

Workshop

**"PROGRAMMA REGIONALE DI SCREENING MAMMOGRAFICO
PREVENZIONE SERENA" Workshop 2014**

DIRETTORE: Antonio Ponti

Responsabili scientifici: Alfonso Frigerio, Livia Giordano, Maria Piera Mano, Antonio Ponti

Torino 3 dicembre 2014

DIAGNOSI CITO-ISTOLOGICA PRE-OPERATORIA

Isabella Castellano

Anatomia-patologica

Città della Salute e della Scienza di Torino

European Journal of Cancer (2013) 49, 3579–3587

Available at www.sciencedirect.com

ScienceDirect

ELSEVIER

EJC

EUSOMA

The requirements of a specialist Breast Centre

A.R.M. Wilson^{a,*}, L. Marotti^b, S. Bianchi^c, L. Biganzoli^d, S. Claassen^e, T. Decker^f, A. Frigerio^g, A. Goldhirsch^h, E.G. Gustafssonⁱ, R.E. Mansel^j, R. Orecchia^k, A. Ponti^g, P. Poortmans^l, P. Regitnig^m, M. Rosselli Del Turcoⁿ, E.J.Th. Rutgers^o, C. van Asperen^p, C.A. Wells^q, Y. Wengström^r, L. Cataliotti^r

The European Parliament in its 2003 and 2006 Resolutions on Breast Cancer refer to this Eusoma paper in its recommendations that breast disease is diagnosed and treated in dedicated Breast Centres [3,4].

4.3. *Breast pathology*

The Breast Centre must have at least two dedicated breast pathologists (one of whom should be nominated as the breast pathology lead for the team). To be consid-

Manifesto on Optimal Pathology



The need for optimal pathology in breast cancer

Surgeons and oncologists rely on pathology reports to carry out treatment on breast cancer patients.



Il ruolo del patologo nella diagnosi pre-operatoria

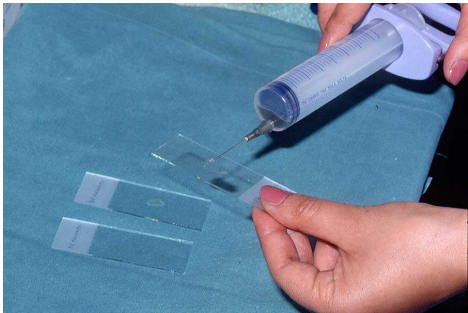


Indicare se la lesione è da operare

Indicare come la lesione *dovrebbe* essere operata

Chirurgia o no?

Fine Needle Aspiration (FNA)



Core biopsy



VAAB



C1: not idoneus

C2: benign

No surgery

C4: probably malignant

C5: malignant

} Surgery

B1: not idoneus

B2: benign

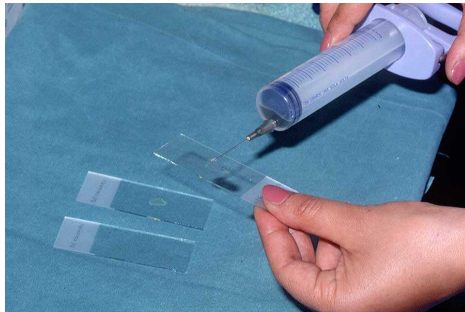
No surgery

B4: probably malignant

B5: malignant

} Surgery

Fine Needle Aspiration

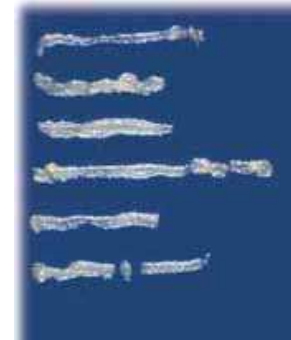


Chirurgia o no?

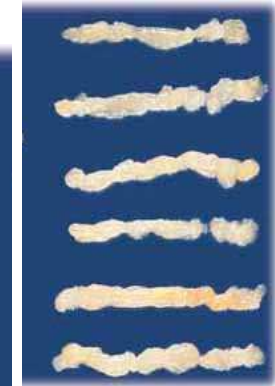


Follow Up!

Core biopsy



VAAB



C3: Atypia probably benign

Columnar cell lesions
Atypical ductal Hyperplasia
Papilloma
Radial Scar

B3: Specific diagnosis of lesions with uncertain malignant potential

Microcalcificazioni,
distorsioni

Lesioni mammarie NON palpabili

DISCUSSIONE MULTIDISCIPLINARE

QUANTE VOLTE VIENE ESEGUITO
L'ESAME CITO-ISTOLOGICO
PRE-OPERATORIO?

