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Un key article per un anatomico patologo
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Benign breast papillary lesions diagnosed on core biopsy: upgrade rate and risk factors associated with malignancy on surgical excision

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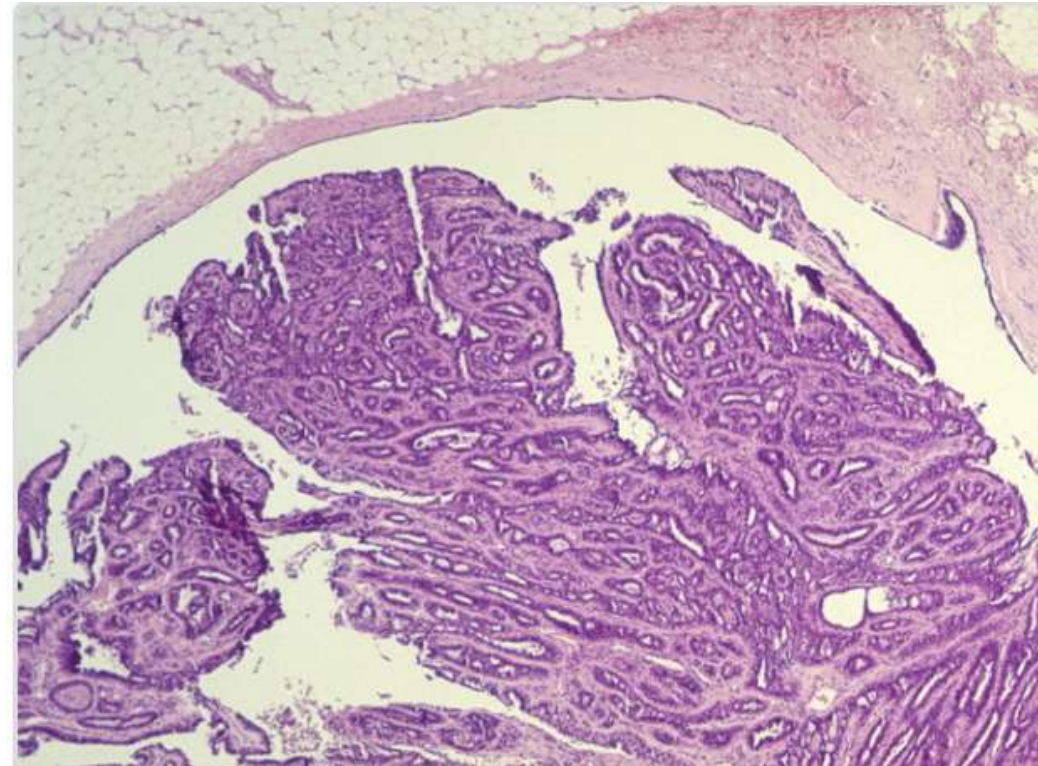
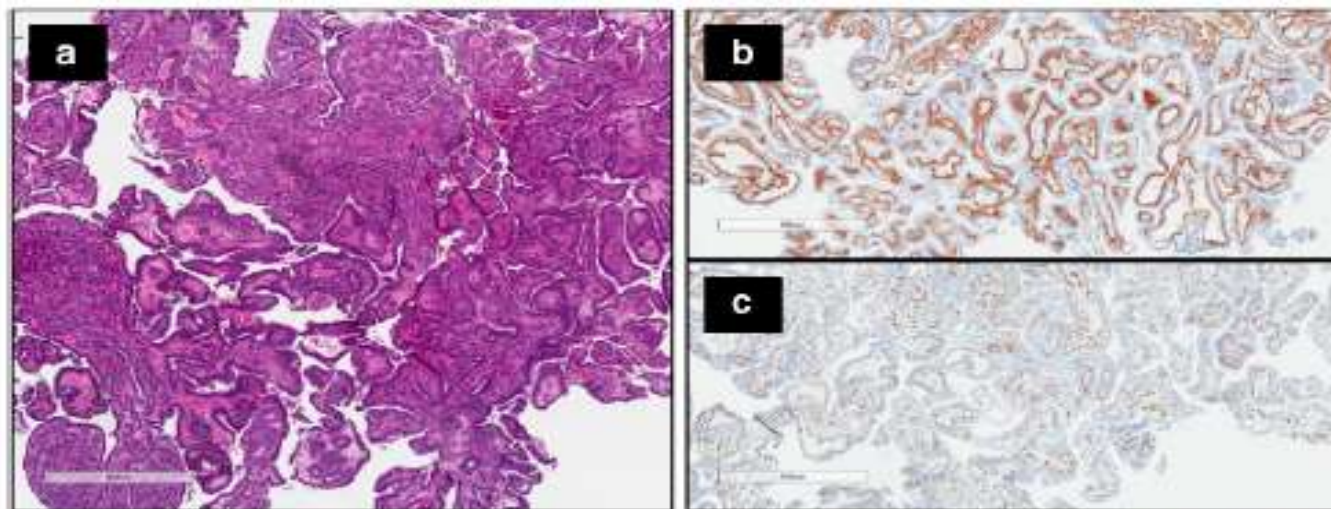
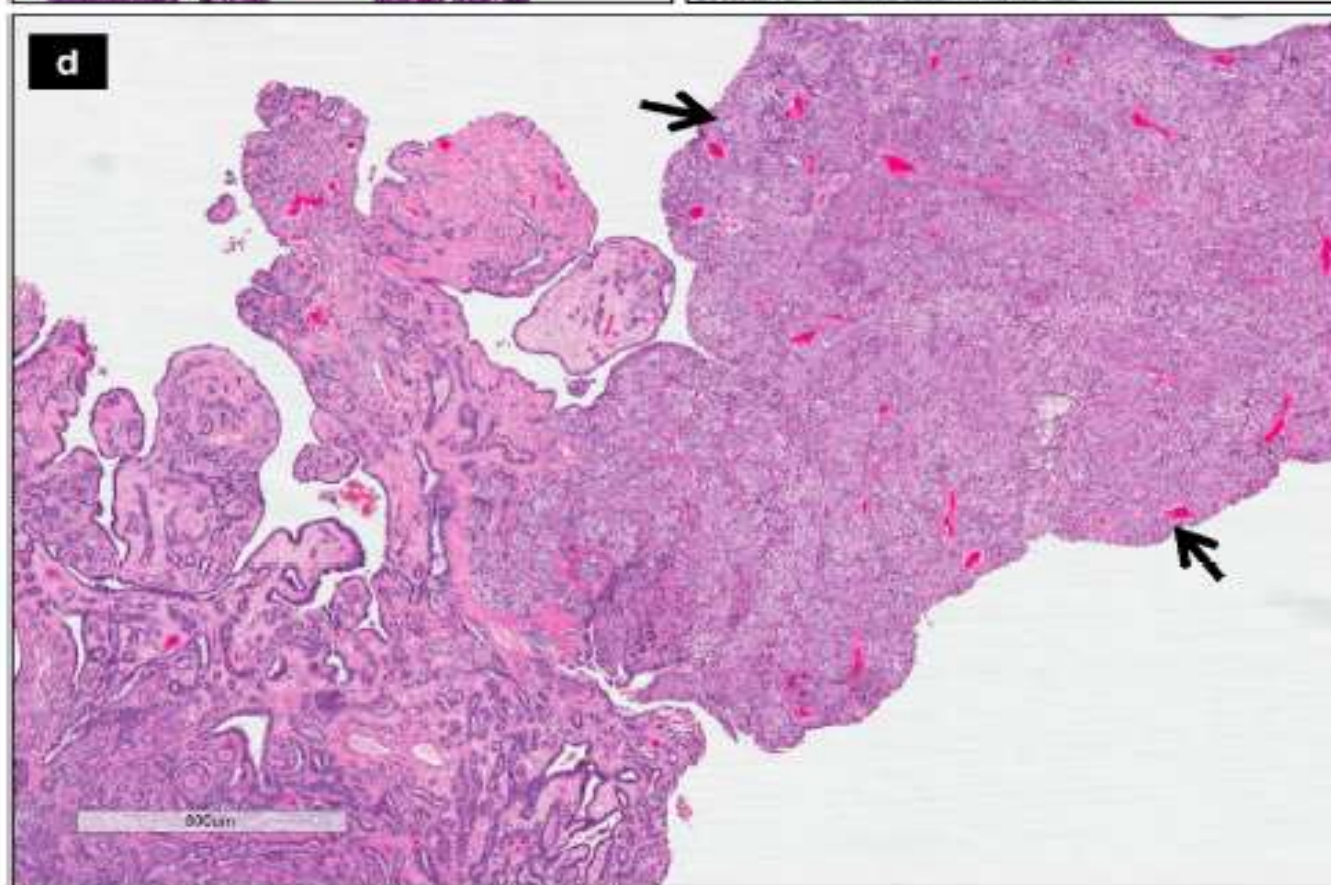


Table 1 Review of the recent literature—upgrade rate and management recommendations for patients diagnosed with intraductal papilloma on breast core biopsy

Paper	Year	Patients, <i>n</i>	Upgrade to malignancy, <i>n</i> (%)	Management recommendation
Leithner et al. [3]	2018	62	10 (16)	Observation alone might not be appropriate; particularly for patients with peripheral papillomas
