

Audit of previously assessed cancers identified between April 2011 and March 2016 in London breast screening services

L Wilkinson¹, T Suaris², W. Teh³, M Al Sewan⁴, K Satchithananda⁵, E Muscat⁶, N Barrett⁷, D Jeansoule de Ruiz¹

London Screening Quality Assurance Service (SQAS)¹

Breast Screening Services at: Central and East²; North East³; Outer North East⁴; South East⁵; South West⁶; West⁷; London

Background:

Interval cancer guidance (2017) indicates that cancers that have been previously assessed should be reviewed within 4 months of identification. Annually, since 2011, the London screening services have systematically reviewed all previously assessed cancers identified in the last 12 months and disseminated the findings. This poster describes the outcomes and the benefit of this process after 5 years of routine audit.

Aim of audit:

To review all previously assessed cancers using a structured proforma; identify common themes; and disseminate findings to screening services.

Methods:

- SQAS compiled list of all previously assessed cancers identified in year for each unit
- Standard proforma used to record:
 - Feature and size of original lesion recalled
 - Actions at original assessment
 - Route of diagnosis and nature of cancer
 - Free text comments and learning points
- Only 'same site' lesions were included in this audit

Findings:

475 potential cases were identified with assessment dates between 1997 and 2015, including 86 interval cancers, 377 cancers diagnosed at next screen and 4 cancers diagnosed at short term recall

- 162 cancers were same site, same site
- assessment was considered suboptimal in 62 cases
- Themes and learning points are summarised in the figures

Results were discussed at regional meetings and learning points disseminated to clinical teams.

Changes in practice were noted over the 5 years of the audit.

Analysis of learning from cases of same site cancer

The free text comments from cases that were classified as same site cancer (including both adequate and sub-optimal assessment) were grouped into categories, and the changes in frequency of each category was reviewed by year to demonstrate changes in practice and evidence of learning (including 2016/17).

