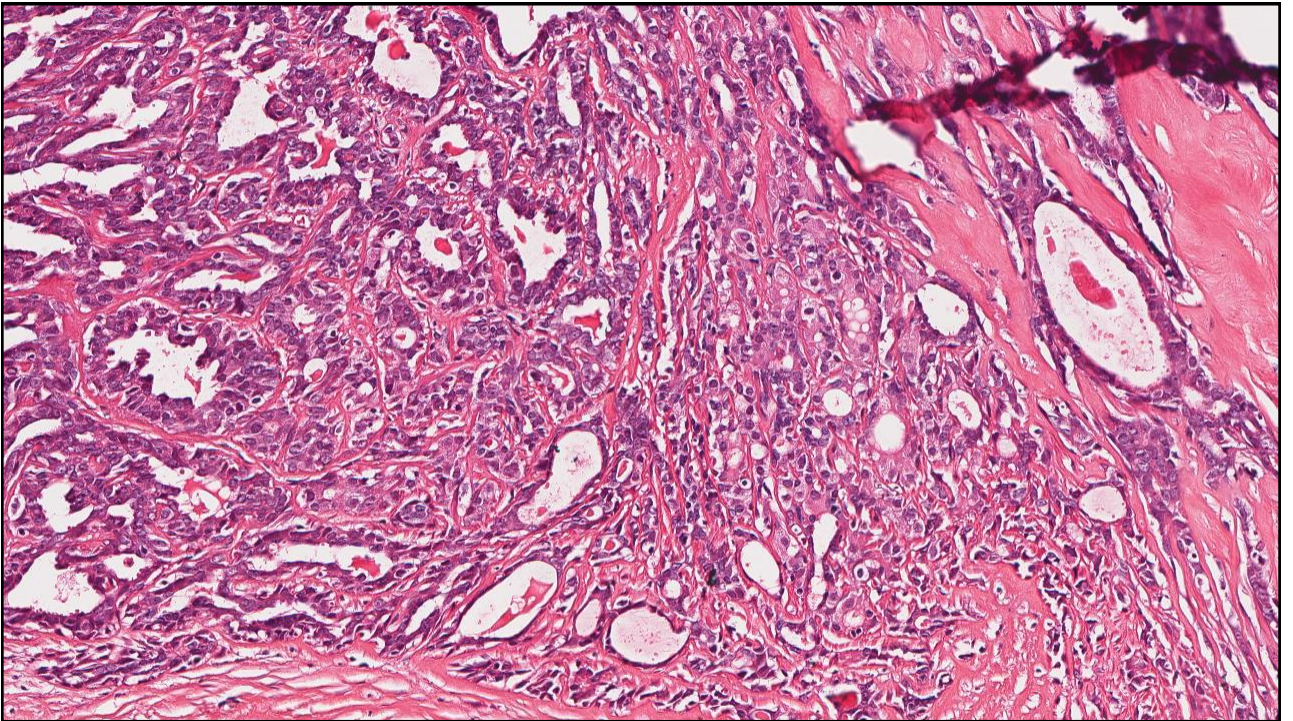
