

Women respond differently to a call that they have had an abnormal mammogram and may need a breast biopsy. An explanation about the procedure and potential outcome can ease this stressful situation. Patients benefit from a pre-biopsy consult with a specialist to evaluate the abnormality and to determine the need for a biopsy. It is my goal to prepare and support your patients through this process. Knowledge is priceless.

Sandy Schwark, RN, BSN

What is atypical hyperplasia?

Hyperplasia is the first type of abnormality in a cell’s appearance. It means that there are more cells than you would expect to see in a walls of the ducts or lobules, but that all of these cells appear normal. A diagnosis of hyperplasia does not put one at an increased risk for developing breast cancer.

Atypia means that the cells look different from normal cells, but that they don’t have all the features of cancer cells. You can have atypia with hyperplasia, which means that the cells

look different from normal and that there are more cells than you would expect to see. You can also have atypia without having hyperplasia.

The terms *ductal* and *lobular* indicate where the cells originated. *Ductal* means that the unusual cells are in the ducts, the passages that the milk travels through to get to the nipple. *Lobular* means that the unusual cells are in the lobules, the parts of the breast capable of making milk. Atypia and hyperplasia are thought to be reversible, although it isn’t clear what can nudge them back to normal.

How is it treated?

If atypical hyperplasia is diagnosed on a core biopsy, the best practice would be to have an excisional biopsy (sometimes this is a wire localization excision) to look at the surrounding tissue and make sure this is not just the “tip of the iceberg”. If it was diagnosed on the basis of an excisional biopsy, one should get more details about the size and severity of what was seen.

The standard treatment for atypical hyperplasia is close follow-up. In many ways, a diagnosis of atypical hyperplasia is similar to getting an abnormal Pap smear that is not cancerous; both need to be monitored. Monitoring is especially important if you have a strong family history of breast cancer. This means clinical breast exams every six months, yearly mammograms, and possibly genetic testing.

More controversial is the question of Tamoxifen for five years to reduce one’s risk of developing breast cancer. Tamoxifen is a type of hormone therapy routinely used to treat women with breast cancer whose tumors are hormone-sensitive. It is currently the only drug approved for breast cancer risk reduction.

**SUMMARY OF MEDICARE CRITERIA FOR HEREDITARY CANCER GENETIC TESTING (eff. 11/01/07)
HEREDITARY BREAST AND OVARIAN CANCER SYNDROME**

BRCA1 and BRCA2 testing covered when:

| PERSONAL HISTORY of Breast Cancer (Invasive & DCIS) | FAMILY HISTORY (must meet at least 1) |
|--|---|
| Diagnosed ≤ 40 years of age | <ul style="list-style-type: none"> ■ no further family history needed |
| Diagnosed ≤ 50 years of age or two breast primaries | <ul style="list-style-type: none"> ■ ≥ 1 relative w/breast cancer < 50 years of age ■ ≥ 1 relative w/ovarian cancer |
| Diagnosed any age | <ul style="list-style-type: none"> ■ ≥ 2 relatives w/ovarian cancer at any age ■ ≥ 2 relatives w/breast cancer ■ male relative w/breast cancer ■ personal history if ovarian cancer ■ Ashkenazi Jewish ancestry ■ 1st or 2nd degree relative w/known gene mutation |
| PERSONAL HISTORY of Ovarian Cancer | FAMILY HISTORY (must meet at least 1) |
| Diagnosed any age | <ul style="list-style-type: none"> ■ ≥ 1 relative w/ovarian cancer ■ ≥ 1 female relative w/breast cancer ≤ 50 yrs.of age or two breast primaries type ■ ≥ 2 relatives w/breast cancer any age ■ ≥ 1 male relative w/breast cancer ■ Ashkenazi Jewish ancestry (Multisite 3 testing) ■ 1st or 2nd degree relative w/known mutation |
| PERSONAL HISTORY of Male Breast Cancer | FAMILY HISTORY (must meet at least 1) |
| Diagnosed any age | <ul style="list-style-type: none"> ■ ≥ 1 male relative w/breast cancer ■ ≥ 1 relative w/breast or ovarian cancer ■ Ashkenazi Jewish ancestry (Multisite 3 testing) ■ 1st or 2nd degree relative w/known mutation |