

Atypical Ductal Hyperplasia or Atypia

Atypical ductal hyperplasia (ADH) or Atypia occurs when there is an overgrowth of cells that line the breast ducts; the cells look abnormal when examined microscopically through biopsy.

Although ADH is not cancer, it is a marker for women who may be at an increased risk for developing cancer in the future. If you have a needle biopsy that shows atypical ductal hyperplasia, surgical excision is recommended. There is a 20-25% chance of finding cancer upon surgical excision.

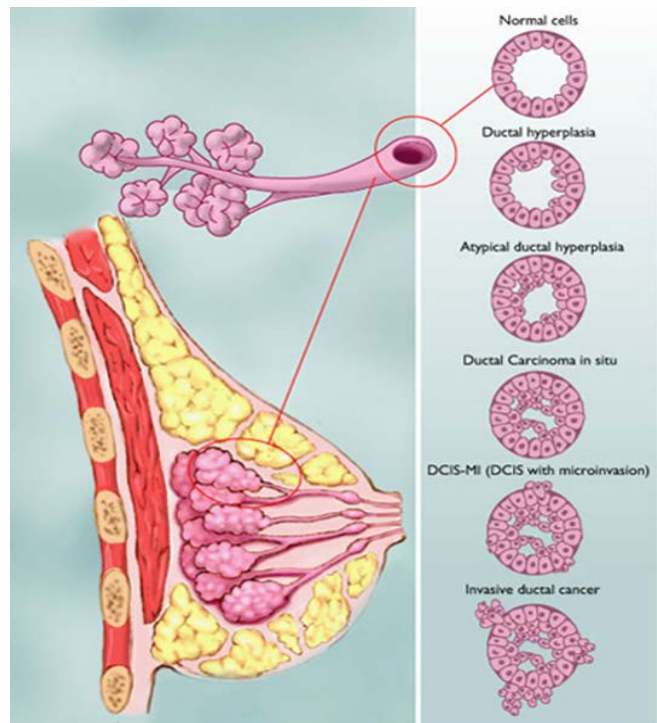
A similar condition to ADH is Atypical Lobular Hyperplasia (ALH) and this occurs when there is an overgrowth of cells lining the breast lobules.

About 20% of women who have ADH or ALH develop breast cancer within 15 years of their biopsy; with the risk for cancer decreasing after 15 years.

In women who do not have ADH or ALH, about 5% would be expected to develop breast cancer within the same 15-year period. So the overall risk for women with ADH or ALH is about 4 times greater than it is for women without ADH or ALH.

How is it managed?

If a woman had ADH or ALH cells found on needle biopsy, surgical excision is recommended to rule out cancer. Further evaluation can be done to calculate her risk of one day developing breast cancer and the appropriate preventative steps can be recommended. This may include lifestyle changes, medications, or surgery.



What measures can I take to reduce my cancer risk?

- Eat healthy and exercise regularly
- Reduce stress by getting enough rest and relaxation
- Stop smoking and limit alcohol consumption
- Visit your physician regularly for health maintenance
- Perform a breast self-exam once a month (recommended by the American Cancer Society for women age 20 and over)

Resources

Adapted from American Cancer Society

<https://www.cancer.org/cancer/breast-cancer/non-cancerous-breast-conditions/hyperplasia-of-the-breast-ductal-or-lobular.html>

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