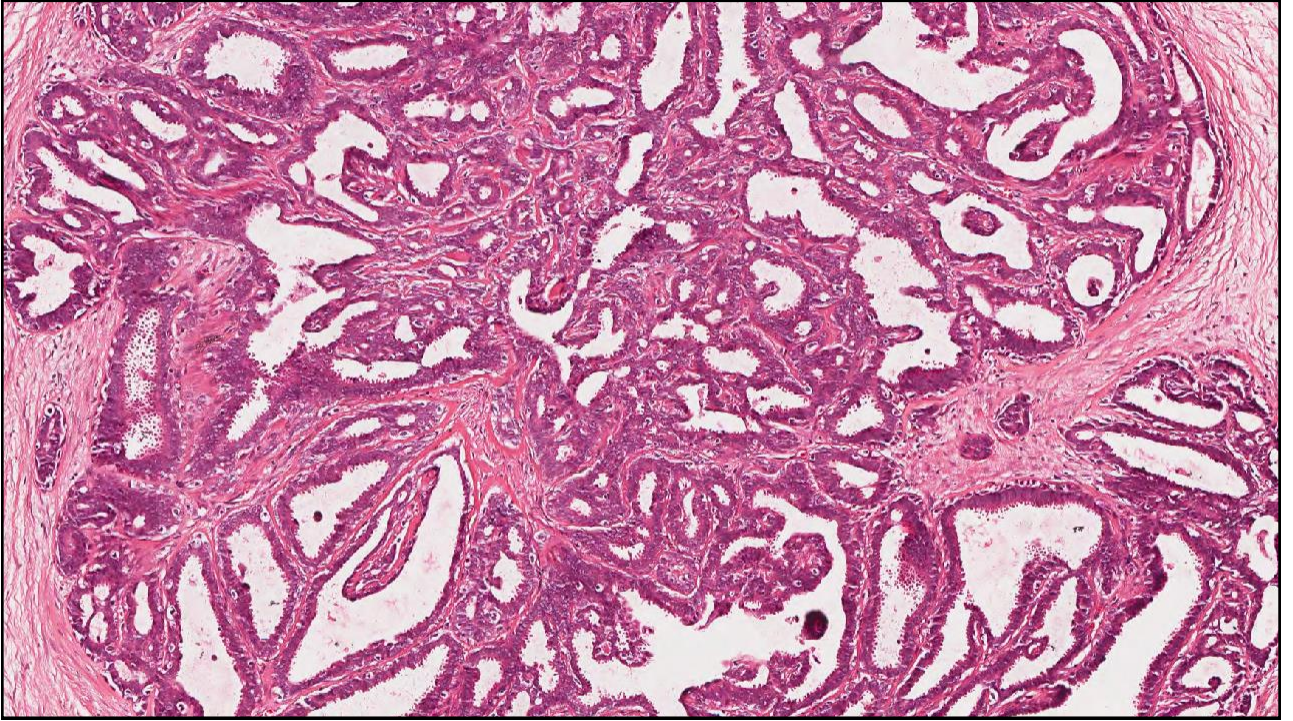


