

Is triple assessment of a breast lump always required or can we safely avoid core biopsies in the under 30's with benign imaging?

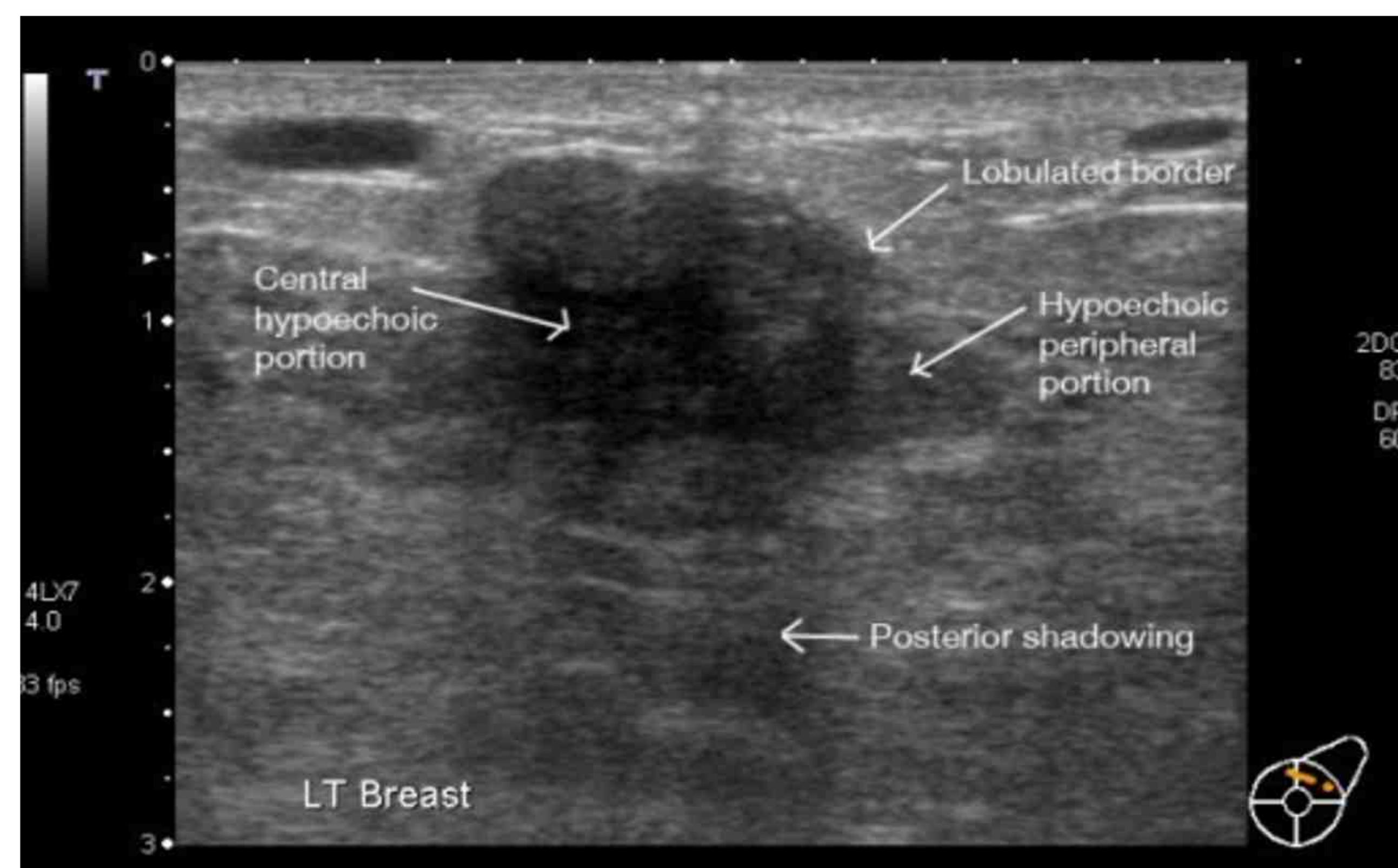
*Louise Merker, Jennifer Warner, Georgina Devenish and Diana Dalgliesh,
Royal United Hospitals*

Introduction: **Core biopsy** is part of **triple assessment**. It allows for **histological diagnosis** leading to patient reassurance or malignant diagnosis, and **guides further treatment**. Complications are rare but it requires additional time in increasingly busy clinics. **Malignancy is less likely to occur in younger patients**.
Our aim was to review this demographic to see if we could safely rely on benign imaging alone, thereby **avoiding an unnecessary invasive procedure**.

