tumor deposit (1.5 ± 0.8 cm) correlated to the average largest imaging LN size (1.4 ± 0.6 cm) (p = 0.58).

CONCLUSION: A statistically significant difference between clinical and pathologic N-stage exists for ILC patients despite modern imaging advancements. MRI was most sensitive for identification of N2/N3 patients, and therefore should be considered as part of routine axillary imaging evaluation for all ILC patients.

Table. Imaging and Pathologic Nodal Staging in Invasive Lobular Carcinoma

Demographic	Data
Age, y	63 ± 11
Race, n (%)	
Asian	2 (0.5)
African American	26 (7.4)
Pacific Islander	2 (0.5)
Caucasian	309 (88.5)
Receptor, n (%)	
ER+	341 (97.7)
HER2+	17 (4.0)
Triple negative	4 (1.1)
Average tumor size, cm	2.7 ± 2.1

Incidental Radiologic Findings in Breast Cancer Patients Who Undergo Staging prior to Neoadjuvant Chemotherapy

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INTRODUCTION: Guidelines discourage the use of staging imaging for newly diagnosed early breast cancer (BC). When performed, incidental radiologic findings of uncertain significance are often encountered. The purpose of this study was to compare incidental findings seen on staging imaging with distant recurrence in patients treated with neoadjuvant chemotherapy (NAC).

METHODS: A total of 396 patients with BC who had NAC from 2008 to 2016 were identified from a prospectively maintained database. Staging imaging was examined.

RESULTS: Of 396 patients with BC, the mean age was 51 years (range 20−88 years). A total of 303 patients (76.5%) had stage I−II cancer, and 93 patients (23.5%) had stage III cancer. Patients who had a PET/CT positive for metastatic disease (36, 9.1%) were excluded (Figure). A total of 311 (86.4%) patients had a PET/CT scan completed. Overall, 147 patients (n = 147 of 262, 56.1%) had an incidental finding on imaging; 90 patients (34.4%) had 1 finding, 43 patients (16.4%) had 2, 14 patients (5.3%) had 3 or more findings. The majority of incidental findings were seen in the ovary/uterus (45%), followed by lung (18.3%), liver (10.3%), and bone (8.9%). Additional imaging workup was needed for 5 patients. At mean follow-up of 4.1 y (range 0.4−11.2 y), 59 patients (n = 59 of 360, 16.3%) had a distant recurrence. Of these patients, only 5 patients (n = 5 of 262, 1.9%) had distant metastasis in the same organ that was initially thought to be an incidental finding.

CONCLUSION: Our results suggest that incidental findings on preoperative staging imaging in breast cancer patients are unlikely to be indicative of sites for future metastasis.

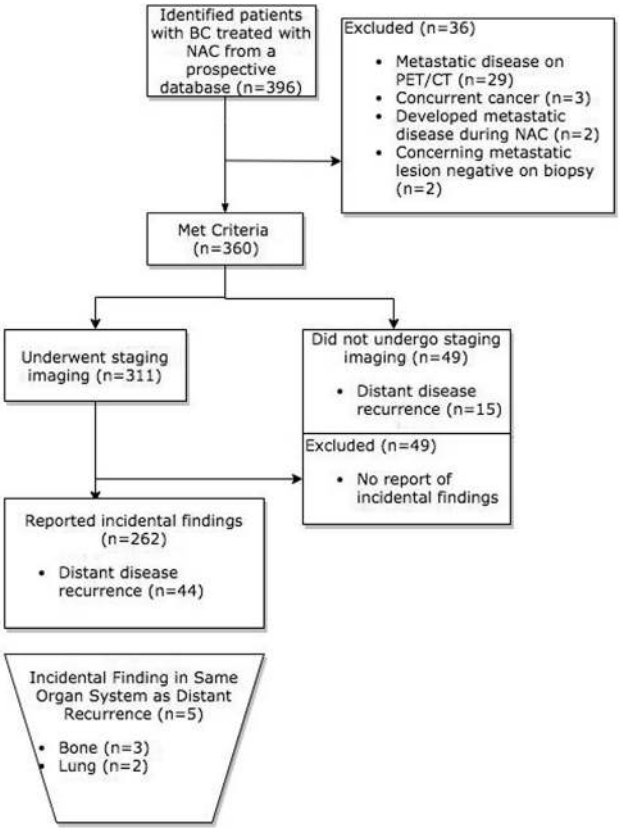

Figure. Flow Diagram of Study Population

Is Milk Fistula a Legitimate Concern or an Unfounded Fear? A Cohort Study to Estimate Incidence

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INTRODUCTION: Milk fistula is a feared complication of procedures on the lactating breast, though its incidence is unknown. Some postulate that smaller defects may decrease the risk of fistula. We aimed to estimate the incidence of and characterize risk factors for milk fistula.

METHODS: We conducted a retrospective cohort analysis of pregnant or lactating women referred to a single breast surgeon from July 2016 to January 2019. Demographic variables and treatment

details were extracted via chart review, and analyzed using ANOVA and the Pearson's chi-square test.

