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Why the Term of "Low Grade Ductal Carcinoma In situ" should be changed to "Borderline Breast Disease": Diagnostic and Clinical Implications

During the last several years, increased public awareness, advances in breast imaging and enhanced screening programs have led to early breast cancer detection and attention to cancer prevention. The numbers of image-detected biopsies have increased and pathologists are expected to provide more information with smaller tissue samples. These biopsies have resulted in detection of increasing numbers of high-risk proliferative breast disease and in situ cancers. The general hypothesis is that some forms of breast cancers may arise from established forms of ductal carcinoma in situ (DCIS) and atypical ductal hyperplasia (ADH) and possibly from more common forms of ductal hyperplasia. However, this is an oversimplification of a very complex process, given the fact that the majority of breast cancers appears to arise de-novo or from a yet unknown precursor lesion. Currently, ADH and DCIS are considered as morphologic risk factors and precursor lesions for breast cancer. However, morphologic distinction between these two entities has remained a real issue that continues to lead to overdiagnoses and overtreatment. Aside from morphologic overlaps are reflected at the molecular levels and raise questions about the validity of separating these two entities. It is hoped that as we better understand the genetic basis of these entities in relation to ultimate patient outcome, the suggested use of the term of "Borderline Breast Disease" can minimize the number of patients who are subject to over treatment.

Biography

Shahla Masood is a Persian born physician, who currently holds the positions of Professor and Chair of the Department of Pathology at University of Florida College of Medicine – Jacksonville and Chief of Pathology and Laboratory Medicine at UF Health Jacksonville. In addition, Dr. Masood is the Medical Director of UF Health Breast Center. An internationally recognized expert in breast cancer diagnosis and prognosis, Dr. Masood has fostered the concept of an integrated multidisciplinary approach in breast cancer care, research, and education. She is the founder and Editor-in-Chief of The Breast Journal, the founder and past president of the "International Society of Breast Pathology," the Director of the "Annual Multidisciplinary Symposium on Breast Disease", and "The Breast Cancer Public Forum". Dr. Masood is heavily involved in the study of minimally invasive procedures such as fine needle aspiration biopsy and ductal lavage in providing diagnostic and prognostic information in high risk and breast cancer patients. She defined the cytomorphology of high-risk proliferative breast disease in the early 1990s and has pioneered the concept of cytomorphology as a breast cancer predictor. Dr. Masood is the author of several textbooks, book chapters, and numerous publications. She is a frequent speaker at national and international symposiums and consensus meetings. She is also a member of the board of trustees of several prestigious scientific societies and organizations at local, regional, national and international levels. Dr. Masood has received numerous awards and recognition for her scientific work, her contribution to advancing global breast health education and her efforts to improve the quality of breast health care. She is the recipient of "The 2010 Breast Health Global Initiative Award," "Courage to Teach Award" from National Accreditation Council for Graduate Medical Education, and Florida Times Union "Eve Award," to name a few. She has been named as one of the 20 Top Most Influential Professors in Oncolog

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