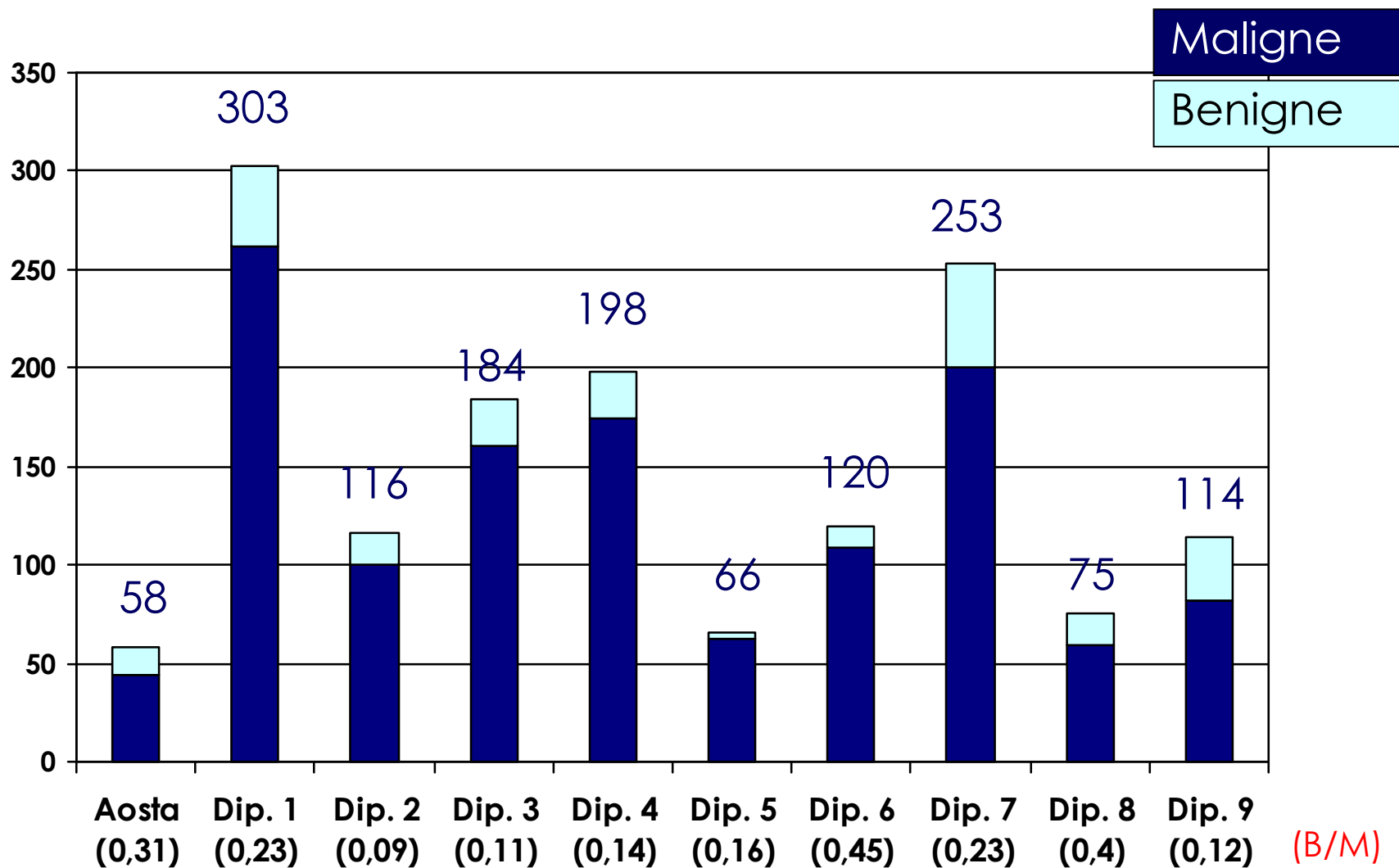
Dati Piemonte/Val d'Aosta Screening 2013

Lesioni risultate *maligne all' istologico definitivo* registrate in SQTM

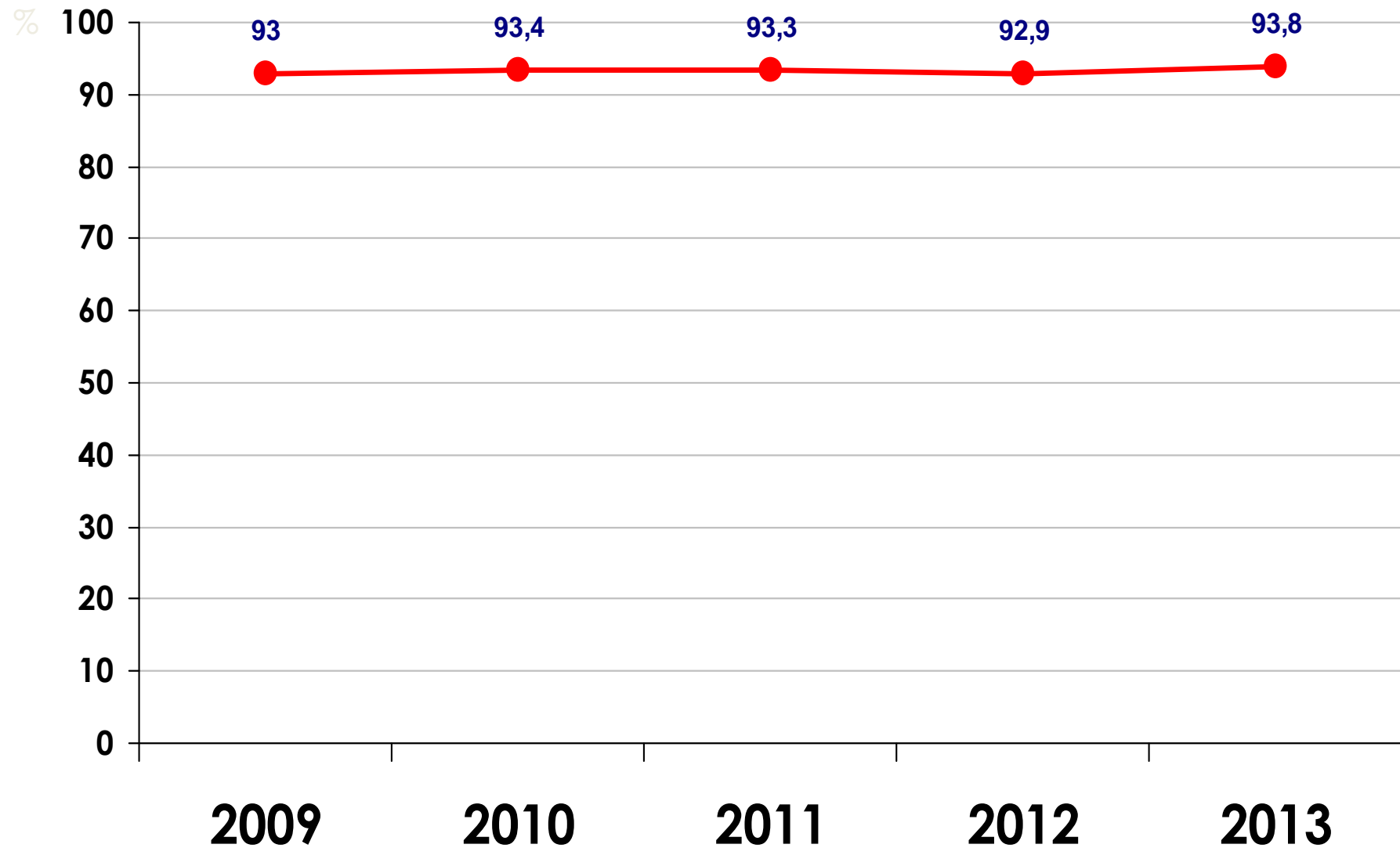
Dipartimento	Casi SQTM
1 - Torino	262
2 - Moncalieri	100
3 - Rivoli	160
4 - Ivrea	175
5 - Biella/Vercelli	62
6 - Novara/Verbania	109
7 - Cuneo	200
8 - Asti/Casale	59
9 - Alessandria	82
10 - Aosta	44
Totale	1253