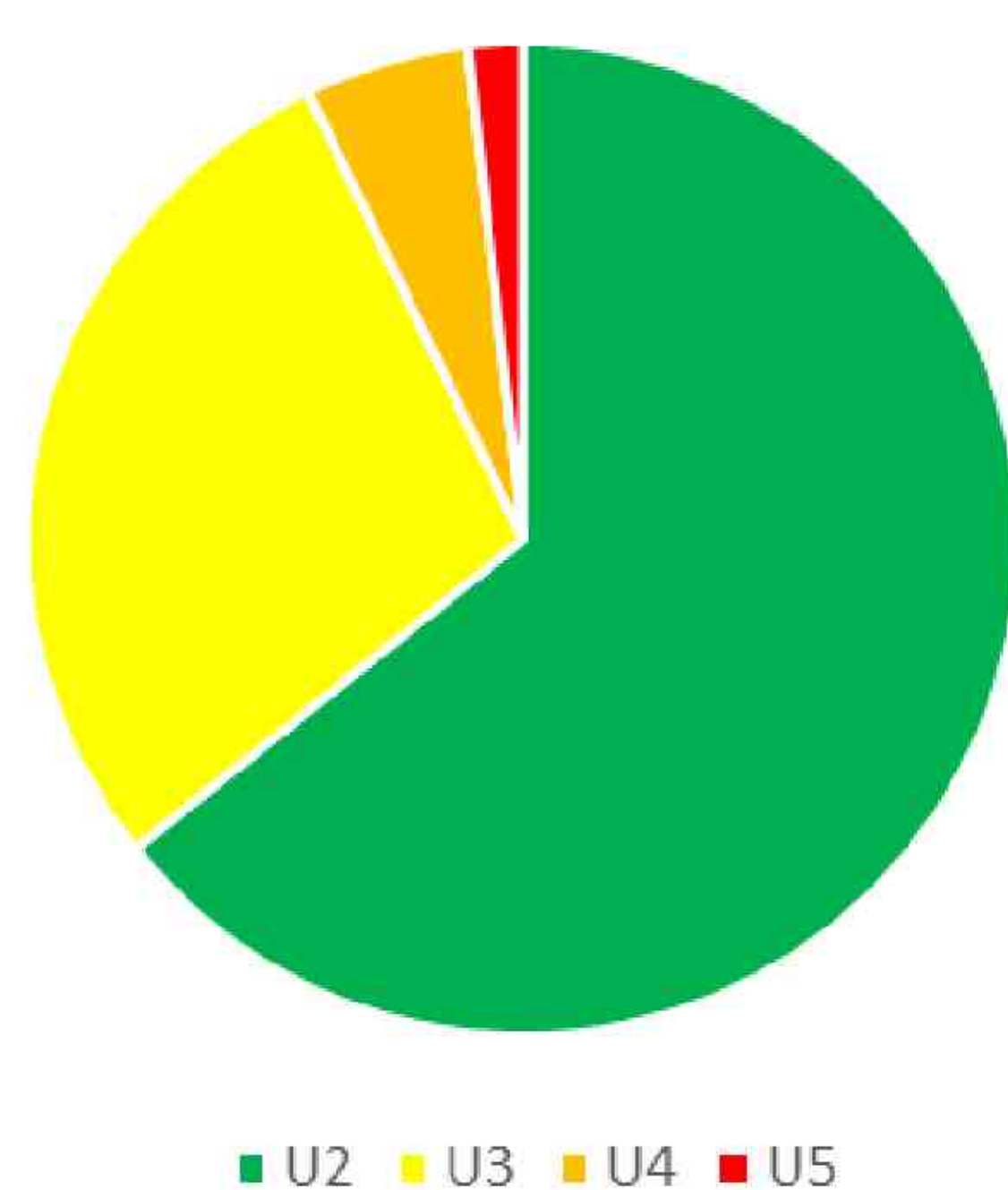
Method: Patients aged **25 – 30 years** who **underwent a breast or axillary core biopsy** in an 18-month period (**Jan 1st 2017 – June 30th 2018**) were included.
Imaging was reviewed regarding radiological grading, specific ultrasound features and histological outcomes.
Data was then **compared to a 10-year review** of all patients aged 25 – 30 years who had been **diagnosed with breast cancer**.

Results: 56 patients underwent biopsy. **66% represented fibroadenomas**.
3 were malignant and **all had U4/U5 imaging**.
A single other case had U4 imaging but benign biopsy, which was felt to have been over called on retrospective imaging review.

Within the **10-year review 19 patients** in this age group had been diagnosed with a malignancy.



US Classification



Conclusion: **0.5% of all breast cancers** diagnosed in our department in the last 10 years were **in the 25 – 30 year group**.

If we had changed our local protocol to **biopsy only U3 or above** we would have captured all malignant lesions and **safely prevented** over two-thirds of **unnecessary benign biopsies**.

This carries **significant time saving** and **cost saving** benefits.