



Lesions of Uncertain Malignant Potential (B3)



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Objectives

- HOW TO DIAGNOSE B3
- HOW TO MANAGE B3

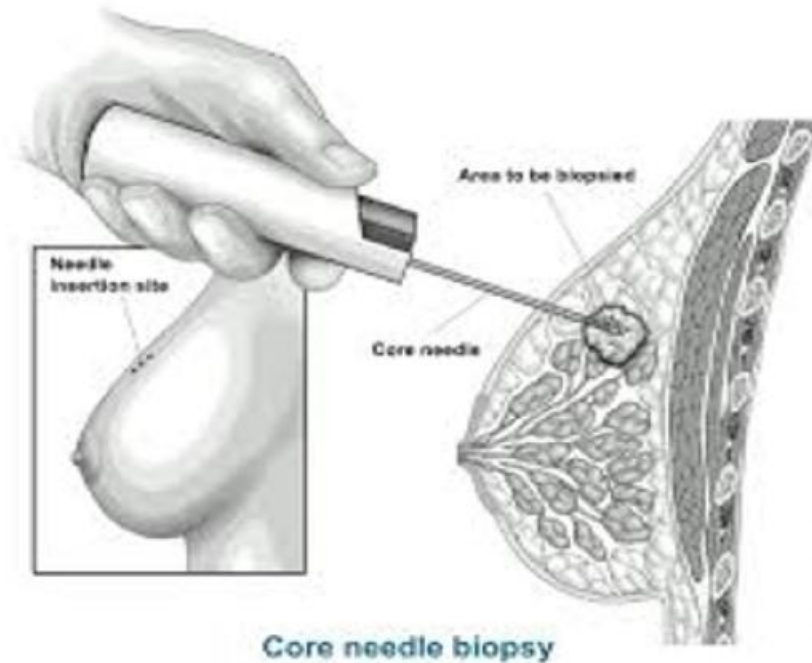




Case

- A 40 years young lady came to OPD with lump in left breast since 4 months , FNA taken which shows Atypical cells .

What should I do ?





B_Classification*

B1 = unsatisfactory / normal tissue only

B2 = benign lesion

B3 = lesion of uncertain malignant potential

B4 = suspicion of malignancy

B5 = malignant

B5a = non-invasive

B5b = invasive

B5c = in-situ/invasion not assessable

B5d = non epithelial, metastatic



* National Coordinating Group for Breast Screening Pathology (NHSBSP), E.C.
Working Group on Breast Screening Pathology, S3-Lietnienien



B3 Lesions

❖ Lesions with risk of associated DCIS or invasive Ca:

- Atypical ductal hyperplasia (ADH)
- Lobular neoplasia (ALH, LCIS)
- Flat epithelial atypia (FEA)
- Phyllodes tumor
- cellular fibroadenoma
- Papilloma
- Radial scar/complex sclerosing lesion

**Why its
important
MALIGNENCY :
8-30 %**



Management :



discuss in Interdisciplinary conference([Tumor board](#))





Management of ADH

- ADH in core/vacuum-assisted biopsy:

1. Open excisional biopsy

2. ADH at margins in resection specimen:

no further surgery, follow up

if Carcinoma then stage and manage





Management of LN

LN in core biopsy: 1. **Open excisional biopsy**

2. **LN at margins in resection specimen:**

no further surgery, follow up

if Carcinoma then stage and manage





Flat Epithelial Atypia (FEA)

- Synonyms: Columnar cell hyperplasia with atypia, columnar cell metaplasia with atypia

FEA in core biopsy:

open excisional biopsy

**FEA in resection margin no further surgery, follow up
if Carcinoma then stage and manage**





Review B3

- **Atypical ductal hyperplasia (ADH)**
- **Lobular neoplasia (ALH, LCIS)**
- **Flat epithelial atypia (FEA)**
- **Phyllodes tumor**
- **cellular fibroadenoma**
- **Papilloma**
- **Radial scar/complex sclerosing lesion**





TAKE HOME MESSAGE

Always take excisional biopsy in case of B3 lesions



