

SURVEY GISMa SU DIAGNOSI E TERAPIA DELLE LESIONI IDENTIFICATE ALLO SCREENING

**Grazie ai responsabili dei programmi di screening
e ai componenti dei team multidisciplinari e a:**

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Datawarehouse **SQTM** del **GISMa**

51418 lesioni **2000-2014**

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The screenshot shows a web interface for the 'sqtm DWH' system. At the top left, there is a small square image of a person's torso. To its right, the text 'sqtm DWH' is displayed in a bold, black font. Below this header, a blue horizontal bar spans the width of the page. Underneath the bar, the text 'Scheda computerizzata per il controllo della Qualità del Trattamento del Carcinoma mammario' is centered. Below this text, there are two input fields: 'Login' and 'Password', each followed by a white rectangular box. To the right of the 'Password' field, the MySQL logo is visible, featuring a blue fish icon and the text 'MySQL'. At the bottom right of the page, there is a green circular button with a white right-pointing arrow.

I B3 IN SQTM

Finalborgo, 19-20 maggio 2016
Convegno Nazionale GISMa

A cura del Gruppo Diagnosi e Terapia GISMa
Antonio Ponti e Denise Casella

CPO Piemonte, Torino

I B3 IN SQTM

Finalborgo, 19-20 maggio 2016
Convegno Nazionale GISMa

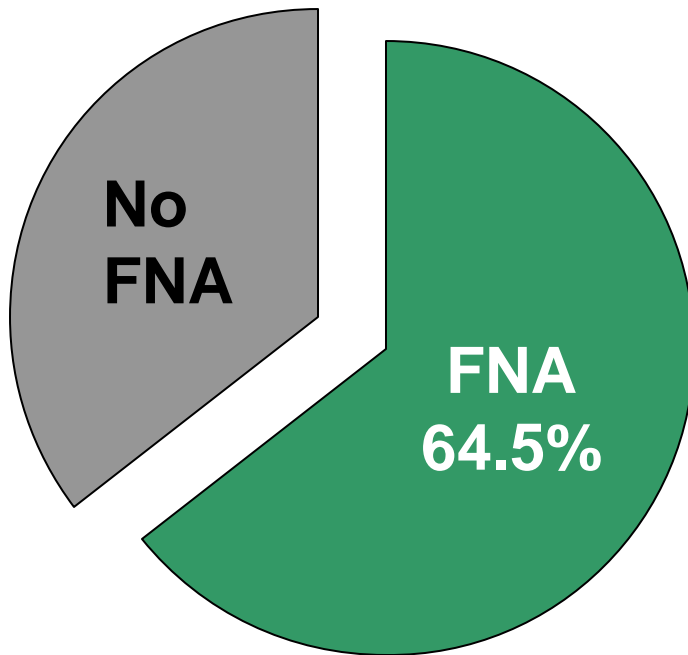
**A cura dei Gruppi di lavoro
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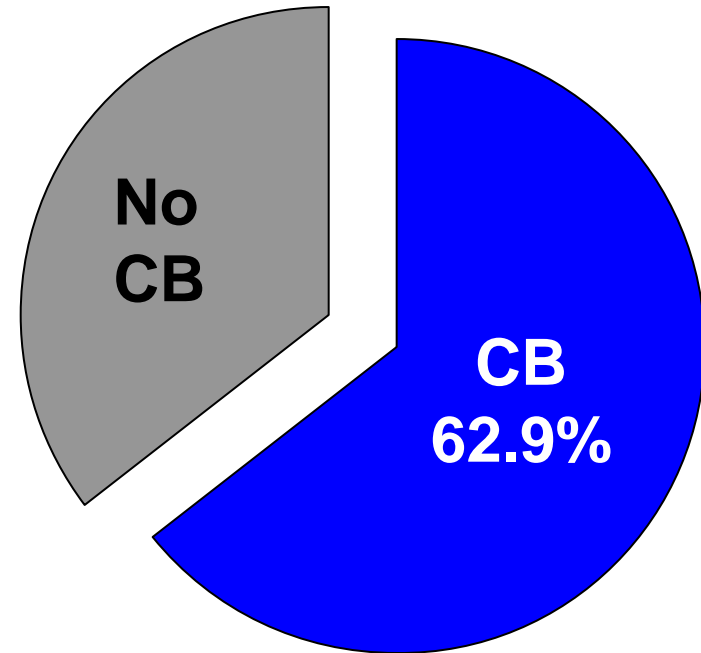
Esecuzione **FNA** e **CB**

Piemonte 2014

(N=1589 - tutti i casi operati)



