Diagnosis and management of specific breast abnormalities
Agency for Healthcare Research and Quality

Record Status
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Citation

Authors' objectives
Over 170,000 women are diagnosed with breast cancer yearly in the United States, incurring enormous individual and societal costs. The objective of this systematic review is to assess the quantity and quality of published evidence regarding specific current issues of diagnosis and management of women with breast disease.

Authors' conclusions
The best available evidence suggests that breast symptoms are evaluated initially by clinical breast exam and imaging study, with supplemental studies when the diagnosis is unclear. There is no evidence to support modifying the work-up of breast symptoms or mammographic abnormalities based on risk factors other than age. Strong evidence supports the necessity of performing excisional biopsy following stereotactic core needle biopsy (SCBX) diagnosis of atypical ductal hyperplasias (ADHs), as excisional biopsy often leads to a change in diagnosis. Preliminary evidence strongly suggests that Tamoxifen therapy markedly decreases the incidence of cancer following a diagnosis of lobular carcinoma in situ (LCIS) or atypical hyperplasia (AH), but it is associated with increased risk of endometrial cancer, thromboembolic disease, and other complications. While studies to date strongly suggest that sentinel node biopsy is successful in most breast cancer patients, long-term cancer outcomes and survival data are required before sentinel node biopsy could be considered the standard of care.

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