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Should we use the term "borderline breast disease" instead of low grade ductal carcinoma *in-situ* in breast core needle biopsy?

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During the last several years, increased public awareness, advances in breast imaging and enhanced screening programs have led to early breast cancer detection and attention to cancer prevention. The numbers of image-detected biopsies have increased and pathologists are expected to provide more information with smaller tissue samples. These biopsies have resulted in detection of increasing numbers of high-risk proliferative breast disease and *in-situ* cancers. The general hypothesis is that some forms of breast cancers may arise from established forms of ductal carcinoma *in-situ* (DCIS) and atypical ductal hyperplasia (ADH) and possibly from more common forms of ductal hyperplasia. However, this is an oversimplification of a very complex process, given the fact that the majority of breast cancers appears to arise *de-novo* or from a yet unknown precursor lesion. Currently, ADH and DCIS are considered as morphologic risk factors and precursor lesions for breast cancer. However, morphologic distinction between these two entities has remained a real issue that continues to lead to overdiagnoses and overtreatment. Aside from morphologic similarities between ADH and low grade DCIS, biomarker studies and molecular genetic testings have shown that morphologic overlaps are reflected at the molecular levels and raise questions about the validity of separating these two entities. It is hoped that as we better understand the genetic basis of these entities in relation to ultimate patient outcome, the suggested use of the term of "borderline breast disease" can minimize the number of patients who are subjected to overtreatment.

Biography

Shahla Masood is a Persian born Physician, who currently holds the positions of Professor and Chair of the Department of Pathology at University of Florida College of Medicine – Jacksonville and Chief of Pathology and Laboratory Medicine at UF Health Jacksonville. She is also the Director of the Cytopathology and Breast Pathology Fellowship Training Program and Medical Director of UF Health Breast Center. An internationally recognized expert in breast cancer diagnosis and prognosis, she has fostered the concept of an integrated multidisciplinary approach in breast cancer care, research, and education. She is the Founder and Editor-in-Chief of The Breast Journal, the Founder and past President of the "International Society of Breast Pathology," the Director of the "Annual Multidisciplinary Symposium on Breast Disease", and "The Breast Cancer Public Forum". She is heavily involved in the study of minimally invasive procedures such as fine needle aspiration biopsy and ductal lavage in providing diagnostic and prognostic information in high risk and breast cancer patients."

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