Missing 5.1%

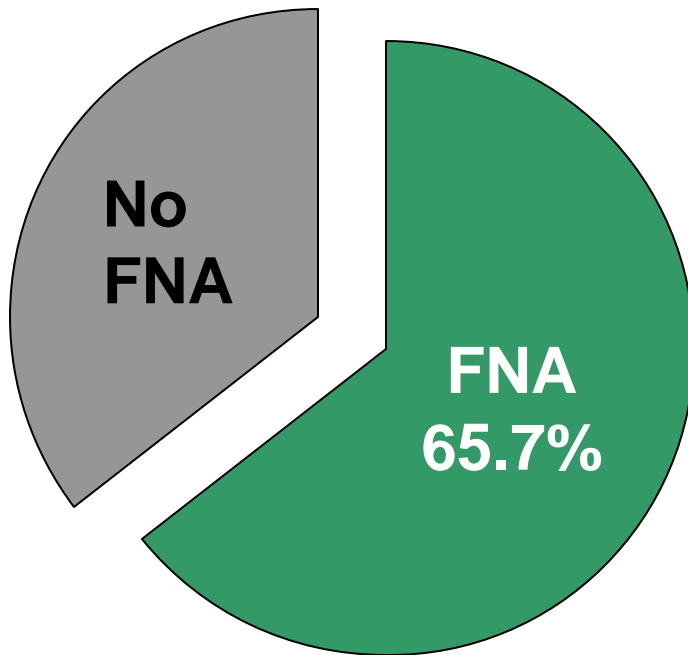


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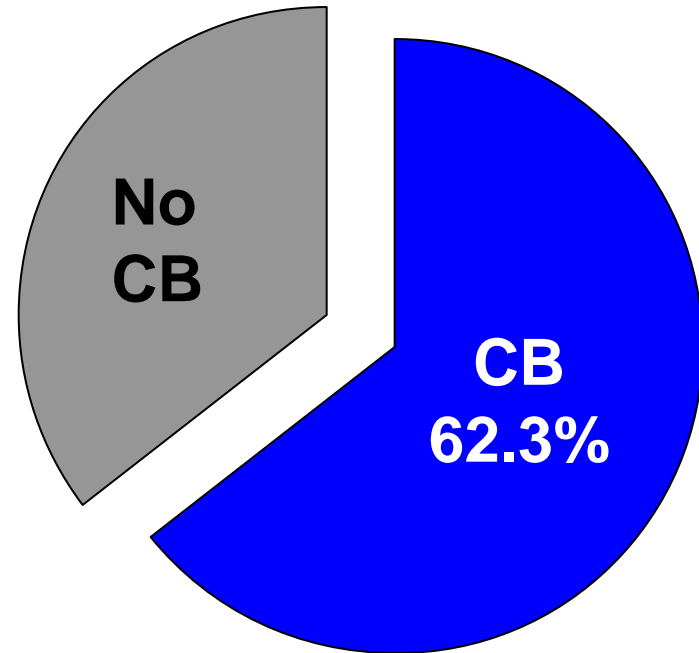
Esecuzione **FNA** e **CB**

GISMa 2012-2014

(N=13148 - tutti i casi operati, escluse NACT)



Missing 16.7%

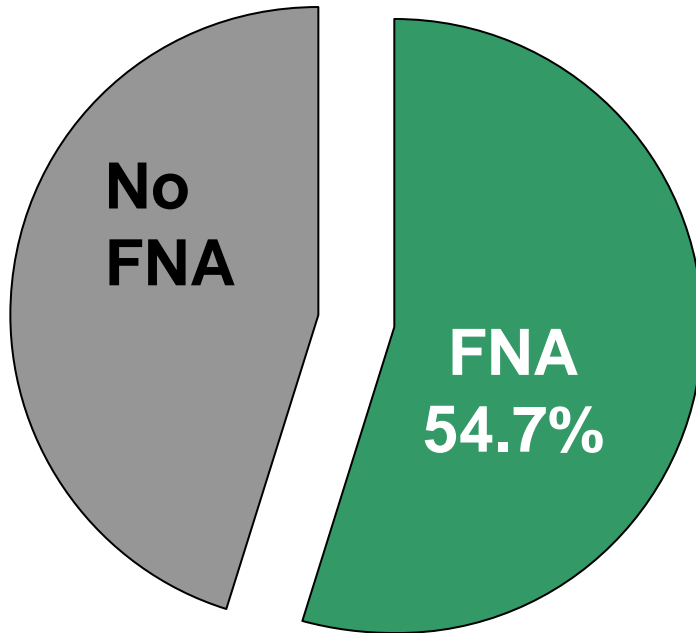


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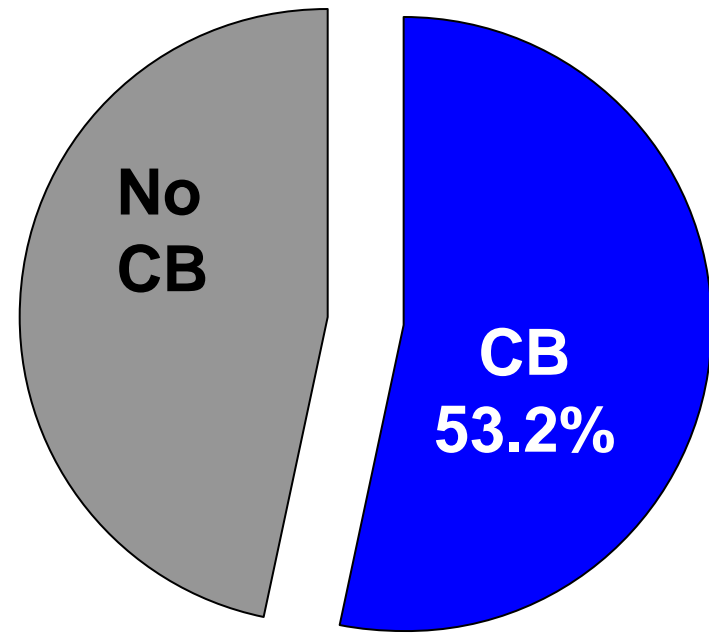
Esecuzione **FNA** e **CB**

GISMa 2012-2014

(N=13148 - tutti i casi operati, escluse NACT)

