ASO Visual Abstract: Multidisciplinary Review of Intraductal Papilloma of the Breast Can Identify Patients Who May Omit Surgical Excision

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The aim of our study was to define contemporary management recommendations regarding who would benefit from surgical excision of intraductal papilloma (IDP) (<https://doi.org/10.1245/s10434-021-10520-1>).

A prospective database from a single institution identified patients with IDP on percutaneous biopsy from 02/2015 to 09/2020. Categorical patient demographic, biopsy, and pathologic variables were analyzed using Fisher's exact test and continuous demographic and imaging variables were analyzed using the Mann-Whitney U test.

IDP was present in 416 biopsies, at a median age of 56. The median size was 0.9 cm, and the majority had greater than 50% of the target excised by biopsy. Surgical excision was performed for 124/416 biopsies (29.8%). Upgrade to malignancy was identified in 14 (11.3%): 8 to ductal carcinoma in situ (DCIS) and 6 to invasive cancer. Upgrade was significantly associated with concurrent ipsilateral breast cancer ($p = 0.027$), larger imaging size ($p = 0.045$), < 50% excised with biopsy ($p = 0.02$), and atypia involving IDP ($p = 0.045$). Age, clinical presentation, and concurrent contralateral cancer were not

significantly associated with upgrade. Lowest upgrade risk (0%) was in pure IDP ≤ 1 cm with > 50% removed by biopsy. Of 401 biopsies that either did not upgrade or undergo excision, 7 (1.7%) developed subsequent breast cancer over a median follow-up of 23.5 months (IQR 11.41), none at the IDP site.

After multidisciplinary review, the management of IDP can be stratified into low and high-risk for upgrade groups, using key criteria. The low-risk group - may omit surgical excision, as those patients have 0% risk of upgrade over the limited short-term follow up.

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