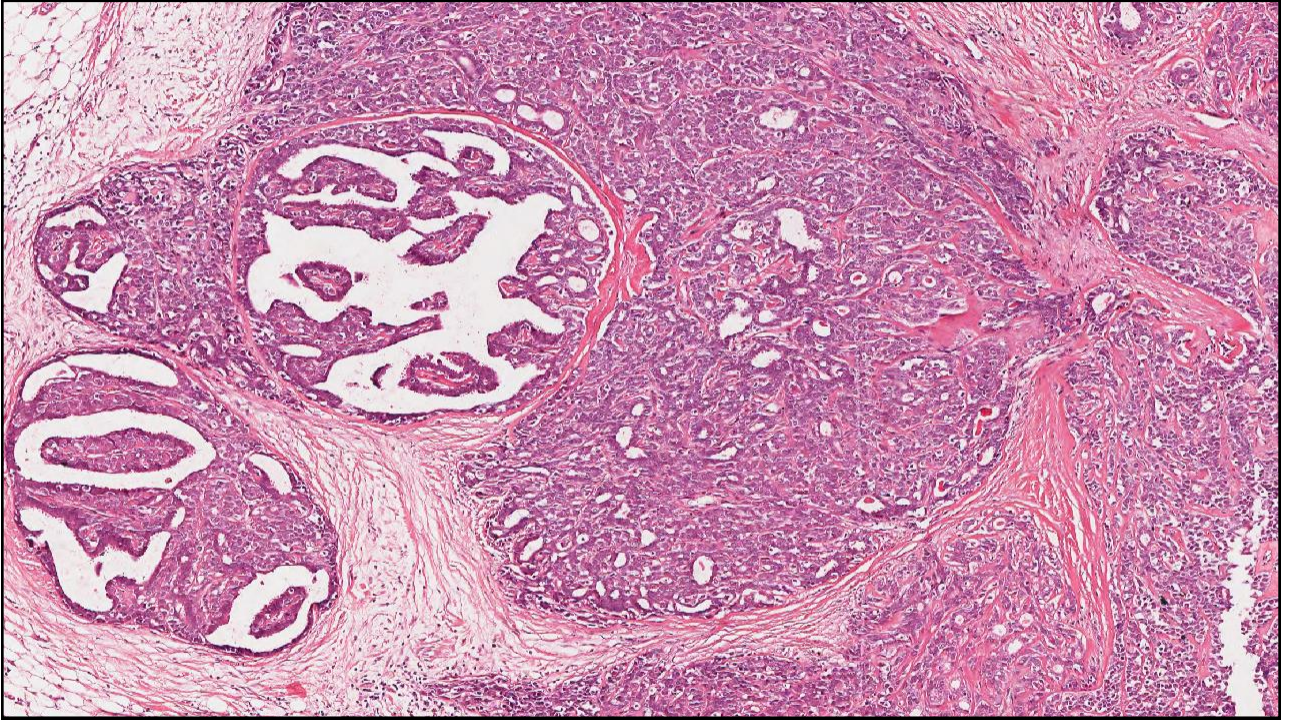
## Case 6

### Case 6

- 60 year female bloody nipple discharge from left breast.







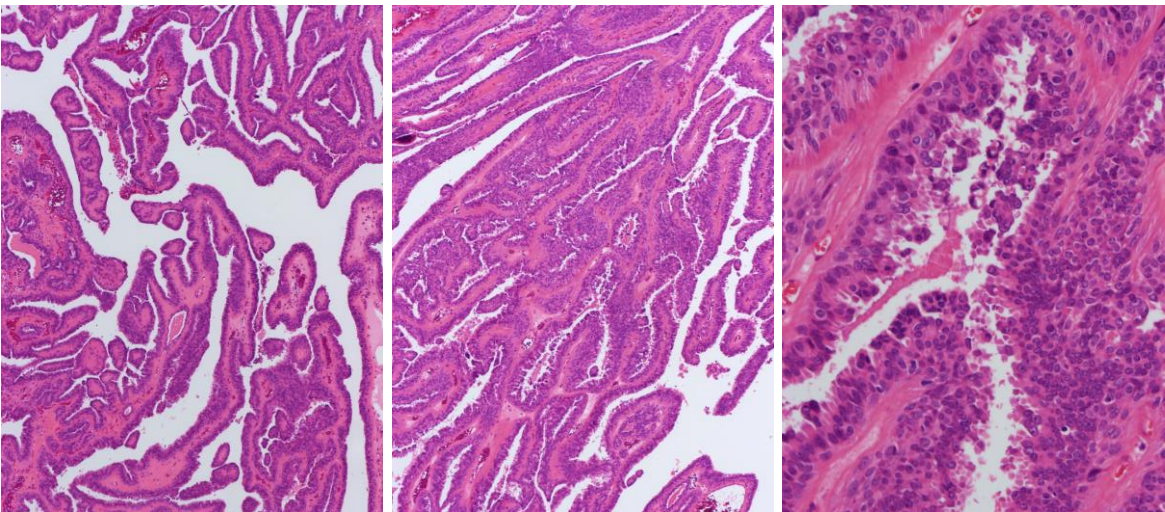
## Diagnosis

- Papilloma with involvement by lobular carcinoma.

