European Journal of Obstetrics & Gynecology and Reproductive Biology 200 (2016) 16–23

Contents lists available at ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb

Review

Clinical practice guidelines from the French College of Gynecologists and Obstetricians (CNGOF): benign breast tumors – short text

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http://dx.doi.org/10.1016/j.ejogrb.2016.02.017

ARTICLE INFO

Article history:
Received 8 December 2015
Accepted 11 February 2016

Keywords:
Benign breast tumor
Mammogram
Ultrasound
Pathological examination
BI-RADS classification

ABSTRACT

Screening with breast ultrasound in combination with mammography is needed to investigate a clinical breast mass (Grade B), colored single-pore breast nipple discharge (Grade C), or mastitis (Grade C). The BI-RADS system is recommended for describing and classifying abnormal breast imaging findings.

For a breast abscess, a percutaneous biopsy is recommended in the case of a mass or persistent symptoms (Grade C). For mastalgia, when breast imaging is normal, no MRI or breast biopsy is recommended (Grade C). Percutaneous biopsy is recommended for a BI-RADS category 4–5 mass (Grade B). For persistent erythematous nipple or atypical eczema lesions, a nipple biopsy is recommended (Grade C). For distortion and asymmetry, a vacuum core-needle biopsy is recommended due to the risk of underestimation by simple core-needle biopsy (Grade C). For BI-RADS category 4–5 microcalcifications without any ultrasound signal, a minimum 11-G vacuum core-needle biopsy is recommended (Grade B). In the absence of microcalcifications on radiography cores additional samples are recommended (Grade B).

For atypical ductal hyperplasia, atypical lobular hyperplasia, lobular carcinoma in situ, flat epithelial atypia, radial scar and mucocele with atypia, surgical excision is commonly recommended (Grade C). Expectant management is feasible after multidisciplinary consensus. For these lesions, when excision margins are not clear, no new excision is recommended except for LCIS characterized as pleomorphic or with necrosis (Grade C). For grade 1 phyllodes tumor, surgical resection with clear margins is recommended. For grade 2 phyllodes tumor, 10 mm margins are recommended (Grade C). For papillary breast lesions without atypia, complete disappearance of the radiological signal is recommended (Grade C). For papillary breast lesions with atypia, complete surgical excision is recommended (Grade C).

Contents

Introduction

Unlike for breast cancer, data and guidelines for the investigation and management of benign breast disorders are limited. The CNGOF (French College of Gynecologists and Obstetricians) therefore decided to establish clinical practice guidelines for benign breast tumors (BBT). Breast diseases during pregnancy or post partum were not included in these guidelines [1].

Materials and methods

CNGOF appointed a committee tasked with selecting experts, compiling questions and summarizing recommendations. The summary of valid scientific data for each question analyzed by the experts included a level of evidence (LE), based on the quality of the data available and determined using the rating scheme developed by the HAS (French health authority) [2–4]:

- LE1—high-power randomized comparative trials or meta-analyses of randomized comparative trials;
- LE2—low-power randomized trials, well-conducted non-randomized comparative studies and cohort studies;
- LE3—case-control studies; and
- LE4—non-randomized comparative studies with substantial bias, retrospective studies, cross-sectional studies and case series.

The practice guidelines were summarized from the responses provided by the experts, and grades were attributed as follows:

- Grade A: established scientific evidence;
- Grade B: scientific presumption; and
- Grade C: based on a low level of evidence, generally LE3 or LE4.

Recommendations based on professional consensus (absence of conclusive scientific evidence) were reduced to strict minimum.