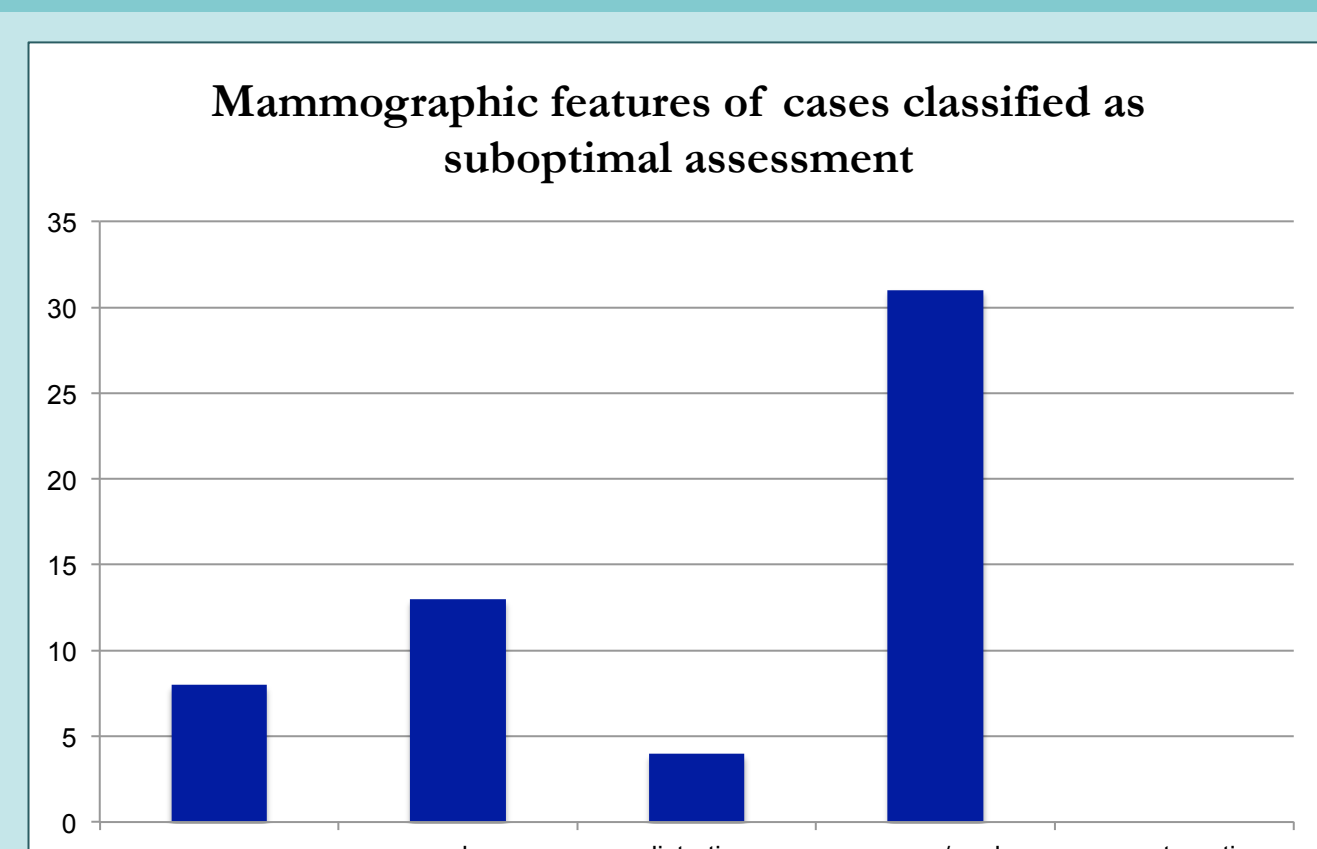
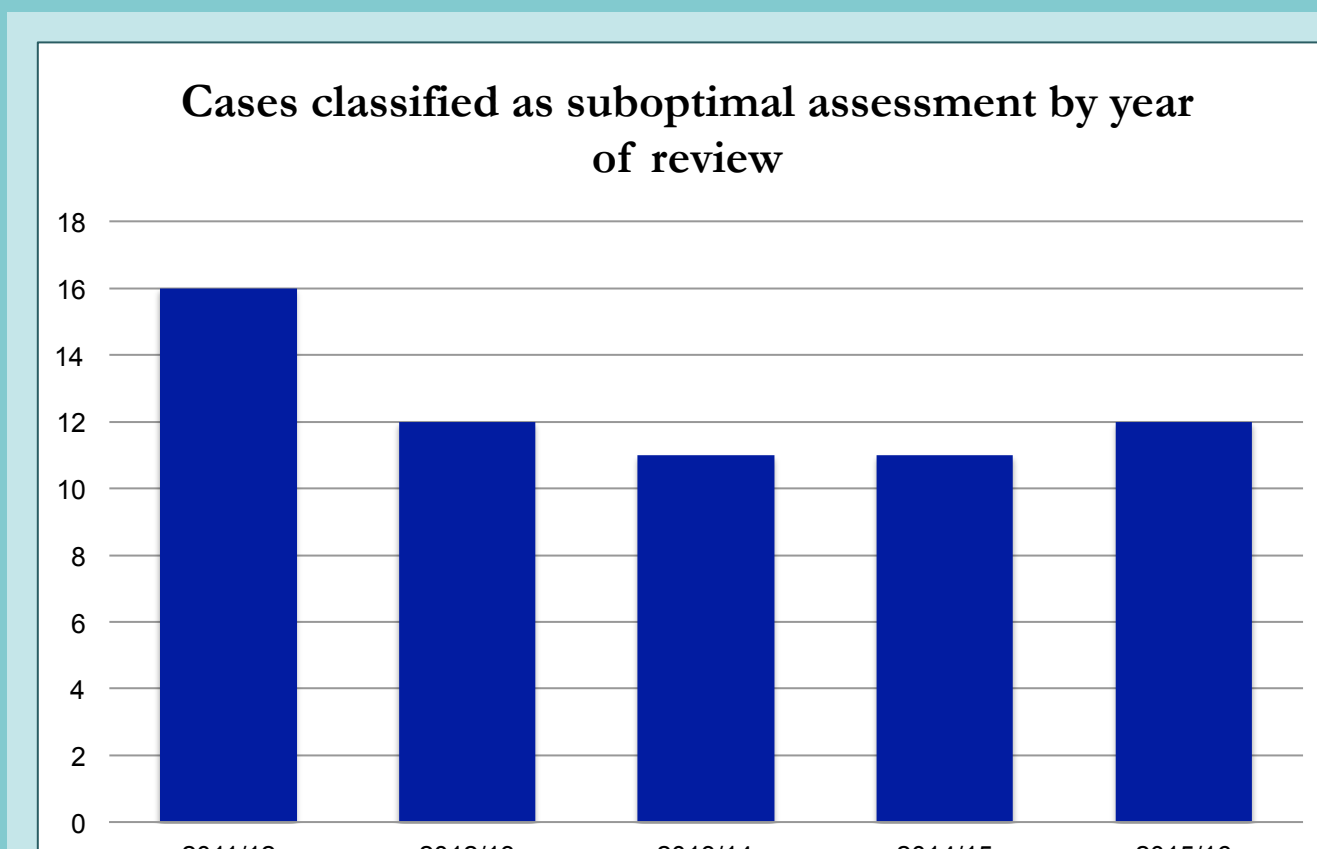
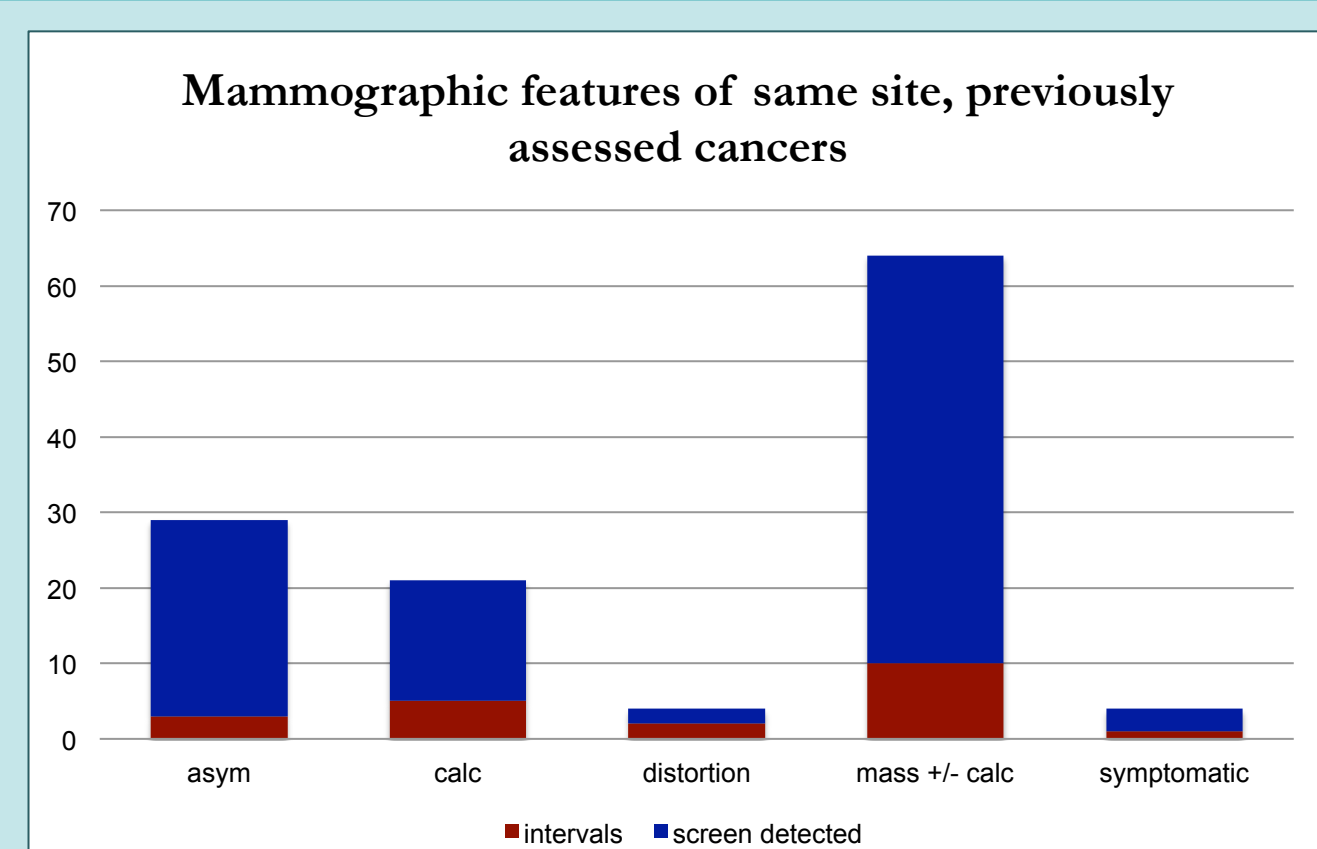
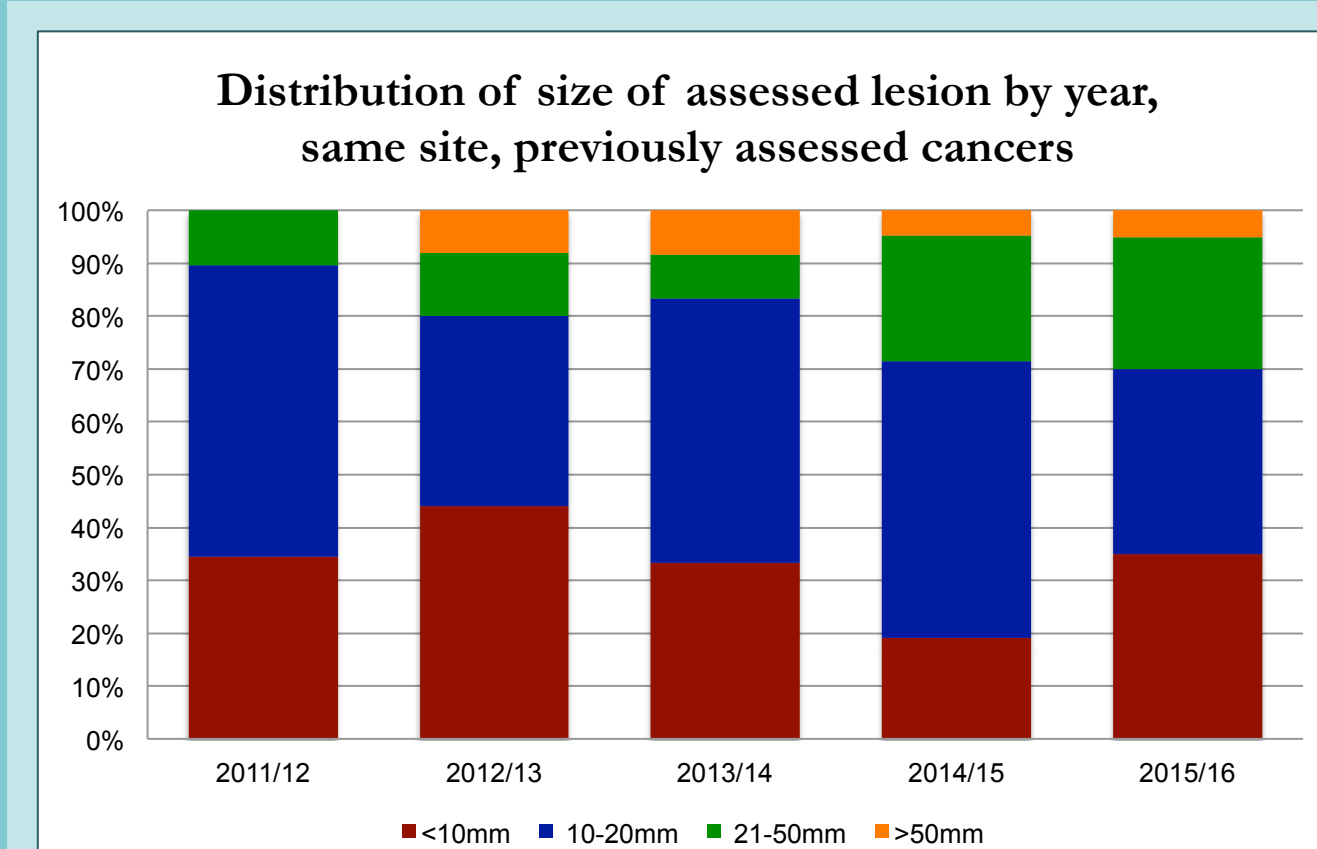