Dati Piemonte/Val d'Aosta 2013

Lesioni registrate in SQTM: dati riguardanti l'esame istologico definitivo

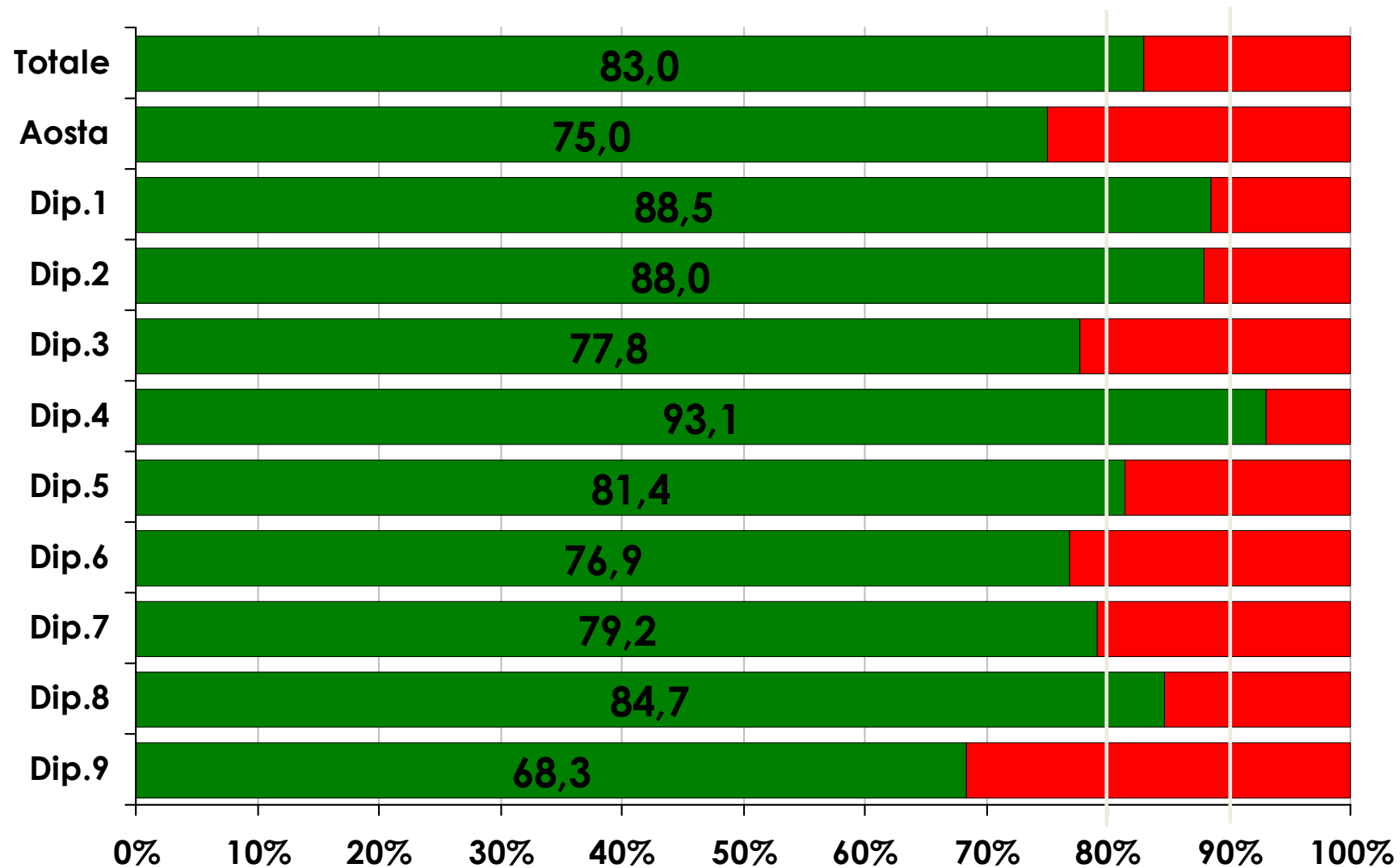


Andamento temporale dell'indicatore
CITO-ISTOLOGIA PREOPERATORIA ESEGUITA
Piemonte e Val d'Aosta (lesioni benigne e maligne)