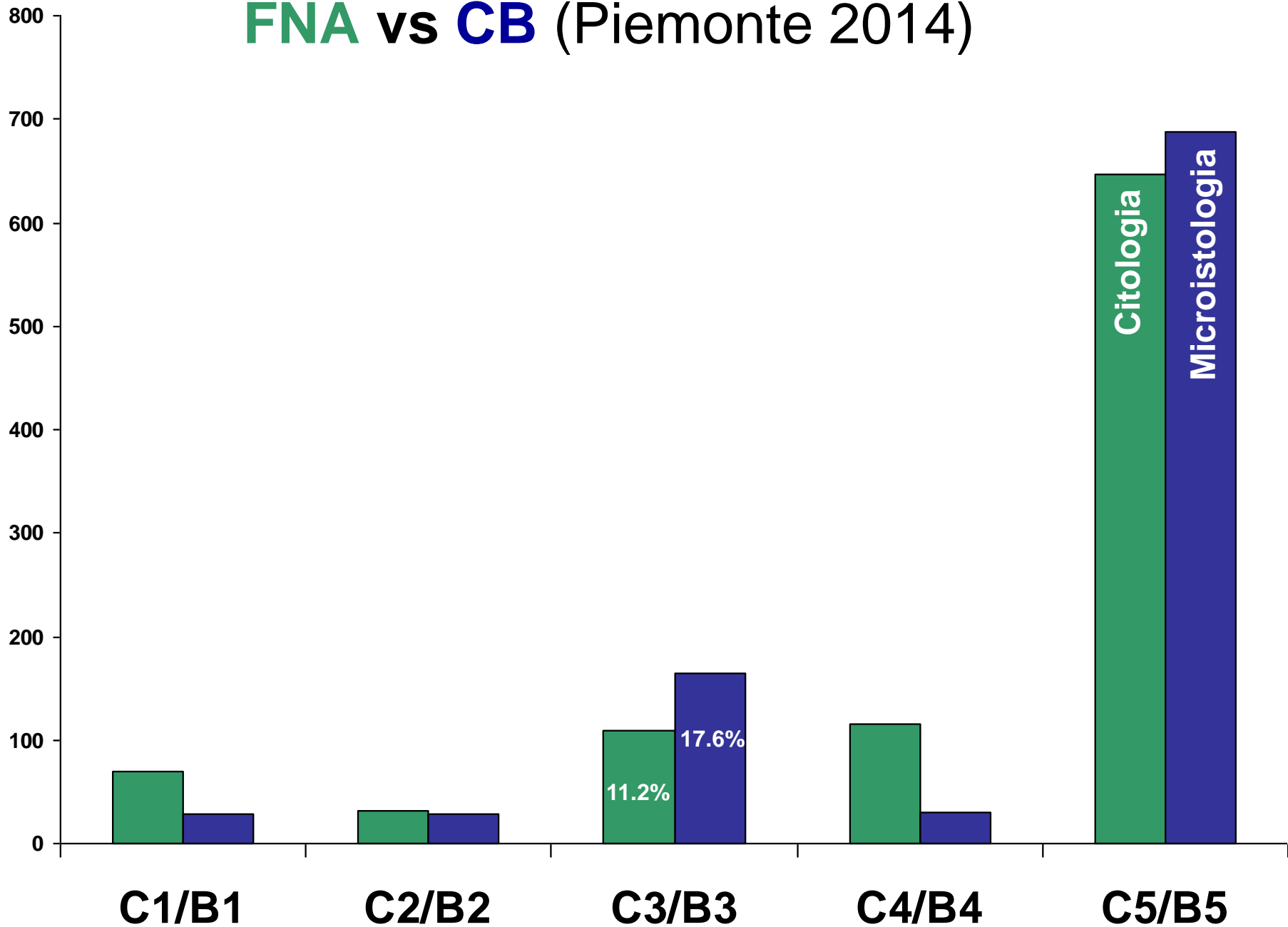


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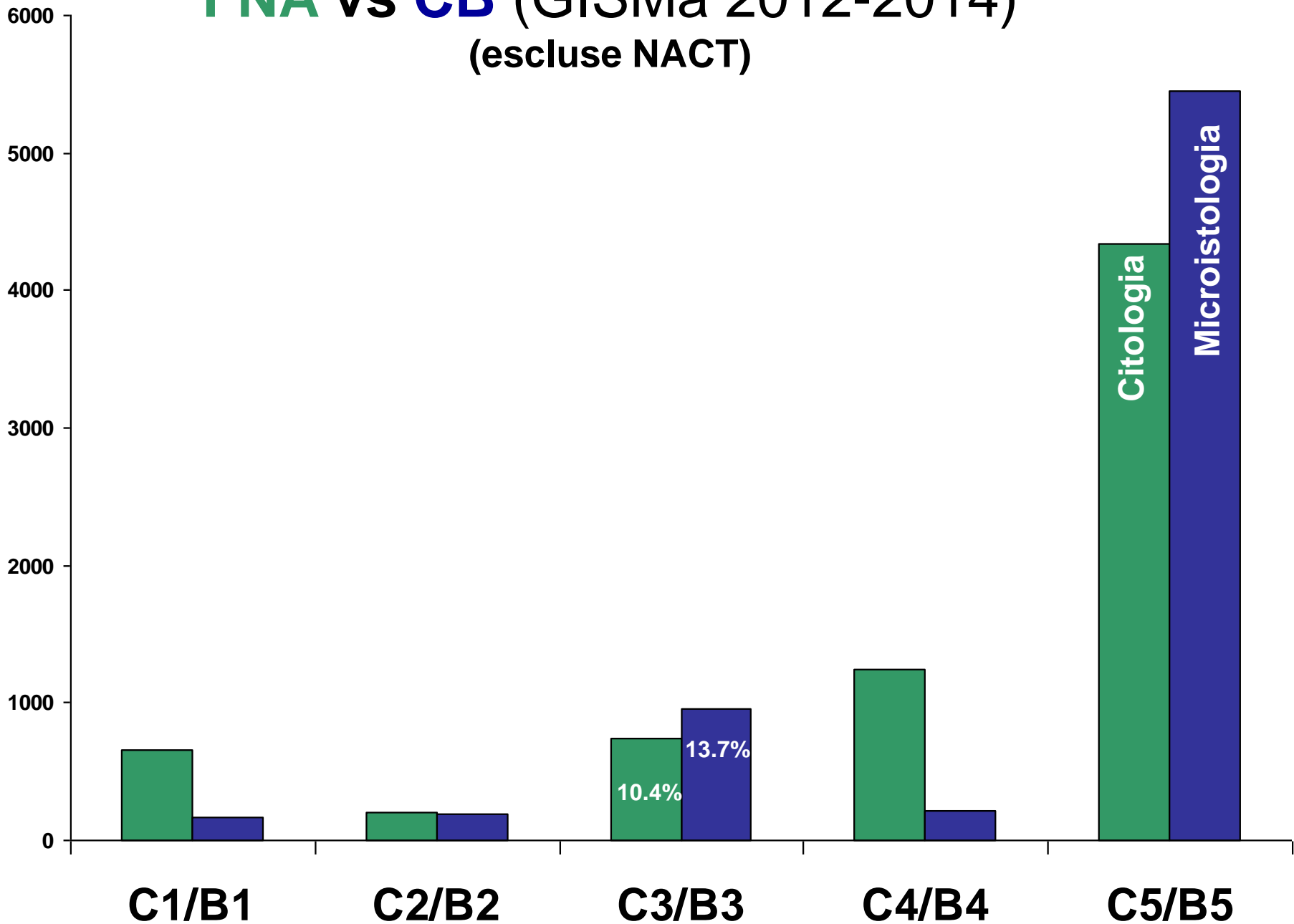
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FNA vs CB (Piemonte 2014)



