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Mehrdad Mokri,      Usefulness of the Triple Test Score for Breast Lesions      9-62  
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Objective: The triple test score (TTS) is useful and accurate for evaluating breast lesions.

Methods: This method was retrospective, during from 1998 to 2003, 6400 files were conveyed. 100 files had three main diagnostic features of this procedure, includes physical examination, mammography, FNA in association with postoperation pathology result. Three main diagnostic assigned a score of 1, 2 or 3 for benign, Suspicious or malignant results; the TTS is the sum of these scores. The TTS has a minimum score of 3 (concordant benign) and a maximum score of 9 (concordant malignant). The TTS was correlated with subsequent histopathologic analysis or follow-up.

Results: All lesions with TTS less than or equal to 4 were benign on clinical follow-up. Of the 23 lesions (23%) with score of 5, which considered as suspicious 6 (6%) were benign lesions, 17 (17%) were malignant lesions. All lesions with TTS greater than or equal to 6 were malignant on excisional biopsy. We resulted that in our setting, TTS less than or equal to 4 has a specificity of 100% and TTS greater than or equal to 6 has a sensitivity of 100%. If TTS is being used as a screening test the sensitivity = 96.7% & specificity = 78.9% & accuracy = 90%. The TTS reliably guides evaluation and treatment of breast lesions. Lesions scoring 3 or 4 are always benign. Lesions with scores greater than or equal to 6 are malignant and should be treated accordingly. Confirmatory biopsy is required only for 23% of the lesions that receive a TTS of 5.