

# Physician Advice - Surgery

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**If atypia on core biopsy (ARS) and a strong family history (multiple relatives), more worried that it could be upgrade (GOOD)**

```
riskIncreases(BxID) :-  
    familyHistory(BxID, 'Major'),  
    concordancePrio1(BxID, 'ARS').
```

**If LCIS is incidental, less concerned about it.  
(GOOD)**

```
riskDecreases(BxID) :-  
    calcsPresent(BxID, 'N'),  
    otherFinding(BxID, 'N'),  
    lobula(BxID, 'Y'),  
    lCISInc(BxID, 'Y').
```

**If single focus of ADH, low level of suspicion  
that it is an upgrade (GOOD)**

```
riskDecreases(BxID) :-  
    aDH(BxID, 'Y'),  
    aDHFoci(BxID, N), N <= 1.
```

**Conversely, if extensive atypia (any atypia foci  $\geq 3$ ), level of suspicion for upgrade is higher  
(GOOD)**

riskIncreases(BxID) :-

```
((aDH(BxID,'Y'), aDHFoci(BxID,N));  
  (lobularNeoplasia(BxID,'Y'), lCISFoci(BxID,N));  
  (papi(BxID,'Y'), papiFoci(BxID,N));  
  (radial(BxID,'Y'), radialFoci(BxID,N))),  
  N  $\geq$  3.
```

**If prior history of breast cancer and findings are in same breast, greater concern of an upgrade  
(GOOD)**

```
riskIncreases(BxID) :-  
    personalHistory(BxID, 'Y'),  
    (ipsilateralLumpectomy(BxID, 'Y');  
     ipsilateralRadiation(BxID, 'Y')).
```

**If abnormality is gone completely after biopsy,  
more confidence it was fully sampled and  
therefore less worried about upgrade (GOOD)**

`riskDecreases(BxID) :-`

```
    (disappearanceAbn(BxID, 'AbnRemoved');  
     disappearanceCalc(BxID, 'CalcRemoved')).
```

**Risk of upgrade increases if there is an associated physical exam finding (palpable) correlated with the imaging abnormality.**

**(GOOD)**

```
riskIncreases(BxID) :- abnToPalpable(BxID, 'Y').
```