FNA vs CB (GISMa 2012-2014)

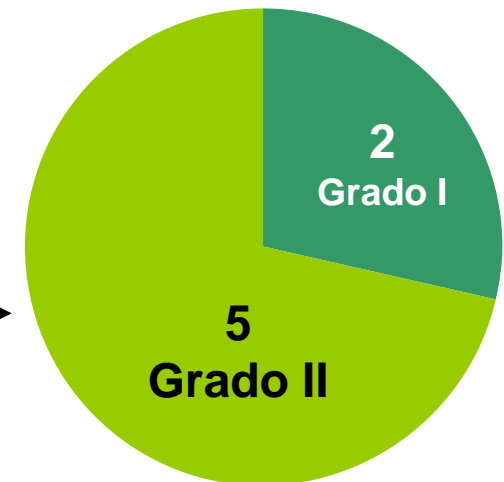
(escluse NACT)



Diagnosi post-operatoria dei 165 B3

Piemonte 2014

Benigni (32.9%)	49	Cisti	3
		Fibroadenoma	14
		Les colonn senza atipie	2
		Modif fibrocistiche	4
		Ectasie duttali	3
		Papillomi	11
		Filloide benigno	1
		Radial scar	1
		Altro tipo benigno	10
		Intraepiteliali (45.6%)	68
LIN2	1		
DIN1a (FEA)	25		
DIN1b (ADH)	35		
Les papill atipica	1		
Altro tipo intraepiteliale	2		
In situ (16.8%)	25		
		D. cribriforme	8
		D. solido	3
		D. micropapillare	2
		D. papillare	4
		Altro	3
		Ignoto	1
		Invasivi (4.7%)	7
Lobulare	4		
Tubulare	1		

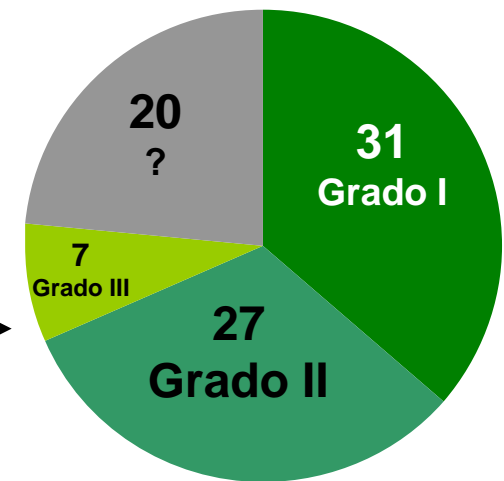
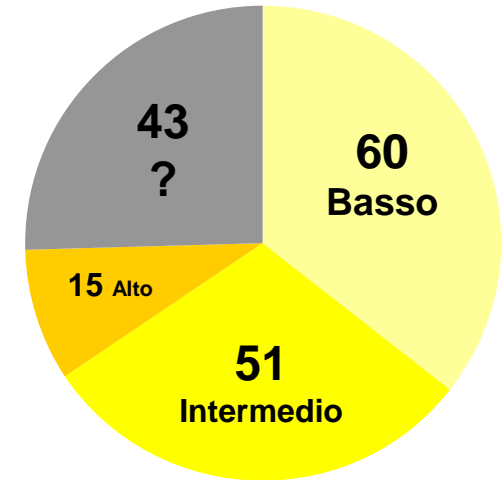