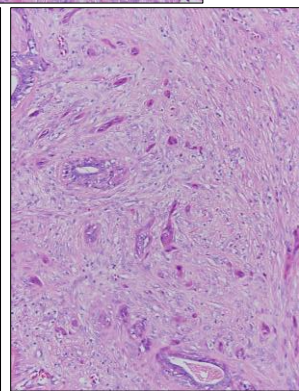
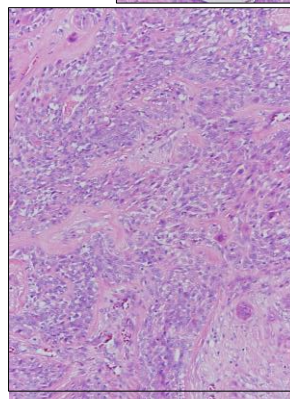
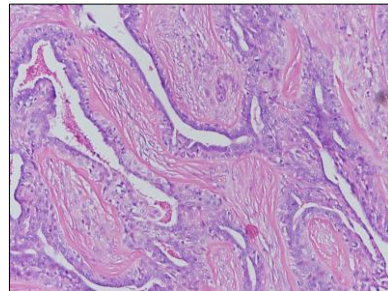
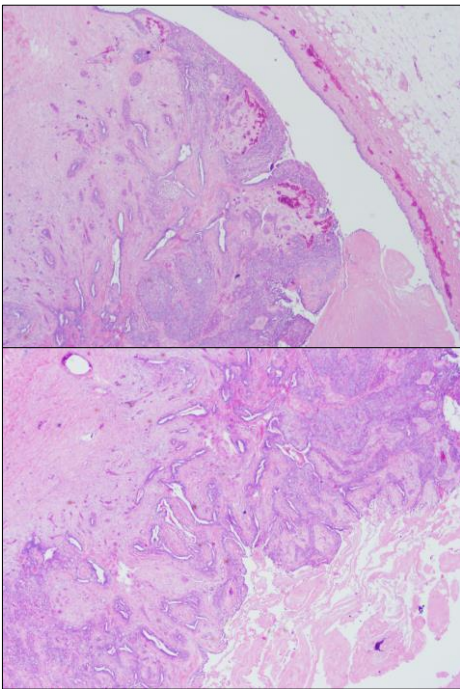
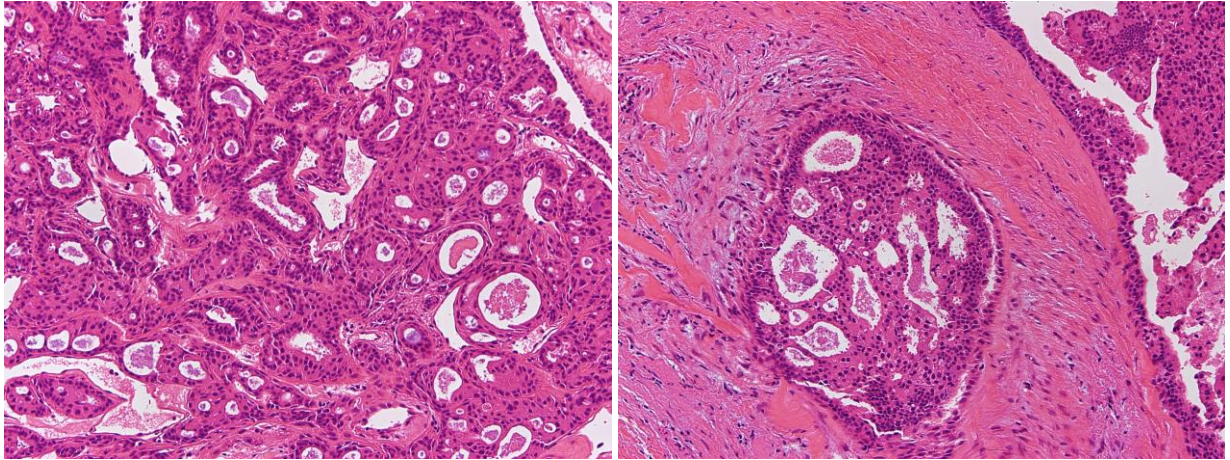
## Papillary lesions

- Enigmatic lesions
- Considerable debate about management
  - Size
  - Atypia - ? definition
- Upgrade on excision

## Atypia?



Atypia?



