Atypical Breast Proliferative Lesions and Benign Breast Disease

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Editors

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Preface

The management of atypical breast lesions continues to evolve and become more complex. The days of surgical excision for any atypical lesion have been replaced by more nuanced decision making and individualized patient management. There is considerable controversy as to whether entities such as papillomas, radial scars, fibroepithelial lesions, pseudoangiomatous stromal hyperplasia (PASH), flat epithelial atypia (FEA), atypical ductal and lobular hyperplasia (ADH and ALH), lobular carcinoma in situ (LCIS), and ductal carcinoma in situ (DCIS) represent risk factors for future breast cancer or whether they are instead obligate precursor lesions that will themselves transform into malignancy. A better understanding of the prognostic and therapeutic implications of each of these lesions once diagnosed is important for assessing subsequent individual breast cancer risk. Risk assessment tools are available for screening high risk patients, and understanding the utility and limitations of these tools is important for all clinicians involved in the care of breast patients.

There have been significant advances in breast cancer screening in the last several years, including the addition of breast tomosynthesis to 2D mammogram, automated breast ultrasound, molecular imaging, as well as accelerated breast MRI protocols. This has led us to question whether women at risk for breast cancer need additional breast cancer screening using these newer imaging modalities or if standard mammography plus or minus MRI is sufficient. In addition, with these advances in imaging, many wonder if women with atypical proliferative lesions once diagnosed on pathologic analysis can be observed rather than proceed on to surgical excision. The role of observation, surgical excision, and even prophylactic mastectomy in women with atypical proliferative lesions continues to be debated; however, there is data that can guide physicians in the management of these complex patients.

Although sharing the terminology of in situ lesions, LCIS and DCIS are currently managed quite differently. LCIS in general is deemed a risk lesion, although a variant, pleomorphic lobular carcinoma in situ (PLCIS) is a distinct pathological entity within LCIS often managed much more like DCIS, despite limited natural history data and no clear consensus regarding surgical margins or the need for adjuvant treatment to prevent recurrence. Recently, ductal carcinoma in situ (DCIS) has been the subject of much controversy regarding whether it is truly a cancer or is instead best described as a precursor lesion. The traditional management of DCIS with surgery (lumpectomy and radiation versus mastectomy) is now being debated

and recent data demonstrates that low-grade DCIS can be managed in nontraditional ways. Clinical trials are actively accruing patients with low- and intermediate-grade DCIS to observation and close surveillance instead of surgical excision. Finally, new guidelines for chemoprevention, as well as new agents in addition to traditional tamoxifen and raloxifen for women with atypical proliferative lesions, LCIS, PLCIS, and DCIS, are available and should be discussed as an option when guiding management of these patients.

The goal of this book is to provide a comprehensive review of atypical breast proliferative lesions and their management complexities. We hope it will serve as a valuable resource for nurse practitioners, physician assistants, breast and surgical oncology fellows, genetics counselors, geneticists, as well as other clinicians and surgeons who are referred and manage these complex breast patients. All chapters have been written by experts in the field who have research and clinical interest in each of these disease entities, and we the editors thank them for their willingness to contribute to an aspect of breast care that is less robustly discussed than malignancy. We hope that you learn much from their input and appreciate the opportunity to contribute to the growing information regarding atypical breast proliferative lesions. Thank you and enjoy.

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