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Assessment of the Diagnostic Accuracy of Core Needle Biopsies in the Diagnosis of Lymphoma

Austin Redilla, Xiangyun Ye , Catherine Tucker, MD , Christopher Gardner , Guldeep Uppal, MD and Adam F. Binder, MD*

(*) indicates primary project advisor

(**) indicates another student who is declaring the same project as primary for SI



Introduction & Objectives

- Excisional biopsy is the gold standard in diagnosis of suspected lymphomas
- Core Needle Biopsy (CNB) offers an alternative
 - Less expensive
 - Non-invasive
 - Fewer procedural risks
- We want to evaluate the accuracy of CNB at TJUH to provide guidance for initial workup of suspected lymphoma



Objectives & Hypothesis

- Research Question
 - What is the diagnostic accuracy of excisional and core needle biopsies at Thomas Jefferson University Hospital?
- Hypothesis
 - We expect CNB will be similar in diagnostic ability to excisional biopsy in the diagnosis of lymphomas.



Approach & Results

- Medical chart review of all suspected new diagnosis of lymphomas at Thomas Jefferson University
- January 1st, 2016 to December 31st, 2019
- All CNB and Excisional biopsies in these patients will be reviewed
 - Cases from outside hospitals referred to Jefferson were excluded
- Type of biopsy
 - Site
 - Additional CNB or excisional biopsies, if applicable
 - Final pathologic diagnosis
 - Ancillary studies used (immunohistochemistry, FISH, etc)
- Data obtained from Thomas Jefferson University pathology labs
- Adequacy and diagnostic odds ratio will be calculated for CNB and excisional biopsies



Approach and Results

- 457 cases reviewed; 339 excisional and 118 CNB
 - Excisional biopsy was adequate 97% of the time, while CNB was adequate 58%
 - CNB found to have a diagnostic odds ratio of 0.03583
- Inadequate CNB samples were found regardless of needle size
- Most common CNB sites (axillary, inguinal, supraclavicular) are easily accessible for excision



Conclusions

- Excisional biopsy should remain standard of care for initial diagnosis of lymphoma
- Use of CNB has been increasing at Jefferson from 19% in 2016 to 31.6% in 2018
 - 27.7% in 2019
- We would like to find a way to reduce these numbers



Future Directions

- A QI project is underway
- Goals:
 - Understand the reasons for ordering CNB or excisional biopsy
 - Educate the key providers involved
- Variables being considered:
 - Was surgery involved? Oncology?
 - Inpatient vs Outpatient
 - Suspected diagnosis prior to biopsy



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