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Is Excision of Radial Scars Identified on CNB Necessary?

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Is excision of radial scars identified on CNB necessary?

Introduction: Quantifying the risk of upgrade to malignancy with radial scars has been an ongoing challenge, as the published upgrade rate varies widely from 0-40%, making management strategy controversial. The lack of consensus on optimal management highlights the need for further analysis. We sought to identify our institutional upgrade rate of radial scar identified on core needle biopsy (CNB).

Methods: A retrospective review of pathology and radiology databases was performed to identify radial scars found on CNB. We excluded patients with malignancy associated with radial scar and those who did not undergo surgical excision. The upgrade rates to malignancy or other atypia on surgical excision were then evaluated.

Results: We identified 127 patients with radial scar on CNB, of which 75 patients were excluded, leaving 52 patients for analysis. Of these, 4 of 52 (7.7%) patients had an upgrade to malignancy upon excision. Eight patients had additional atypia with radial scar on CNB, two of which upgraded to malignancy on excision. The rate of malignancy upgrade for isolated radial scar was 2 of 44 (4.5%). Of the 44 patients with isolated radial scar, 15 (34%) were found to have additional atypia on excision.

Discussion: Although the upgrade rate to malignancy was only 4.5%, there was a substantial upgrade rate of isolated radial scar to additional atypia which can alter subsequent management. Additionally, 25% of radial scars with atypia upgraded to malignancy. Thus, careful consideration should be given to surgical excision of CNB showing radial scar with and without atypia.