Abstract

Use of Cytology to Diagnose Inherited Breast Cancer

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There appears to be no report on the use of
invasive procedures (fine needle aspiration or

core biopsies) in high-risk clinics dedicated to
early diagnosis and treatment of inherited
breast cancer. Such information is required for
various reasons: It is requested by the patient at
genetic counselling, it is a putative capacity
problem at the departments examining the
specimens, and it should be included in
cost/benefit analysis of the total set-up for
health purchasers.

All examinations at the collaborating high-
risk clinics during a defined period were
registered with respect to total number of
clinical/mammographic investigations, use of
cytology/histology (FNA or core biopsies), and
number of prospectively detected cancers.

Numbers of invasive procedures were low,
and a significant proportion of those subjected
to such examinations actually had cancer. The
prevalences in the different clinics were close
to identical. Indications for invasive proce-
dures are well established and lead to similar
use and outcome at the different clinics.

Table 1
Results

	Norway	Manchester	Edinburgh
prevalence of cytology/examination	3.9%	4.2%	7.3%
prevalence of (CIS or cancer)/cytology	16.7%	12.0%	11.3%