



Management of risk lesions

IBUS 25.2.2006, 31.1.2010, 28.1.2012, 25.1.2014

	Diagnosis made by CNB	Diagnosis made by VAB
FEA	VAB or OE of visible lesion	wait and see is justified if the radiological lesion has been removed
Radial scar	VAB or OE of visible lesion	wait and see is justified if the radiological lesion has been removed
Papillary lesion without atypia	Remove larger or symptomatic (and especially peripheral) Papillomas. VAB is acceptable	
Papillary lesion with atypia	OE	OE
Phylloid tumor	OE. Free margins in borderline and malignant PT's	Follow up in completely excised benign PT's seems to be justified*
LN classical type	OE or VAB (remove US-visible lesion). High risk follow-up if lesion is removed	OE. High risk follow-up if lesion is removed
ADH	OE	OE. If the lesion has been removed completely and only focal ADH with calcifications exists, wait and see could be justified
DCIS and pleomorphic LN	OE	OE

CNB: core needle biopsy. VAB: vacuum assisted biopsy. OE: open excision. FEA: flat epithelial atypia. LN: lobular neoplasia. PT: phyllodes tumor. ADH: atypical ductal hyperplasia.

It is important, that imaging and pathological results are concordant, and that tissue sampling is sufficient

*Park HL (J Breast Cancer 2012) excised 53 benign phyllodes tumors with US-guided VAB with just 1 recurrence in the follow up