Atypical Hyperplasia

Definition of Terms:

- **Atypical** — Cells that are not like normal cells (abnormal)
- **Benign** — Not cancerous; no threat to the body
- **Biopsy** — Procedure to remove cells or tissue for study by a pathologist
- **Hyperplasia** — Excessive growth of normal cells in normal tissue
- **Malignant** — Cancerous; a threat to the body
- **Pathologist** — Physician who studies biopsy specimens to determine if disease is present

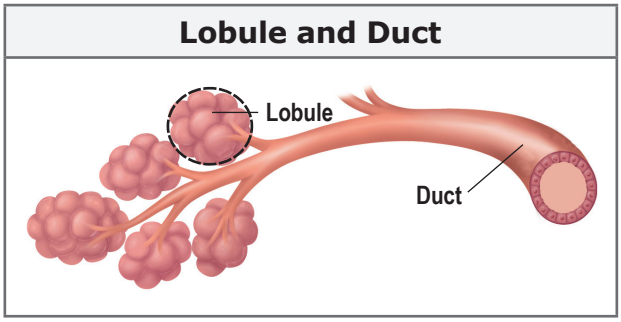
Atypical hyperplasia is a term that describes an abnormal change in the cells that line the ducts (ductal hyperplasia) or lobules (lobular hyperplasia) of the breast. The diagnosis is usually an incidental finding after a biopsy or surgery for another breast condition that requires pathological examination of excised tissue. During the analysis of the specimen, the pathologist finds and identifies atypical hyperplasia.

Atypical hyperplasia describes the excessive growth of cells with abnormal nuclei (which controls future cell reproduction). This change in features of the new cells is **not a malignant (cancerous) change** but a **premalignant (precancerous) change**, which increases the future risk of breast cancer. Some pathologists call this condition a "borderline" change. Thus, the term "atypical" describes the new cellular growth found by the pathologist.

Cancer development is a multi-step progression of changes. The first change is in the number of cells that line the lobules and ducts. Then, it is followed by changes in the normal nuclei of the cell to an abnormal change. The graphic on the following page illustrates the multi-step progression to atypical hyperplasia.

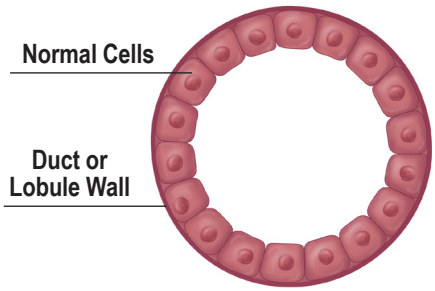
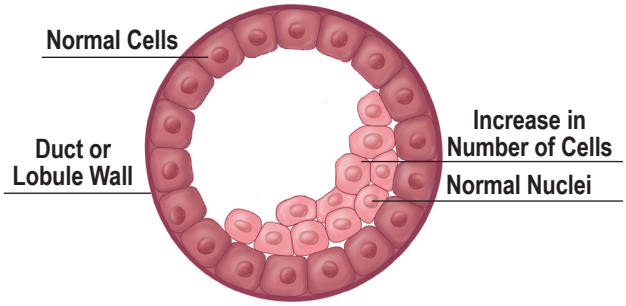
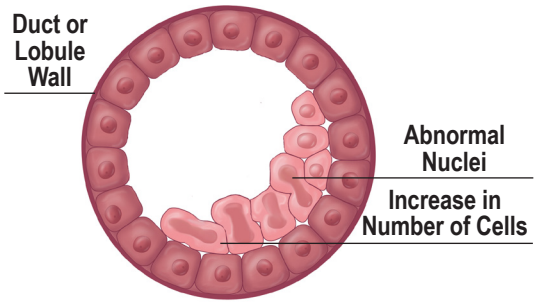
Pathologists further define the abnormality by describing exactly where the change has occurred in the breast:

- Atypical ductal hyperplasia (ADH) is found in the ducts of the breast
- Atypical lobular hyperplasia (ALH) is found in the lobules of the breast



Atypical hyperplasia is **not** cancerous but is considered a **precancerous condition**. Therefore, patients diagnosed with hyperplasia are at a higher risk for developing breast cancer during their lifetime. Current estimates are a 30% increase in the risk of developing breast cancer over 25 years.

If atypical hyperplasia was found after a core biopsy, your healthcare provider may recommend surgical excision to rule out cancer in the area surrounding the biopsy.

Multi-Step Progression to Atypical Hyperplasia		
Step 1: Normal Duct or Lobule		One or two layers of cells in an orderly arrangement.
Step 2: Hyperplasia		Cells increase in number but are like the original cell with a normal shaped nuclei (core of cell that directs growth).
Step 3: Atypical Hyperplasia		Cells increase in number and have an abnormal shaped nuclei.

Surveillance After a Hyperplasia Diagnosis

If you are diagnosed with atypical hyperplasia, your healthcare provider will discuss your future surveillance plan with you. Surveillance recommendations will be based on your age, family history and the hormone receptors identified by the pathologist. More frequent clinical exams and imaging procedures may be recommended. Hormonal therapy such as tamoxifen or an aromatase inhibitor may also be recommended to reduce your breast cancer risk if your biopsy was identified as positive for estrogen receptors.