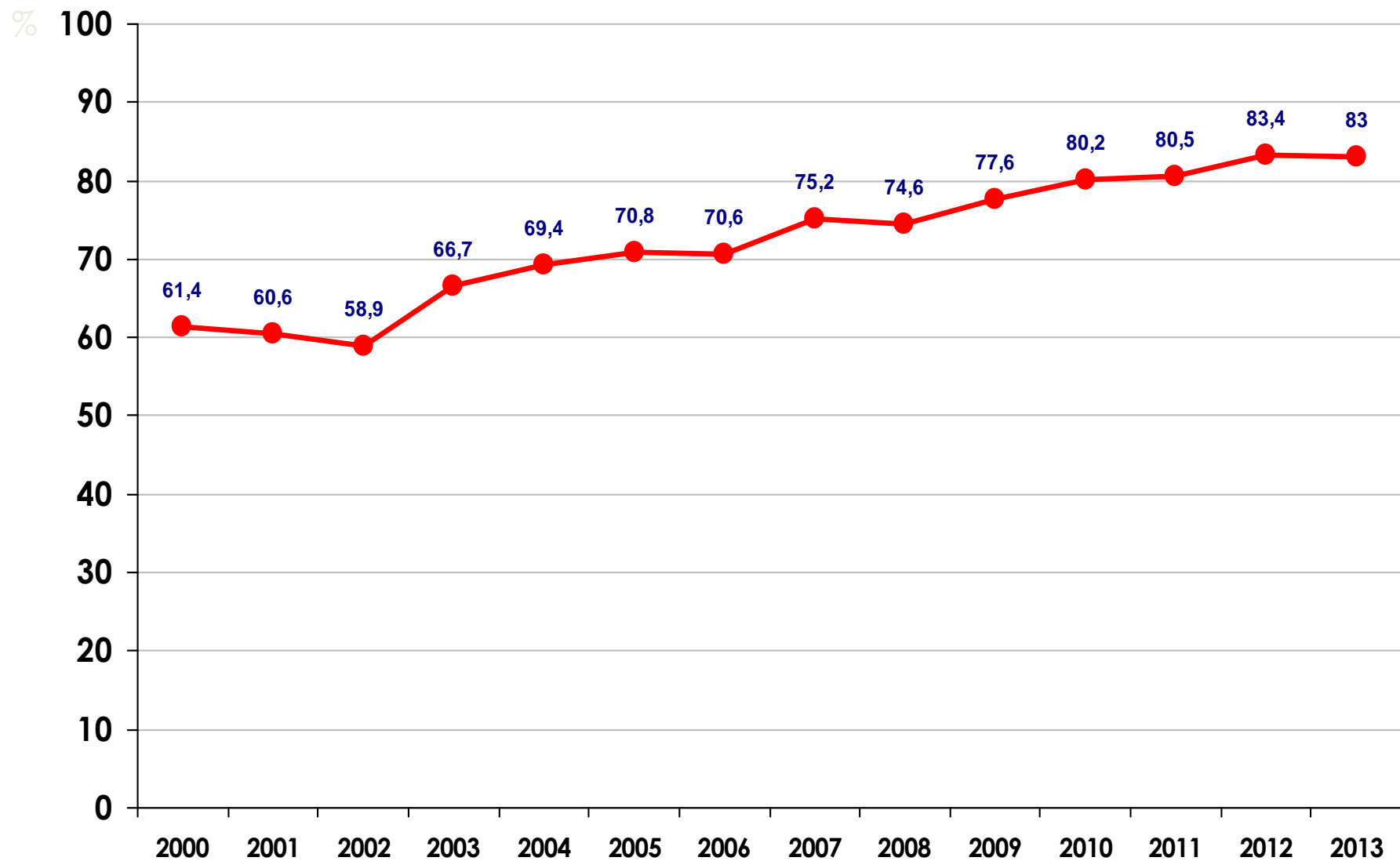


NEI CASI REGISTRATI COME MALIGNI, QUANTE VOLTE E'
STATA FATTA DIAGNOSI PRE-OPERATORIA
ANATOMO-PATOLOGICA DI POSITIVITA'?

