

OVERVIEW

Premalignant Lesions of the Breast

In this session the histological, clinical, and epidemiological features of proliferative lesions of the breast are presented. Dr. Roy Jensen describes the criteria of Dupont and Page for making the diagnosis of proliferative breast lesions. Dupont and Page used their criteria in a long-term retrospective follow-up study of over 3,000 women, from which they were able to assign a level of risk for breast cancer to three diagnostic categories: proliferative disease without atypia (relative risk (RR) of 1.5–2.0), atypical ductal or lobular hyperplasia (RR of 4.0–5.0), and ductal or lobular carcinoma *in situ* (DCIS, LCIS) (RR of 8.0–10.0). Dr. James Connolly describes two large follow-up studies that confirm the correlation between the diagnostic criteria of Dupont and Page and the relative risk of breast cancer. Dr. Connolly comments on the apparent inconsistency between the fact that the cancer risk of DCIS refers specifically to the site of the index lesion, but the increased risk of atypical ductal hyperplasia refers equally well to both breasts, even though atypical ductal hyperplasia is morphologically similar to DCIS, but of lesser extent. Dr. Frank Gump, in his review of the diagnosis and treatment of LCIS, emphasizes that "the small round cells with pale cytoplasm are not the enemy," but

merely a risk marker for breast cancer elsewhere in either breast, making re-excision of the biopsy site and the concept of clear margins irrelevant. Dr. Michael Lagios presents a system for grading DCIS based on the nuclear grade and the presence or absence of necrosis, as opposed to the conventional pathological classification based largely on histological architecture. Using his grading system, the level of risk of local recurrence after lumpectomy alone at 108 months of follow-up was 30.5% in the high grade DCIS group, 10% in the intermediate grade group, and 0% in low grade group. It appears that one option for the use of chemopreventive drugs in breast neoplasia would be the administration of proliferation-suppressing agents to prevent recurrence following lumpectomy.

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