Foley et al. [4]	2015	188	27 (14)	Excision is recommended due to potential for upgrade; there is a role for prospective observational trials in women younger than 35
Bianchi et al. [5]	2015	68	9 (13)	Further assessment by surgical or vacuum-assisted excision
Seely et al. [6]	2017	47	4 (9)	N/A
Ko et al. [7]	2017	135	9 (7)	Close follow-up with ultrasound for patients with lesions 1.0 cm or less
Armes et al. [8]	2017	67	4 (6)	Refer for multidisciplinary review before surveillance is recommended; particularly low-risk patients include those with incidental papillary lesions adjacent to another benign lesion
Hong et al. [9]	2016	234	14 (6)	Close observation in women less than 55 years of age and with mass size 1.0 cm or less
Moon et al. [10]	2016	44	0 (0)	Uniform surgical excision is not a reasonable management strategy



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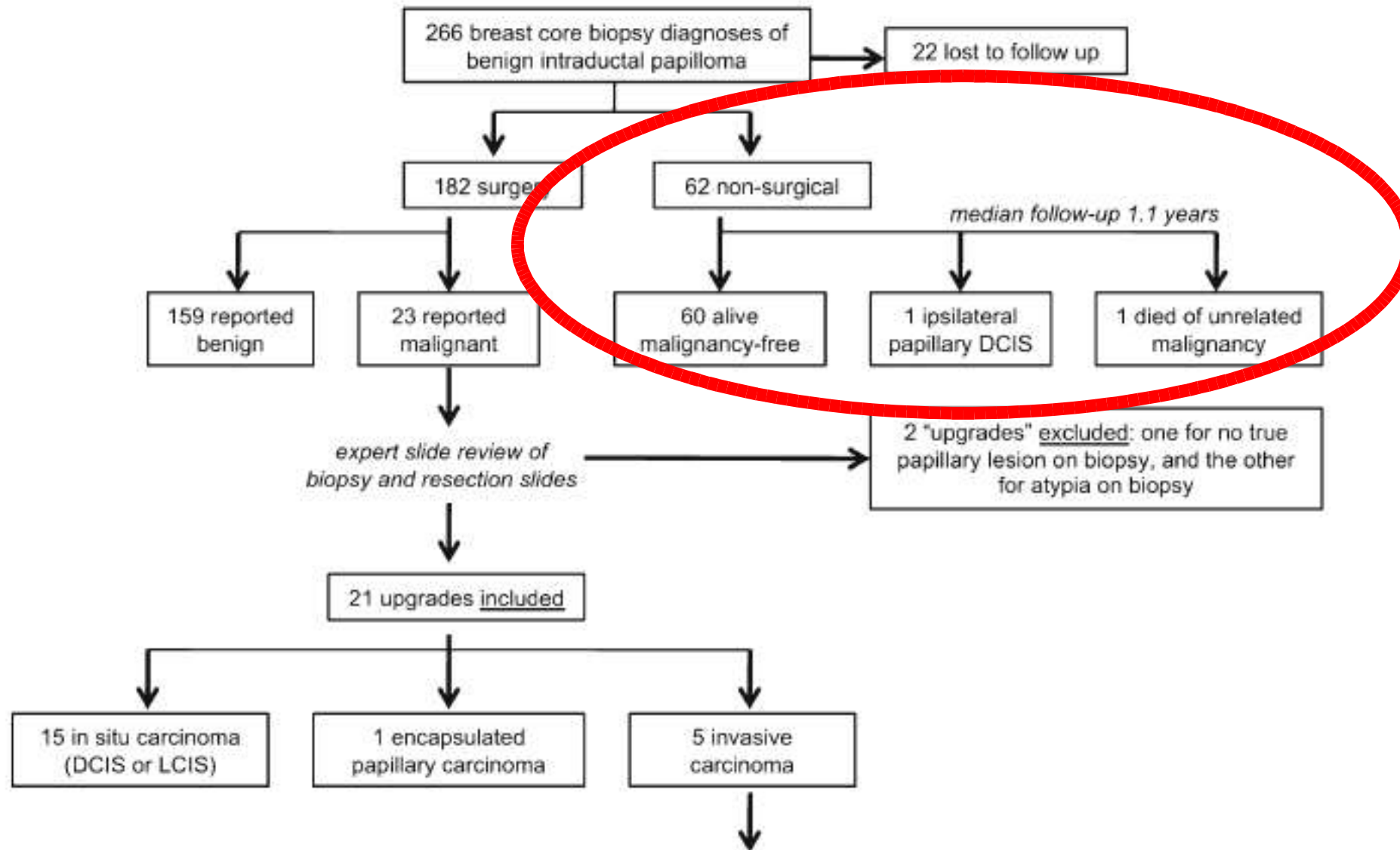