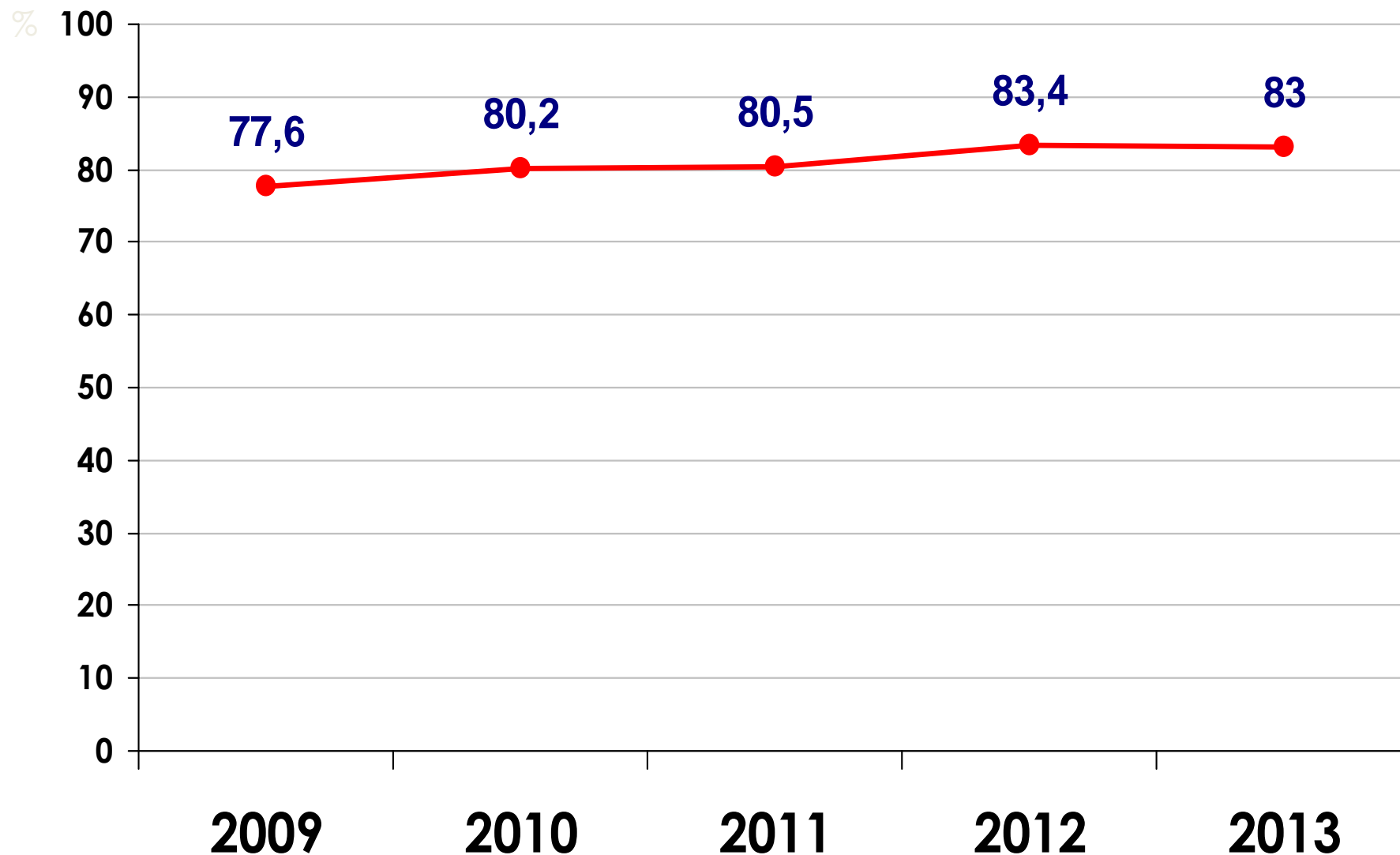
Distribuzione per dipartimenti dell'indicatore
DIAGNOSI PREOPERATORIA C5/B5
Piemonte e Val d'Aosta 2013



Andamento temporale dell'indicatore
CITO-ISTOLOGIA PREOPERATORIA POSITIVA
Piemonte e Val d'Aosta 2000-2013

