

Patient Education Regarding Diagnostic Concordance of Breast Biopsies

The recent study published in JAMA on March 17th, 2015 titled “Diagnostic Concordance Among Pathologists Interpreting Breast Biopsy Specimens” provides a discussion regarding breast biopsy interpretation and has piqued the interest of the media resulting in a variety of reports and responses. As laboratory medical director and a practicing pathologist at Presence St. Mary’s Hospital in Kankakee, IL, I want to provide additional information to reduce unnecessary worry for patients.

As a research endeavor, the study does not reflect the current practice of diagnostic breast pathology which is best done in collaborative settings and not by individual pathologists working in isolation. Pathologists partner with their colleagues to diagnose critical cases. This form of collaborative practice is the norm in pathology groups throughout the country and has been the practice of Consultants In Pathology, SC for decades.

Patients should know that pathologists in medical centers, community and academic settings, all across the country, have steps in place to ensure the quality and accuracy of their diagnoses. It is common practice for pathologists to obtain second opinions in difficult cases such as ductal carcinoma in situ (DCIS) and atypical hyperplasia to avoid both under-interpretation and over-interpretation. Because DCIS and atypical hyperplasia do not represent invasive breast cancer, women have time to make informed decisions about their health, including time to obtain a second opinion. Consultants In Pathology, SC in fact requires all breast core biopsies and first time resection biopsies to be reviewed by at least two pathologists.

Patients can also ask if the laboratory examining their tissue samples is accredited and if their pathologist is board-certified. The Presence St. Mary’s Hospital laboratory is accredited by the College of American Pathologists (CAP) and all the pathologists are board-certified. Like many hospitals, we have multidisciplinary breast conferences to discuss the diagnosis and management of patients with breast disease—another example of the collaborative approach to patient care. Finally, patients can seek resources to help them understand their pathology reports, such as “How To Read Your Pathology Report” provided by CAP at cap.org.

<http://www.cap.org/ShowProperty?nodePath=/UCMCon/Contribution%20Folders/WebContent/pdf/how-to-read-pathology-report.pdf>

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