 <p>MaineHealth CANCER CARE NETWORK SUPPORTED BY THE HAROLD ALFOND FOUNDATION</p>	Benign Breast Lesions on Core Needle Biopsy: Surgical Follow-up Guideline	
	Original Date: 7-18-17	Review Date: 12/13/17; 12/12/18; 12-17-19
	MaineHealth Breast Work Group	

The current standard of care for the diagnosis of the vast majority of mammographic abnormalities is image-guided core biopsy. While the pathologic diagnosis on most core biopsies will fall into either completely benign or malignant categories for which appropriate management is obvious, there are a number of different pathologic diagnoses that, while not representing overt invasive malignancy, may be associated with more serious findings (“upgrading”) on excision. It is the policy of the MaineHealth Breast Workgroup that pathology reports containing any of the core biopsy diagnoses listed below be accompanied by the following comment:

Based on the pathologic diagnosis, surgical consultation and consideration of excision (after correlation with clinical and mammographic features) is recommended.


This comment implies the patient be seen by a surgeon familiar with breast disease and a decision be made regarding excision of the lesion based on current literature regarding the risk of finding a more serious lesion in the breast and the individual characteristics of the patient and their mammographic findings. Consultation with the diagnosing pathologist may also be appropriate. The following are guidelines for surgical management.

The following lesions are always recommended for excision:

- Atypical ductal hyperplasia
- Cellular fibroepithelial lesion, cannot exclude phyllodes tumor
- Papillomas with atypia
- Papillomas without atypia that are the targeted lesion and incompletely excised.
- Mammographically detected radial scars that are the targeted lesion and incompletely excised
- Pleomorphic or “florid” (variant) lobular carcinoma in situ
- LCIS usual type (targeted lesion)
- Flat Epithelial Atypia

The following lesions require mammographic correlation and if concordant, do not require excision:

- Mucocele-like lesions
- Incidental lobular carcinoma in situ or atypical lobular hyperplasia

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ACKNOWLEDGEMENTS:

Recognizing the high incidence of breast cancer in Maine and the complexity of treatment options, MaineHealth formed the MaineHealth Breast Oncology Work Group to focus on these issues. The Work Group is composed of radiation oncologists, radiologists, medical oncologists, general surgeons, plastic surgeons, oncologic surgeons, public health professionals and breast nurse navigators.

We look forward to serving as a continuing resource to all health professionals in their work to preserve and improve the health of their patients.

Members of the MaineHealth Breast Oncology Work Group:

- Michael Jones, MD, Pathologist.....Spectrum Medical Group
- Michael J. Bianchi, Vice President Oncology.....Maine Medical Center/MaineHealth