## Upgrade on excision

- Depending on the type of biopsy upgrade to DCIS OR Invasive
  - ADH 19% -44%
  - Papilloma 20-25%
  - Atypical papilloma ~60%
- Upgrade of DCIS to Invasive on biopsy
  - 20 to 30% of cases

## Risk of Upgrade

High-risk breast lesion upgrades  
KL Mooney et al

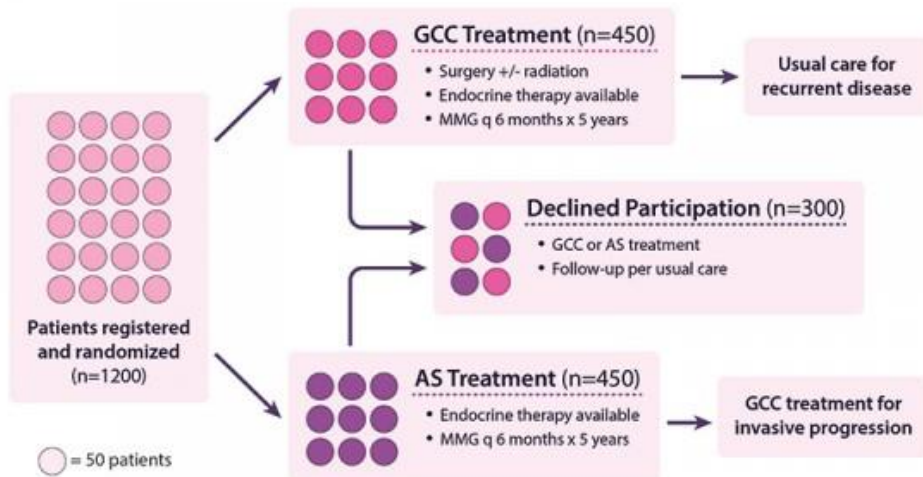
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**Table 1** Management and excision outcomes of high-risk lesions diagnosed on CNB

CNB	Incidence (n = 5750)	No excision	Excision	Excision findings			
				Benign	High risk	Upgrade	
ADH (n = 249)	4.3%	57/249 (23%)	192/249 (77%)	51/192 (26%)	106/192 (55%)	84 ADH 13 LN 8 FEA 1 RS 35/192 (18%)	29 DCIS 6 IDC
FEA (n = 72)	1.3%	17/72 (24%)	55/72 (76%)	20/55 (36%)	29/55 (53%)	18 FEA 11 ADH 6/55 (11%)	3 DCIS 2 IDC 1 ITC
ALH (n = 50)	0.9%	18/50 (36%)	32/50 (64%)	7/32 (22%)	22/32 (69%)	10 ALH 7 LCIS 3 ADH 2 FEA 3/32 (9%)	2 DCIS 1 ILC
LCIS (n = 37)	0.6%	8/37 (22%)	29/37 (78%)	4/29 (14%)	17/29 (59%)	11 LCIS 4 ADH 2 ALH 8/29 (28%)	5 DCIS 1 ILC 1 IDC 1 PLCIS
RS (n = 54)	0.9%	29/54 (54%)	25/54 (46%)	16/25 (64%)	5/25 (20%)	2 ADH 2 ALH 4/25 (16%)	3 DCIS 1 ILC
Cumulative (n = 462)	8.0%	129/462 (28%)	333/462 (72%)	98/333 (29%)	179/333 (54%)	104 ADH 45 LN 28 FEA 2 RS 56/333 (17%)	42 DCIS 9 IDC 3 ILC 1 PLCIS 1 ITC

## Non Surgical management of DCIS

The COMET (Comparing Operative to Monitoring and Endocrine Therapy for low risk DCIS) Trial



AS= Active surveillance; GCC= guideline concordant care

## Take home messages

- Its difficult to make guidelines on which papillary lesions need excision
  - Look at the entire biopsy
  - Significant upgrade rate – predominantly to DCIS
- Do they really need to be excised ?
  - If we are planning to manage DCIS conservatively