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Addenda

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pages 69-70 **Surgical Management of Multicentricity, Nipple-Areola Involvement, and Bilaterality in Breast Carcinoma**

TABLE I
Multicentricity and Nipple-Areola Involvement of Breast Carcinoma (1974-1978)

Pathologic Variety of Breast Carcinoma	Total No.	Multicentricity in Affected Breast		Nipple-Areola Involvement	
		No.	%	No.	%
Infiltrating ductal	311	85	24	55	17
Infiltrating adenocarcinoma (type not specified)	63	27	43	14	22
Lobular carcinoma in situ	20	11	50	3	15
Infiltrating lobular	21	7	33	3	14
Medullary carcinoma	14	5	36	1	6
Anaplastic carcinoma	8	4	50	—	—
Mucin producing adenocarcinoma	8	1	13	1	13
Comedo carcinoma	4	3	75	1	25
Intraductal papillary carcinoma	4	1	25	—	—
Adenoid cystic carcinoma	2	2	100	1	50
	455	146	(31%)	79	(17%)

TABLE II
Histological Types of Bilateral Breast Carcinoma

Type	No. of Patients
Ductal carcinoma	21
Adenocarcinoma (type otherwise not specified)	6
Lobular carcinoma in situ	4
Infiltrating lobular carcinoma	3
Papillary carcinoma	2
Medullary carcinoma	3
	39

page 70 Discussion, line 13: For (4) read (4,5)

Discussion, line 25: For (5) read (5a)

References: Add 5a. Cooperman A, et al. Surg Clin North Am 1978;58:737-41.

pages 71-74 **Preliminary Experience with Endoscopic Papillotomy**

Since this paper was accepted, six more procedures have successfully been performed, for a total of 12.