## Guidance on the management of B3 lesions

<table>
<thead>
<tr>
<th>Lesion diagnosed on 14g or vacuum-assisted biopsy (VAB)</th>
<th>Risk of upgrade</th>
<th>Recommended investigation</th>
<th>Suggested approach for follow-up if no malignancy on VAE – awaiting further evidence review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atypical intraductal epithelial proliferation (AIDEP)</td>
<td>18-87% with 14g; pooled value 21% after VAB</td>
<td>Excise/sample thoroughly with VAE, in general equivalent to approx. 4g (12 x 7g cores). If larger area of microcalcification, consider sampling more than one area. Consider histological diagnosis in light of all biopsies.</td>
<td>Surveillance Mammography. [The optimal frequency and length of surveillance mammography for these lesions is unclear and awaits further guidance. At present many units are undertaking annual mammography for 5 years.]</td>
</tr>
<tr>
<td>Classical (not pleomorphic) lobular neoplasia</td>
<td>Pooled value 27%</td>
<td>Excise/sample thoroughly with VAE, in general equivalent to approx. 4g (12 x 7g cores), even if lesion thought to be co- incidental.</td>
<td></td>
</tr>
<tr>
<td>Flat epithelial atypia</td>
<td>13-21% (in pure form); may co-exist with AIDEP +/- LN and risk then higher</td>
<td>Excise/sample thoroughly with VAE, in general equivalent to approx. 4g (12 x 7g cores). If larger area of microcalcification consider sampling more than one area.</td>
<td></td>
</tr>
<tr>
<td>Radial scar with epithelial atypia</td>
<td>36%</td>
<td>Excise/sample thoroughly with VAE, in general equivalent to approx. 4g (12 x 7g cores).</td>
<td></td>
</tr>
<tr>
<td>Papillary lesion with epithelial atypia</td>
<td>36%</td>
<td>Surgical diagnostic excision (because of need to microscopically measure the atypical area for diagnosis)</td>
<td></td>
</tr>
<tr>
<td>Mucocoele-like lesion with epithelial atypia</td>
<td>21%</td>
<td>Excise/sample thoroughly with VAE, in general equivalent to approx. 4g (12 x 7g cores).</td>
<td></td>
</tr>
<tr>
<td>Radial scar or papillary lesion without epithelial atypia</td>
<td>&lt;10%</td>
<td>Excise/sample thoroughly with VAE, in general equivalent to approx. 4g (12 x 7g cores).</td>
<td>Return to NHSBSP. These lesions are not known to be associated with long-term risk of development of carcinoma.</td>
</tr>
<tr>
<td>Cellular fibroepithelial lesion</td>
<td>37% (range 16-76%) phyllodes tumours, but rarely (&lt;2%) malignant</td>
<td>Surgical excision</td>
<td></td>
</tr>
<tr>
<td>Mucocoele-like lesion without epithelial atypia</td>
<td>&lt;5%</td>
<td>Excise/sample thoroughly with VAE, in general equivalent to approx. 4g (12 x 7g cores).</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous others such as some spindled cell lesions, microglandular adenosis, adeno-myoepithelioma</td>
<td>Depends on lesion</td>
<td>Diagnostic surgical excision</td>
<td></td>
</tr>
</tbody>
</table>
Figure 1  Assessment process

Screening (including High Risk) → NORMAL/BENIGN → Routine screening

ABNORMAL → Recall for assessment → Assessment → Needle biopsy → Multidisciplinary team meeting → Routine screening

Short-term recall *(Exceptional outcome)

Refer for treatment

Short-term recall *(Exceptional outcome)
Clinical examination +/- further imaging

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**NORMAL**

- Repeat needle biopsy/VACB if result is equivocal
- Normal or definitively benign result

**ABNORMAL**

- Needle biopsy +/- marker (clip)
- Multidisciplinary team meeting
- Significant abnormality

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**Refer for treatment**

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**Routine screening**
Clinical guidance for breast cancer screening assessment

Figure 3  Assessment of breast masses

- **Mass**
  - Ultrasound +/- further mammographic imaging and clinical examination
    - **Cyst**
      - Aspiration
        - Residual abnormality
          - Needle biopsy +/- marker (clip)
            - Multidisciplinary team meeting
              - Significant abnormality
                - Refer for treatment
              - Repeat needle biopsy/VACB if result is equivocal
                - Normal or definitively benign result
      - No residual abnormality
        - Routine screening
            - **NORMAL**

- **Solid mass/complex cyst confirmed**
Figure 4 Architectural distortion

Architectural distortion

Further mammographic imaging, ultrasound, clinical examination

NORMAL

Routine screening

ABNORMAL

Needle core biopsy or VACB +/- marker (clip)

Multidisciplinary team meeting

No epithelial atypia

VACB excision +/- marker

Epithelial atypia on VACB histology

Consider VACB or diagnostic surgical biopsy B3 guidelines Appendix 2

Malignant

Refer for treatment
Figure 5  Asymmetric density

Asymmetric density

Further mammographic imaging, ultrasound and clinical examination

NORMAL

Routine screening

Abnormal and/or visible on ultrasound

Needle biopsy +/- marker (clip)

Multidisciplinary team meeting

Normal or definitively benign result

Repeat needle biopsy/VACB or surgical biopsy if result is equivocal

Malignant

Refer for treatment
Figure 6  Microcalcifications

Clinical examination and consider ultrasound

Needle core biopsy with specimen radiography +/- marker (clip) insertion

Multidisciplinary team meeting

Malignant

Refer for treatment

Repeat needle biopsy/VACB +/- marker (clip) or surgical biopsy if result is equivocal or non-diagnostic B3 guidelines Appendix 2

Definitively benign result

Uncertain or suspicious

Clinical examination and consider ultrasound

Further imaging

Definitively benign

Routine screening