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 procedures are well established and lead to similar use and outcome at the different clinics.

<table>
<thead>
<tr>
<th>Table 1 Results</th>
<th>Norwegian</th>
<th>Manchester</th>
<th>Edinburgh</th>
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</thead>
<tbody>
<tr>
<td>Prevalence of cytology/examination</td>
<td>3.9%</td>
<td>4.2%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Prevalence of (CIS or cancer)/cytology</td>
<td>16.7%</td>
<td>12.0%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>
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