RESULTS: Among 179 women, 4 pregnant and 43 lactating patients underwent 67 interventions: surgical excision of mass (n = 5), percutaneous drain insertion (n = 19), stab incision and drainage (n = 15), aspiration (n = 12), core-needle biopsy (n = 11), punch biopsy (n = 2), and nipple skin tag removal (n = 3). Patients were categorized by the size of the most invasive intervention as follows: large-caliber defect (mass excision, n = 5), medium-caliber defect (drain insertion, n = 15), or small-caliber defect (remainder, n = 28). Groups were similar in race/ethnicity and weeks postpartum (Table). Women with small-caliber defects were significantly older (p = 0.023). The medium-caliber defect group had the most infections (p < 0.001) and underwent the most interventions (p = 0.002). With 0% incidence of fistula, we could not quantitatively evaluate whether smaller defects or other variables are associated with lower risk.

CONCLUSION: These results demonstrate that milk fistula is a rare occurrence after breast interventions performed during pregnancy or lactation. Indicated procedures should not be modified or avoided out of concern for milk fistula risk.

Table. Distribution of Demographic and Treatment Variables by Defect Caliber

Variable	Small-caliber defect (n = 27)	Medium-caliber defect (n = 15)	Large-caliber defect (n = 5)	p Value
Mean age, y	33.7 ± 4.7	30.7 ± 4.2	28.2 ± 5.3	0.023
Race/ethnicity, n (%)	—	—	—	0.449
White/non-Hispanic	18 (66.7)	8 (53.3)	2 (40.0)	—
Other	9 (33.3)	7 (46.7)	3 (60.0)	—
Mean number of weeks postpartum	22.4 ± 29.9	14.2 ± 32.1	25.3 ±12.9	0.673
Mean number of interventions	1.1 ± 0.3	1.9 ± 1.1	1.6 ± 0.5	0.002
Active infection, n (%)	—	—	—	<0.001
Yes	11 (40.7)	15 (100.0)	0 (0.0)	—
No	16 (59.3)	0 (0.0)	5 (100.0)	—

Neoadjuvant Chemotherapy Does Not Provide Treatment Benefit in Patients with Low Disease Burden

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INTRODUCTION: The use of neoadjuvant chemotherapy (NAC) plus adjuvant trastuzumab-emtansine in the KATHERINE trial suggested that NAC should be considered for HER2+ patients with tumor size > 1 cm, including those with clinical T1A disease. In HER2+ disease, however, NAC has yet to show a treatment benefit over adjuvant chemotherapy (AC). The authors compared outcomes of those who received AC with both NAC patients who achieved a pathologic complete response (NAC pCR) and those with residual disease (NAC non-pCR). We hypothesized that survival would be similar across treatment groups for patients with low disease burden (stage I/IIA).

METHODS: An institutional database was queried to identify cases of nonmetastatic HER2+ invasive breast cancer diagnosed between 2009 and 2018. NAC pCR was defined as absence of invasive disease in the breast and axilla. Log-rank and Kaplan Meier tests were used to assess differences in disease-free survival (DFS) and overall survival (OS) between groups.

RESULTS: Clinical characteristics of our study cohort (n = 1,254) stratified by AC (n = 787), NAC with pCR (n = 197), and NAC non-pCR (n = 270) were compared. Receipt of NAC was significantly higher in stage ≥ IIB vs stage I/IIA disease (78% vs 19%, p < 0.01). DFS and OS were compared according to clinical stage and treatment (Fig 1). For patients with advanced disease (stage ≥ IIB), NAC pCR was associated with improved DFS (Fig 1b, p < 0.01). There was no treatment benefit associated with NAC, regardless of pCR, for lower disease burden patients (Figs 1a and 1c).

CONCLUSION: Our results provided clarification to NAC indications post KATHERINE study.

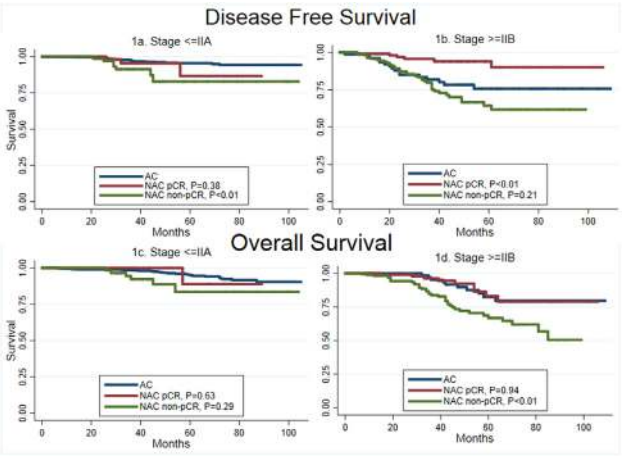

Figure.

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Noninitiation of Tamoxifen in Young Women at High Risk for Breast Cancer

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