16 diagnosi ignota

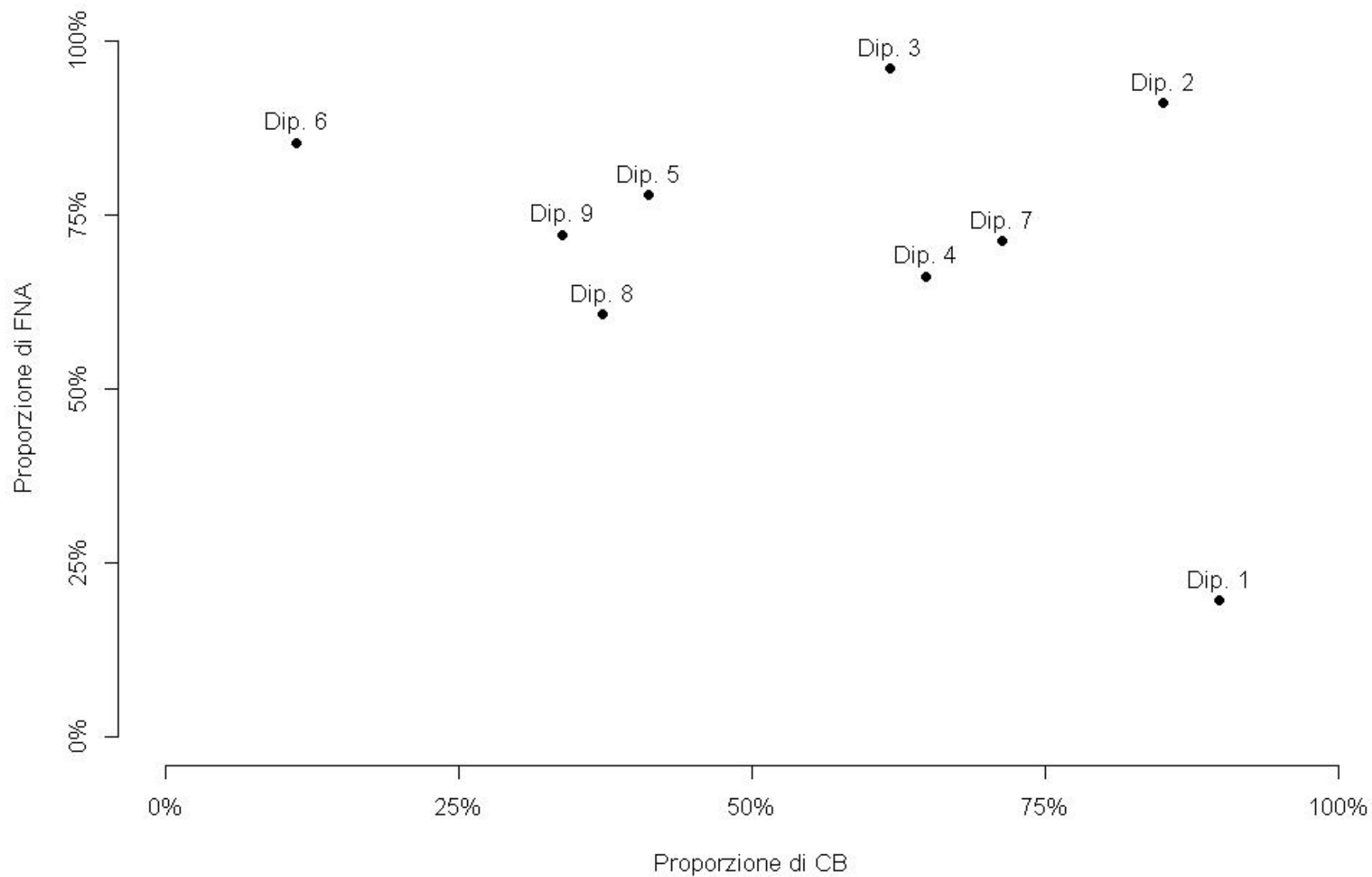
Diagnosi post-operatoria dei 959 B3

GISMa 2012-2014

Benigni (38.8%)	350	Tessuto normale	9		
		Cisti	8		
		Fibroadenoma	57		
		Les colonn senza atipie	9		
		Modif fibrocistiche	25		
		Ectasie duttali	38		
		Papillomi	3		
		Filloide benigno	69		
		Radial scar	16		
		Altro tipo benigno	19		
		Intraepiteliali (33.0%)	297	LIN1	24
				LIN2	38
				DIN1a (FEA)	59
DIN1b (ADH)	172				
Les papill atipica	1				
Altro tipo intraepiteliale	3				
In situ (18.8%)	169	Duttale NOS	4		
		D. cribriforme	37		
		D. solido	31		
		D. micropapillare	11		
		D. papillare	9		
		Altro	18		
		Ignoto	59		
		Invasivi (9.4%)	85	Duttale NOS	45
Lobulare	7				
Tubulare	8				
Altro	6				
Ignoto	19				



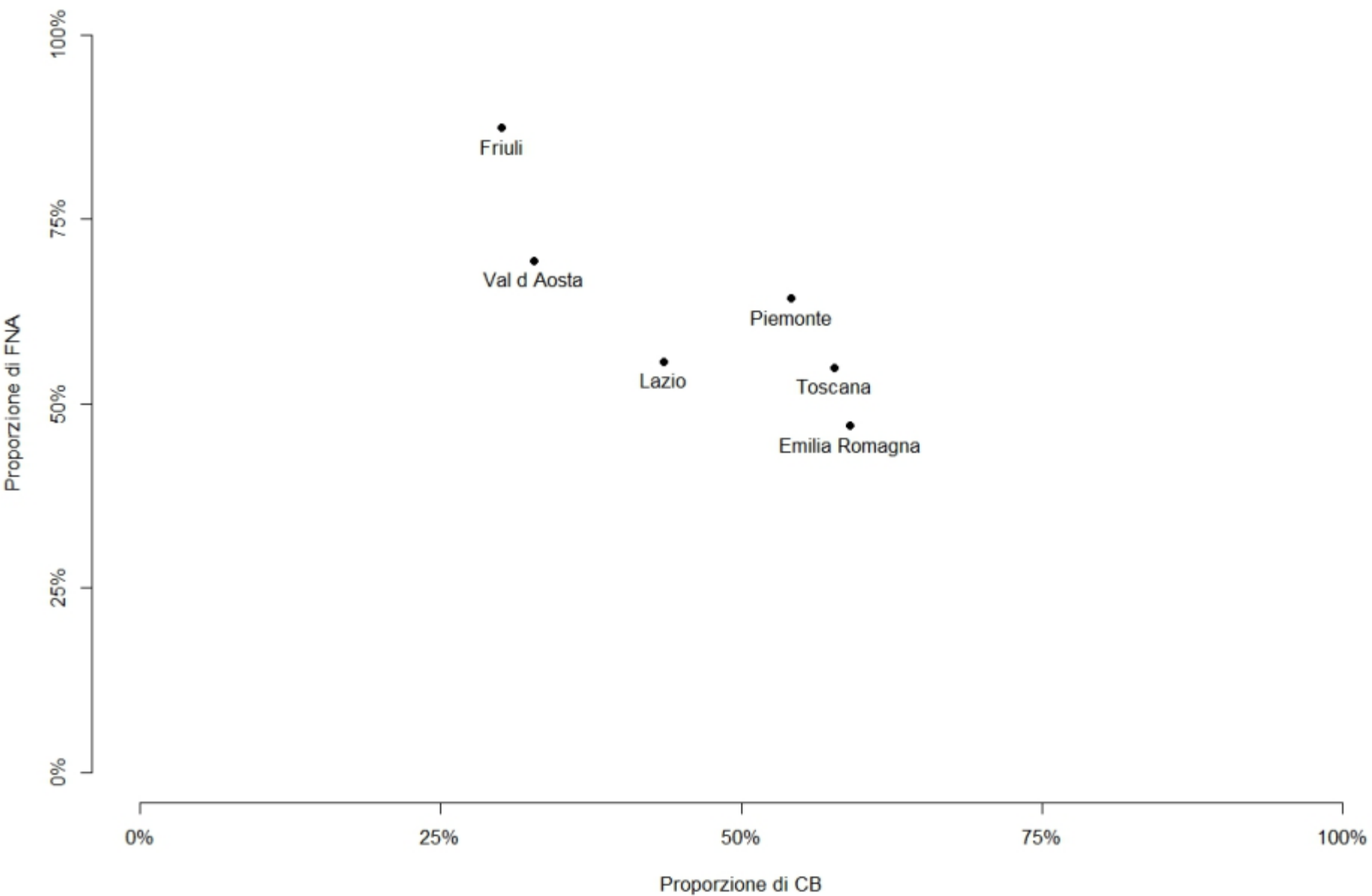
Proporzione di CB e/o FNA in Piemonte (2014)