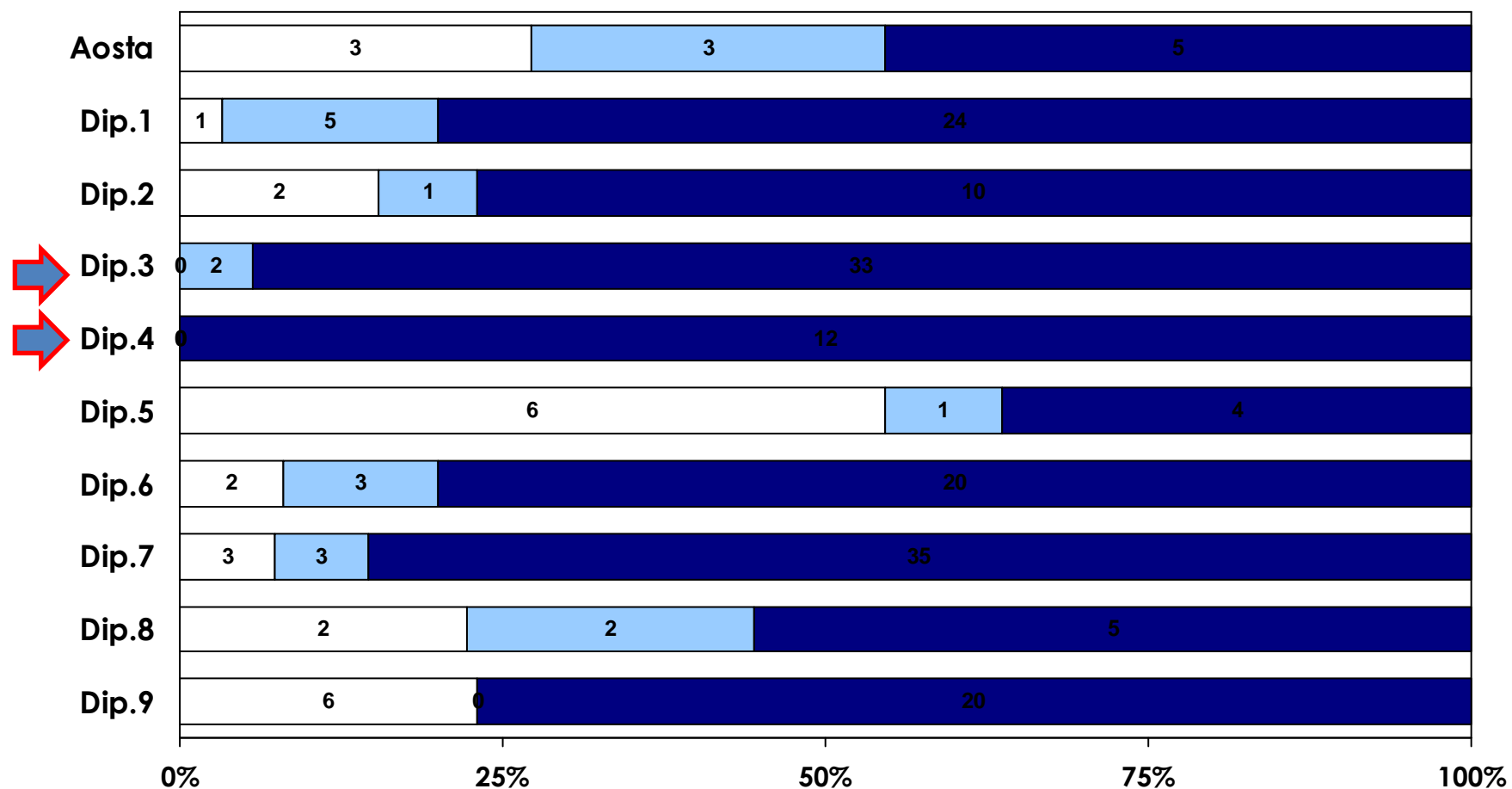


Andamento temporale dell'indicatore
CITO-ISTOLOGIA PREOPERATORIA POSITIVA
Piemonte e Val d'Aosta 2000-2013



I CASI REGISTRATI COME MALIGNI CHE NON AVEVANO
UNA DIAGNOSI PRE-OPERATORIA DI MALIGNITA', COME
ERANO CLASSIFICATI PRIMA?

Distribuzione per dipartimento della diagnosi preoperatoria NON POSITIVA nei casi di cancro (2013)



Non eseguito

Inadeguato

Negativo/dubbio/sospetto

I CASI REGISTRATI COME BENIGNI CHE
AVEVANO UNA DIAGNOSI PRE-OPERATORIA DI
MALIGNITA', COME ERANO STATI CLASSIFICATI PRIMA
DELL'INTERVENTO?

Eventi sentinella – lesioni benigne 2013

su **234** casi **benigni** (all'istologico definitivo)

➔ 2 casi erano stati diagnosticati C5
(**papillomatosi e lesione benigna**)
3 casi erano stati diagnosticati B5

25 casi erano stati diagnosticati B4/C4
7 casi erano stati diagnosticati R5

per un totale di **37** casi (15,8%)

11 lesioni benigne hanno avuto LS

2 casi erano stati diagnosticati C5 (papillomatosi e lesione benigna)

All lesions

Table 3 Accuracy Rates of FNAC and VAB

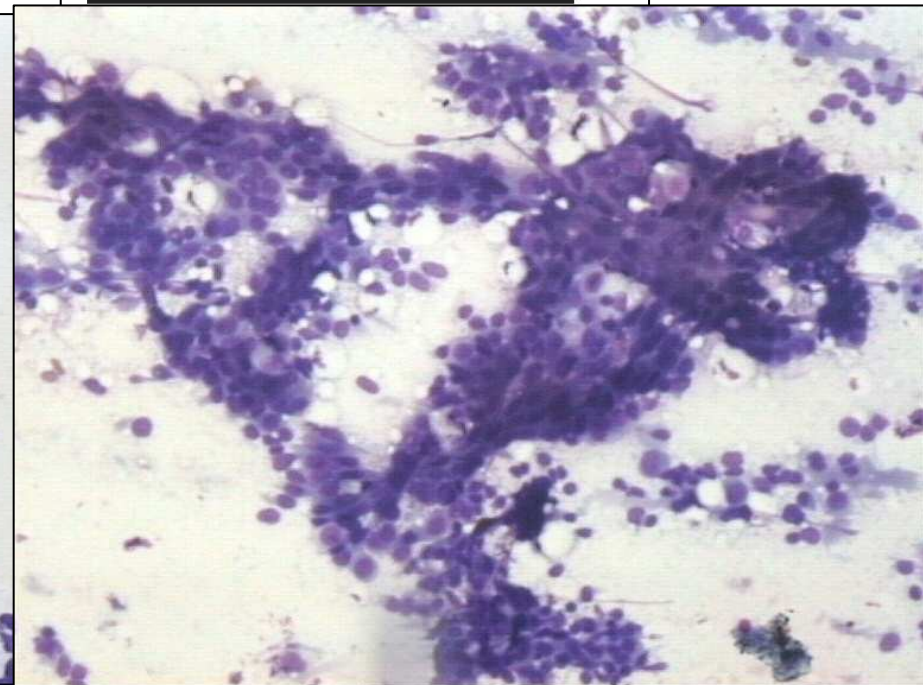
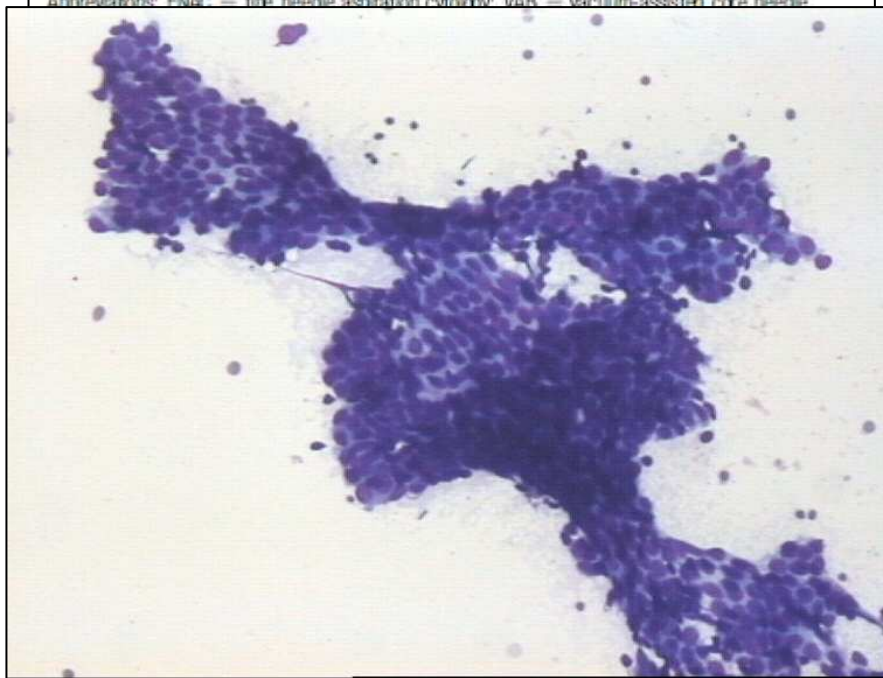
Result	FNAC, %	VAB, %
True Positive	96.6	99.0
True Negative	83.3	100.0
False Positive	16.7	0.0
False Negative	3.4	1.0

