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How?

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3. To avoid pathological over diagnosis.

How?

A. To use core biopsy

B. To think again about the B category (pathological risk category) (involve EWGBSP for guideline)

(we know that B3 lesions, if correct, are a overdiagnosis

(lesions that probably will evolve towards a

low risk neoplasia) :

**No Surgical treatment?**

### 3. To avoid pathological over diagnosis.

How?

C. To change the diagnostic definition of lesions at low/no risk of death (involve EWGBSP for guideline)

- ✓ *Low grade DCIS: **DIN***
- ✓ *Low grade LCIS: **LIN***
- ✓ *Low grade infiltrating carcinoma:*
  - ✓ *Tubular carcinoma: **tubular neoplasia***
  - ✓ *Cribriform carcinoma: **cribriform neoplasia***
  - ✓ (St. Gallen Recommendations 2011:NO post surgical treatment )

#### 4. To avoid false negative/positive diagnosis:

How:

- ✓ Immunocytochemical markers
  - ✓ Invasive vs Not invasive cancer: p63
  - ✓ High risk vs Low risk (in situ/invasive): ER+/PR+/Ki67 (low)/HER2-

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How:

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(low)/HER2-

5. What to do with these low grade lesions after surgery:

Avoid any intake of Estrogen/Estrogen-like substances

- Diet
- Life-Style
- No hormone replacement therapy