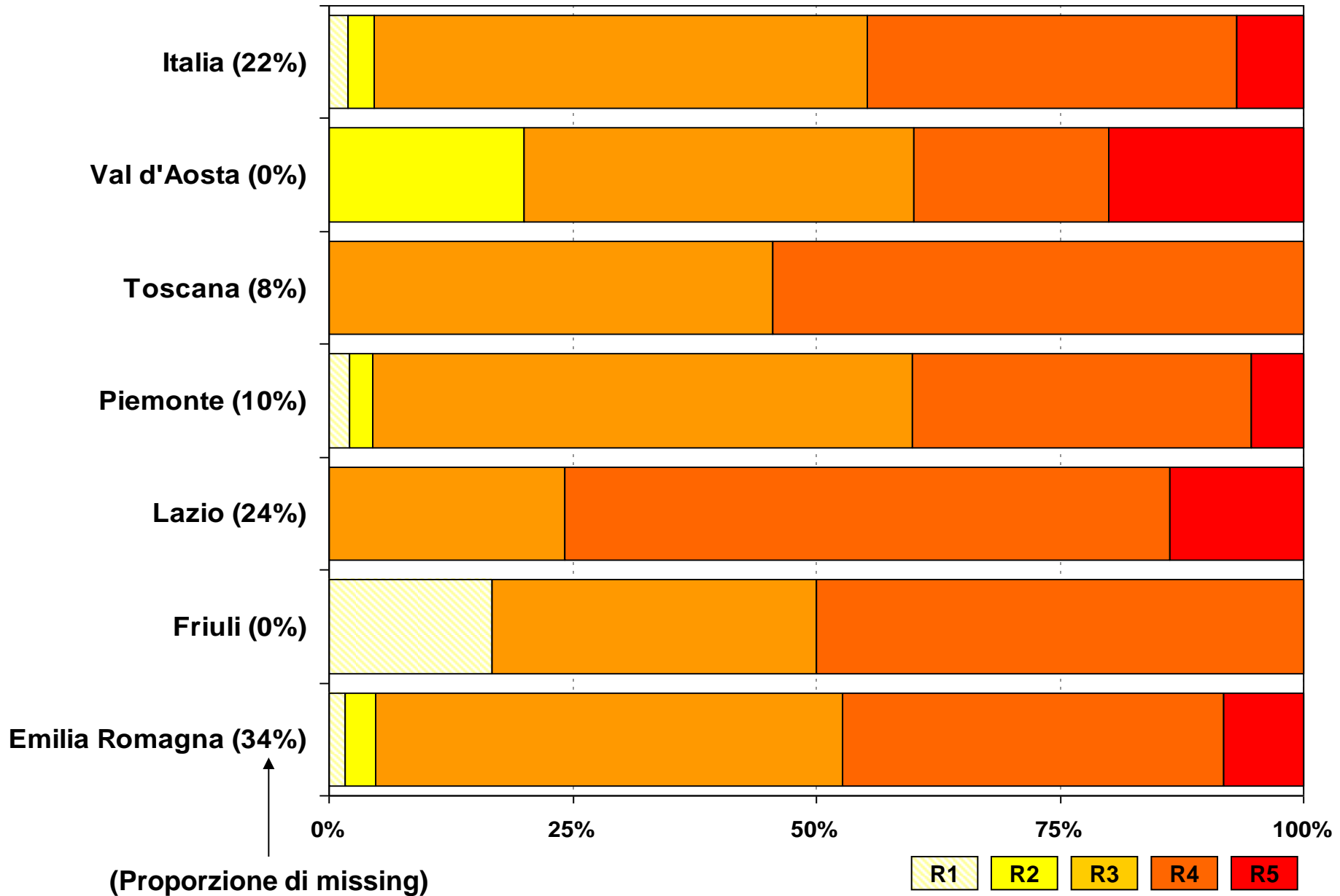
Proporzione di CB vs. FNA (GISMa 2012-2014)