Abbreviations: FNAC — fine needle aspiration cytology; VAB — vacuum-assisted core needle

Palpable lesions

Table 2. Sensitivity and Specificity of FNA

Fine-Needle Aspiration Cytology			
Pathology	Negative Benign-Indeterminate	Positive Suspicious ~ Malignant	Total
Malignant	22	138	160
Benign	218	4	222
Total	240	142	382



error most often involving a **fibroadenoma or hyperplastic lesions**

Eventi sentinella – lesioni benigne

20

SU



3

B5

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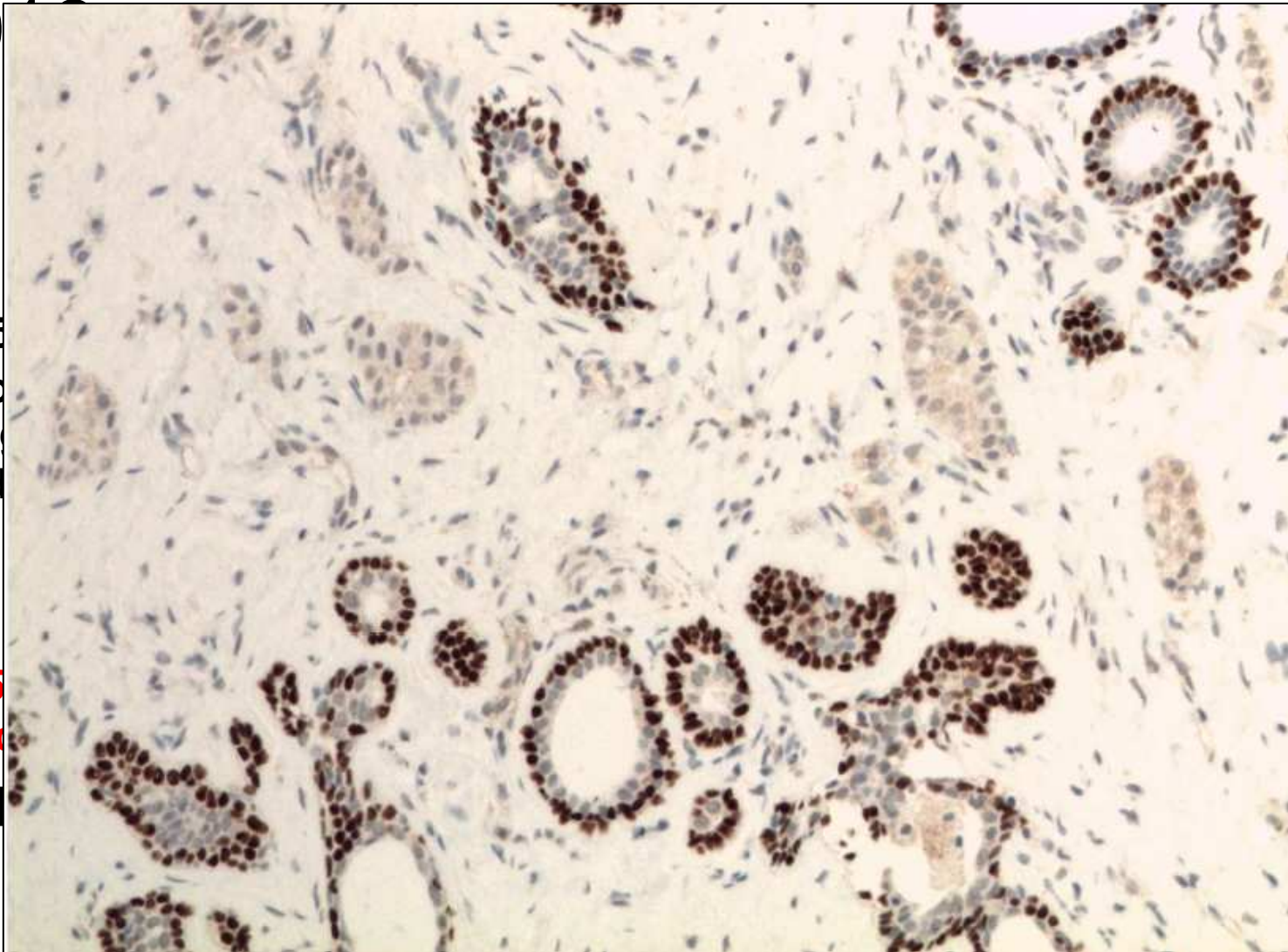
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Eventi sentinella – lesioni benigne 2013