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Table 2 Clinical, radiologic, and histologic baseline characteristics

Feature	Non-surgical or lost to follow-up (<i>n</i> = 84)	Final diagnosis on surgical excision		<i>p</i> value*
		Benign (<i>n</i> = 159)	Malignant (<i>n</i> = 21)	
Age (years), median	58	55	64	< 0.01
BIRADS, <i>n</i> (%)				
3	13 (15)	43 (27)	0	
4	69 (82)	105 (66)	16 (76)	< 0.01
5	1 (1)	3 (2)	4 (19)	
Missing	1 (1)	8 (5)	1 (5)	
Radiographic abnormality, <i>n</i> (%)				
Mass with calcifications	2 (2)	7 (4)	4 (20)	
Mass without calcifications	60 (71)	126 (79)	13 (62)	0.03
Other**	22 (26)	26 (17)	4 (19)	
Lesion size (cm), <i>n</i> (%)				
≤ 0.5 cm	14 (17)	20 (13)	1 (5)	
> 0.5 cm	48 (57)	113 (71)	16 (76)	
No mass	22 (26)	26 (16)	4 (19)	
Lesion size (cm), median	0.9	0.9	1.1	
Radiologic-pathologic correlation, <i>n</i> (%)				
Concordant	33 (39)	100 (63)	13 (62)	
Discordant	0	0	0	
Unknown	51 (61)	59 (37)	8 (38)	
Myoepithelial IHC on biopsy, <i>n</i> (%)				
Yes	33 (39)	82 (52)	7 (33)	
No	51 (61)	77 (48)	14 (67)	



In conclusion, within our patient population, the upgrade rate from benign papilloma on core biopsy to malignancy on excision is 12%; however, routine surgical excision is not recommended. Risk factors associated with malignancy are advanced patient age and high BIRADS score. Among patients with radiologically identified lesions, higher risk was associated with size greater than 0.5 cm and radiologically identified calcifications. Younger women with biopsies targeting non-mass abnormalities and low BIRADS may benefit from clinical and imaging follow-up alone. Accurate risk stratification will spare low-risk women unnecessary surgery and increase operating room availability for women with more aggressive disease.