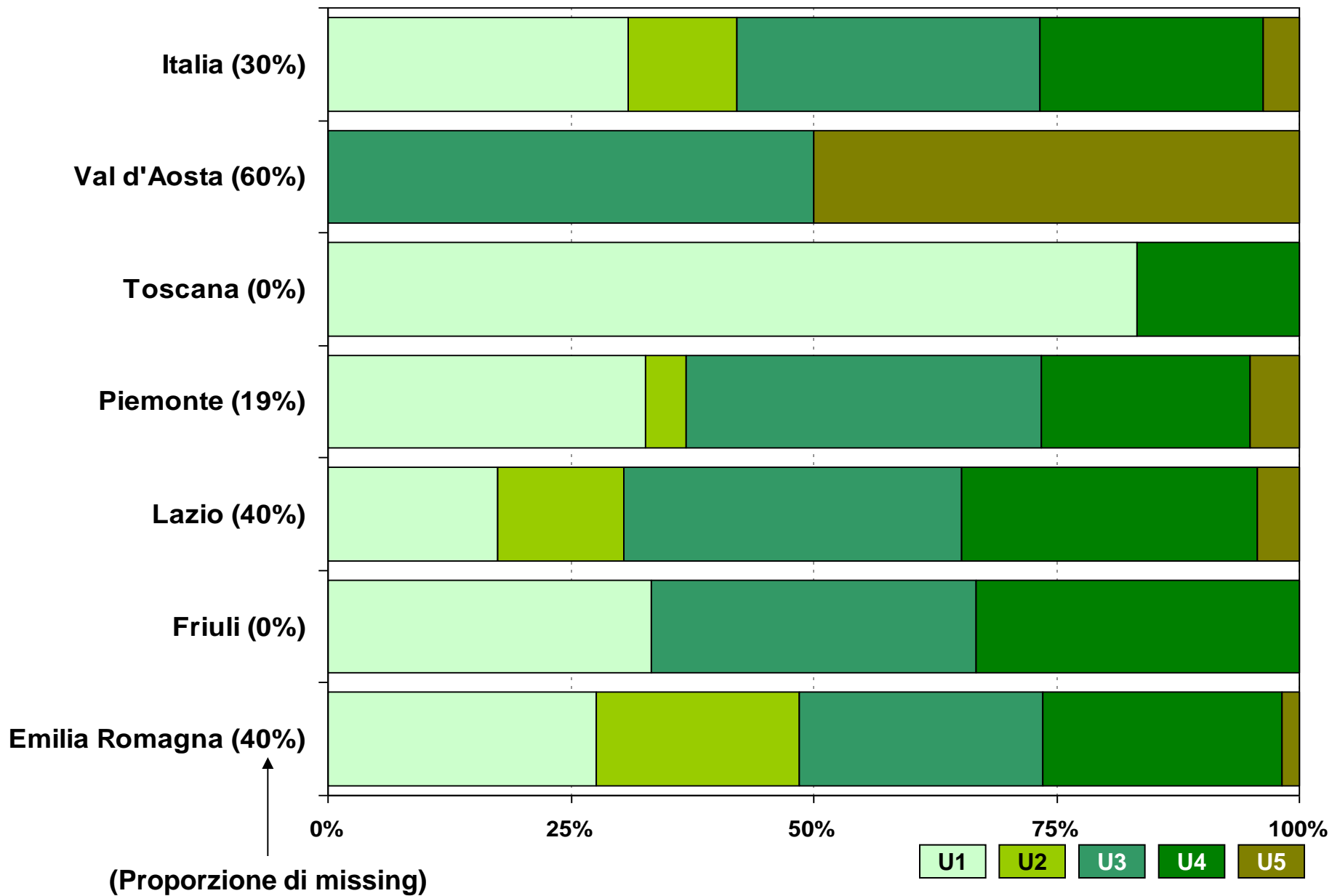
Proporzione di CB e/o FNA (GISMa 2012-2014)



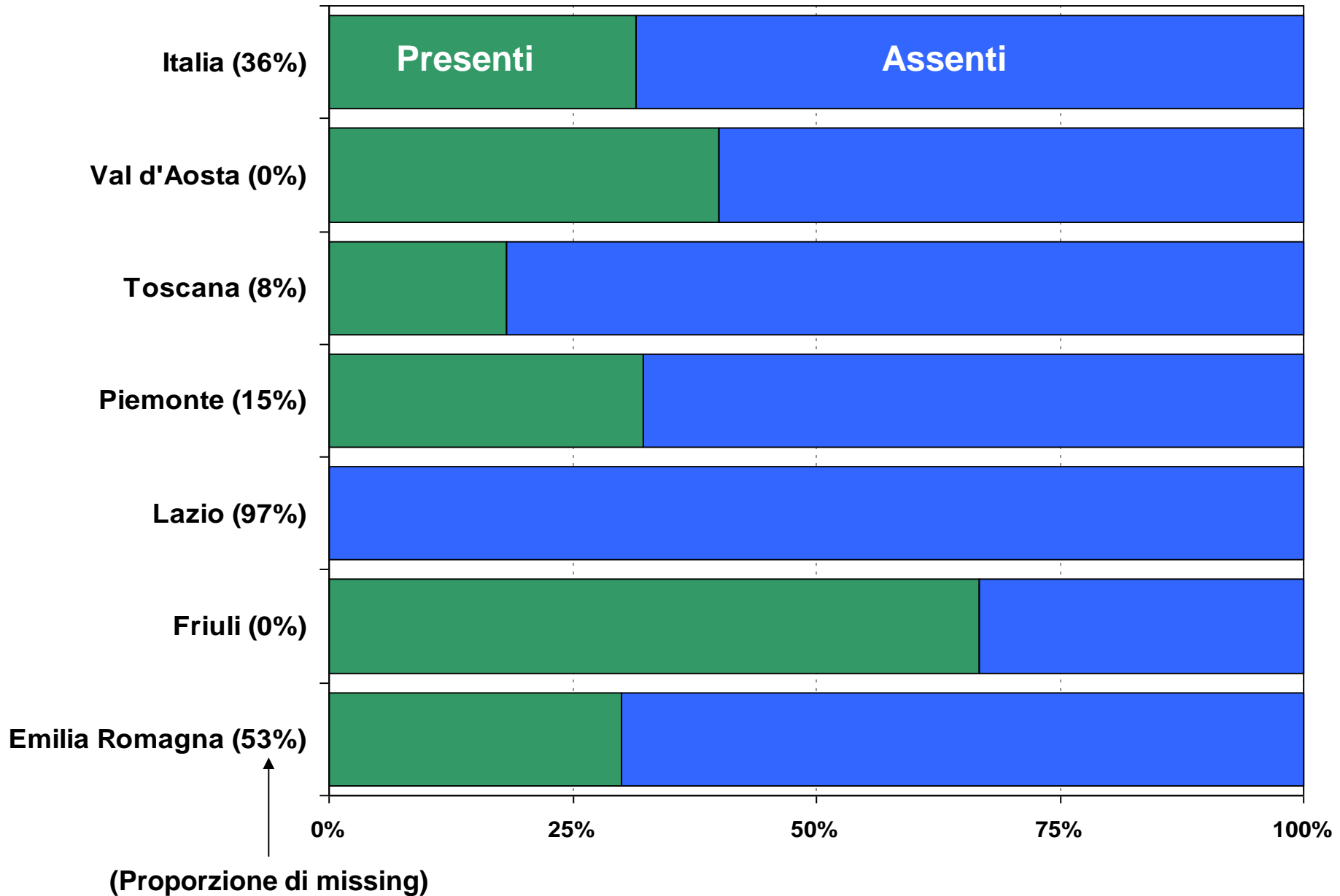
Casi B3: distribuzione esito mammografia per Regione