su **234** casi **benigni** (all'istologico definitivo)

3 casi erano stati diagnosticati **B5**

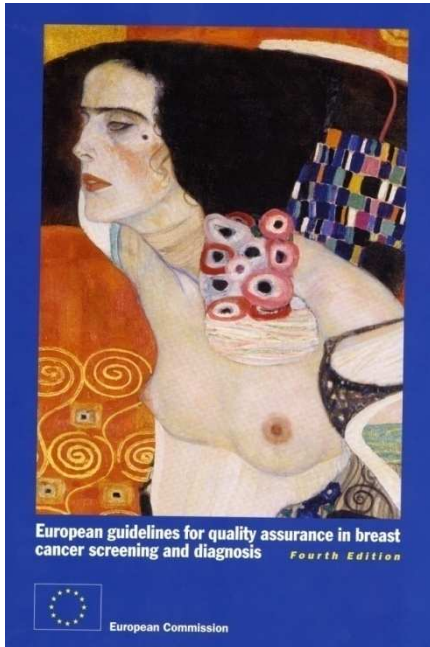
2 casi erano stati diagnosticati **C5**

 **25** casi erano stati diagnosticati **B4/C4** (lesioni iperplastiche)

7 casi erano stati diagnosticati **R5**

per un totale di **37** casi (15,8%)

11 lesioni benigne hanno avuto **LS**

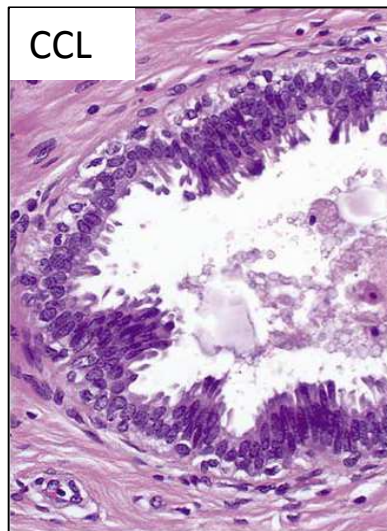


Programmi di screening



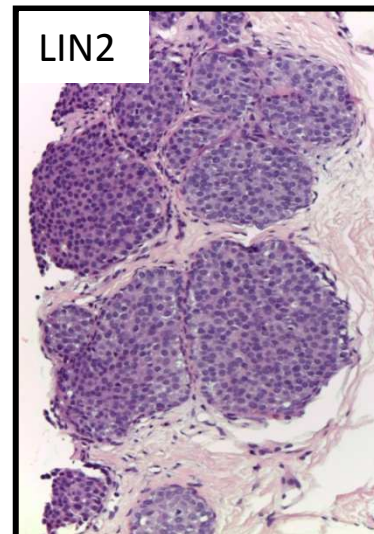
Aumento delle lesioni non palpabili/ iperplastiche

CCL, ADH,
cannot be accurately diagnosed with cytology alone



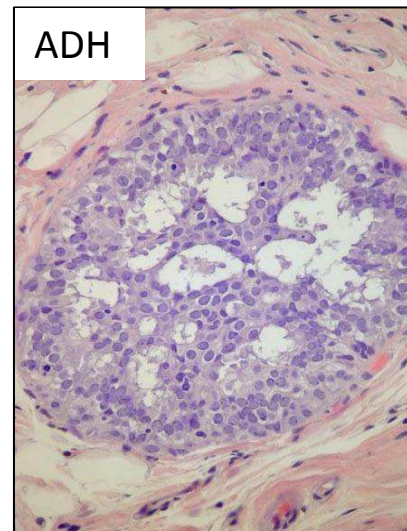
FOLLOW UP

Virchow Arch 2012
Breast Cancer 2014
Cancer Sci. 2012



FOLLOW UP/SURGERY

Histopathology 2013
Eur J Surg Oncol. 2014
Eur J Gynaecol Oncol. 2014



SURGERY

POSSIBILI SOLUZIONI/RIFLESSIONI

SPECIALISTI (PATOLOGI/RADIOLOGI) DEDICATI

FORMAZIONE/GIPaM

SECOND OPINION SOPRATTUTTO IN CASI DUBBI

UTILIZZO DI COLORAZIONI IMMUNOISTOCHIMICHE

MULTIDISCIPLINARIETA'



GRAZIE PER L'ATTENZIONE

GRAZIE IN PARTICOLARE AD

ANTONIO PONTI

MARIANO TOMATIS

DENISE CASELLA