Casi B3: distribuzione esito ecografia per Regione



Casi B3: presenza di microcalcificazioni per Regione



Nota: le micro-calcificazioni sono molto più spesso puntiformi / pulvirulente nei B3 (30%) che nei B5 (3%)

Per quanto riguarda il restante pattern radiologico, non ve ne è nessuno significativo nel 46% dei B3 vs 25% dei B5, è opacità regolare nel 14% dei B3 vs 5% dei B5 ed è opacità irregolare nel 15% vs 33%. La distorsione si attesta all' 11% in entrambe

Outcome of a new patient pathway for managing B3 breast lesions by vacuum-assisted biopsy: time to change current UK practice?

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ABSTRACT

Aims B3 lesions of the breast represent a difficult management dilemma. The umbrella term 'B3' incorporates lesions with little associated malignancy risk as well as lesions with significant risk of concurrent neoplasia. Diagnosis of B3 lesions in screening populations is largely made on needle core biopsy, which provides little tissue to adequately diagnose pathologically diverse lesions. The advent of vacuum-assisted biopsy (VAB) provides the multidisciplinary team with a more representative pathology sample to direct management.

Methods In this unit, in 2009, a pathway to guide management of B3 lesions detected on needle core biopsy in screening patients was implemented to assess whether VAB was a safe and viable alternative to surgery in selected cases.

Here we present the 5-year follow-up results of this pathway.

Results 398 patients with B3 lesions were suitable for this pathway, of which 321 went on to have second-line VAB. 24% of these patients subsequently required surgery for malignancy or ongoing concerns, and thus 245 avoided surgery being subsequently referred for 5-year mammographic surveillance or back to screening. Median follow-up was 3 years (IQR 2), and no cancers were detected at the original B3 site during follow-up.

Conclusions We have demonstrated here that with large volume tissue sampling for indeterminate lesions of the breast surgery can be safely avoided in selected B3 lesions with and without atypia.

neoplasia and solid lesions such as papillomas (PAP), radial scars (RS) and fibroepithelial lesions, with or without coexistent epithelial atypia. The management of all B3 lesions has traditionally been open diagnostic surgical excision biopsy. However, it is increasingly recognised that some B3 subtypes are only associated with a very low risk of malignancy, and therefore, surgical excision for all represents overtreatment.^{3, 4}

The introduction of vacuum-assisted biopsy (VAB) offers an alternative option to surgery in the management of such B3 lesions. VAB can yield up to 3.6 g of tissue providing a robust method for thoroughly sampling B3 lesions diagnosed on NCB. This could mean that patients avoid the need for surgery if there is confidence that the lesion has been adequately sampled by second-line VAB and the diagnosis has not been upgraded to malignancy.⁵ VAB is also advantageous if it produces a malignant diagnosis as the patient can progress straight to therapeutic surgery, whereas, traditionally, she would have been likely to have undergone a diagnostic surgical procedure followed by a second surgery for definitive oncological excision. VAB may be offered as a first-line or second-line procedure. It should be noted, however, that they are very different entities with regard to aim and tissue yield. First-line VAB is used in this context to provide a representative sample of a radiological abnormality for diagnosis. In our institution, we use an 11 gauge (G) or 12G needle for this purpose, and up to 12 mg of tissue per core and maximum 80 mg per biopsy was sampled routinely. Second-line VAB, however, was regarded either as an equivalent to a

Procedure diagnostiche preoperatorie nelle lesioni mammarie

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1. INTRODUZIONE

L'inquadramento diagnostico della patologia mammaria fornito da procedure biottiche minimamente invasive, è propedeutico alla corretta programmazione del trattamento terapeutico. Fino a qualche anno fa l'agoaspirato con ago sottile (FNA), coadiuvato da un adeguato supporto clinico e radiologico strumentale, costituiva una procedura di semplice e di rapida esecuzione, ben tollerata dalla paziente, a basso costo che permetteva una diagnosi accurata nella grande maggioranza dei casi di lesioni mammarie "sintomatiche". L'introduzione e la diffusione delle metodiche di screening, unitamente alla definizione di un nuovo spettro di lesioni mammarie screen detected, ha introdotto nuove metodiche di indagine biottica minimamente invasiva (Minimal Invasive Biopsy/MIB) basate sull'utilizzo di aghi di maggior diametro (Needle Core