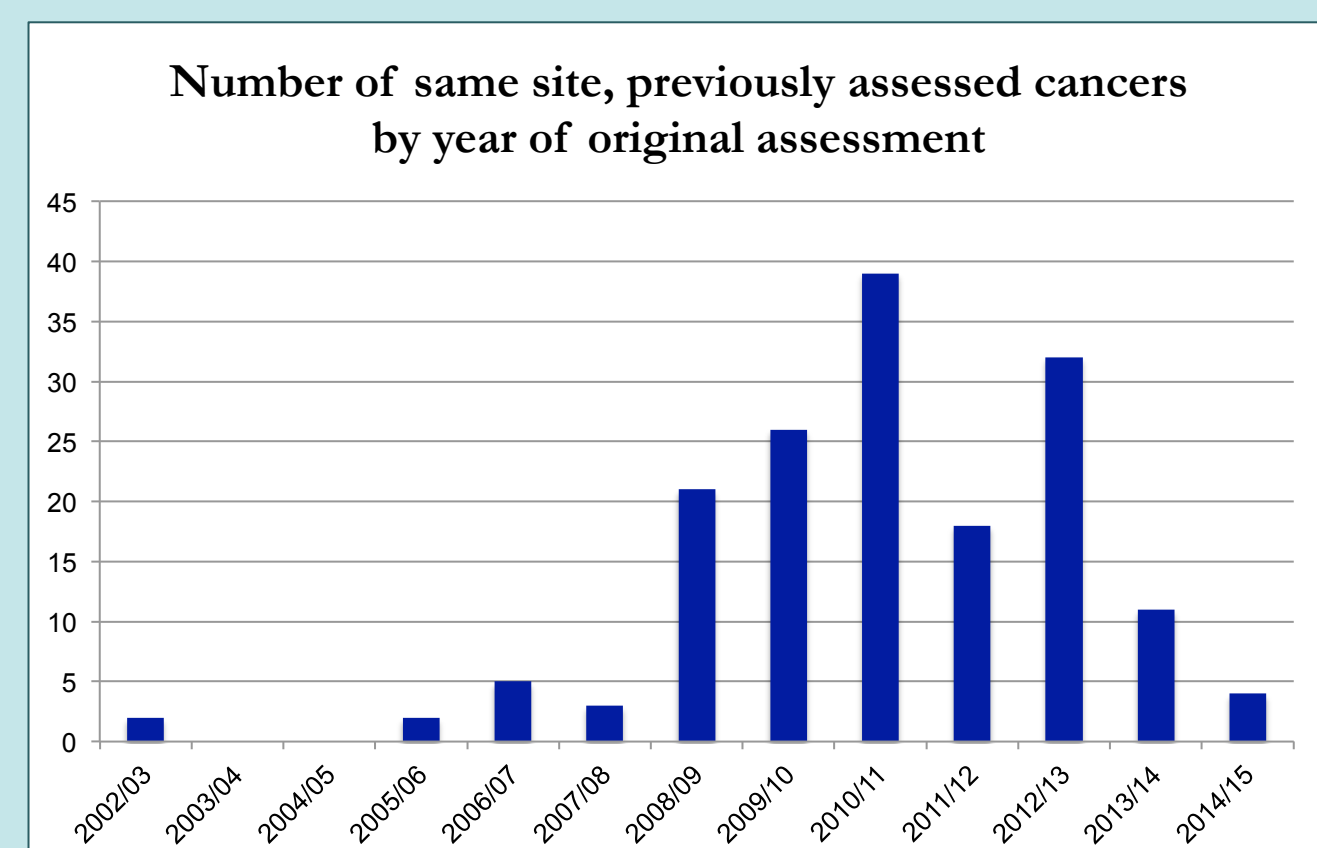
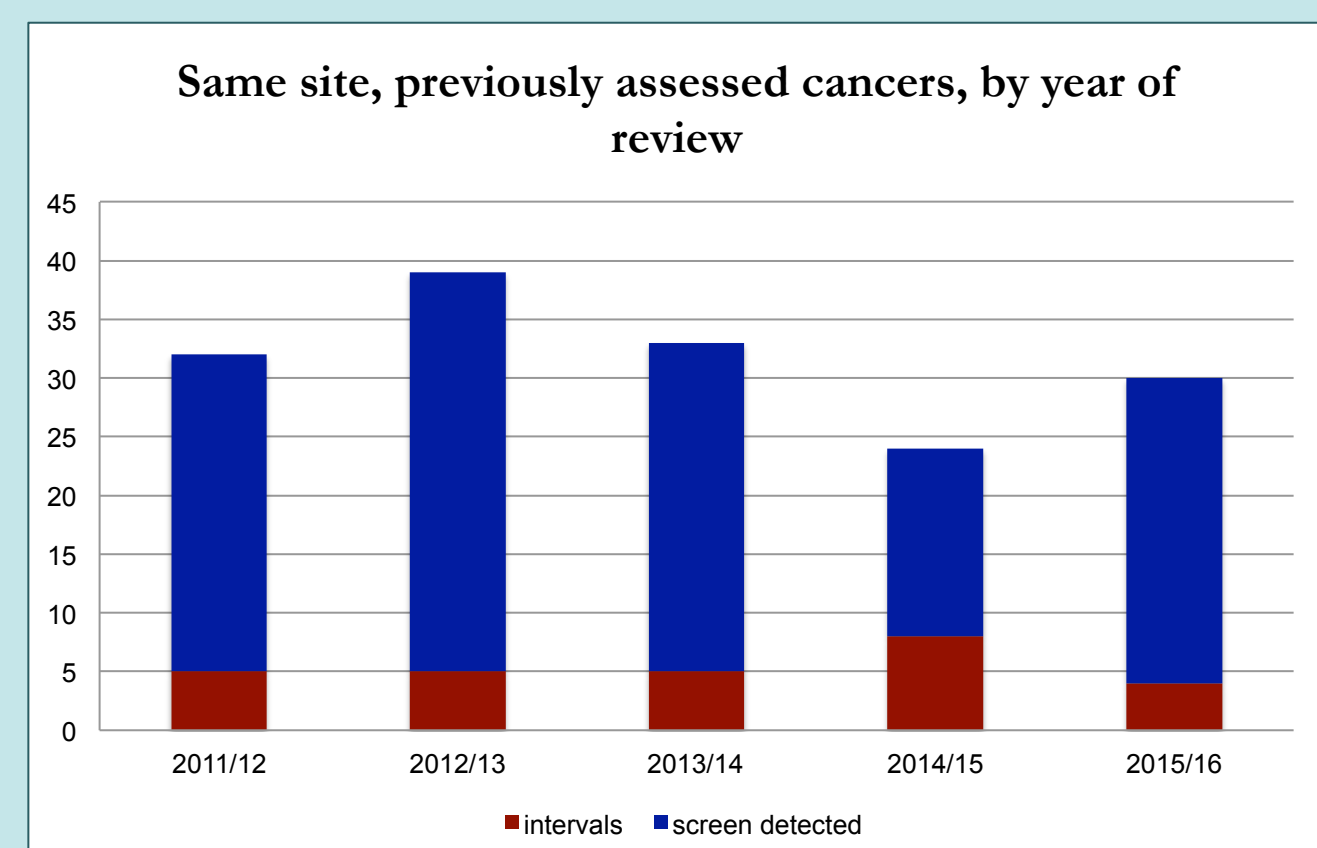
Category of comment	Year of Review (numerical scale indicates number of comments)					
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Misinterpretation of Imaging	15	15	15	15	15	15
Underuse of Further Views	5	5	5	5	5	5
Not seen on Further Views	15	15	15	15	15	15
Underuse of Ultrasound	5	5	5	5	5	5
Not seen on Ultrasound	15	15	15	15	15	15
Lack of interval change	5	5	5	5	5	5
Presumed to be cystic	5	15	15	15	15	15
Needle sample was performed	15	15	15	15	15	15
Cytology performed	5	15	15	15	15	15
Underuse of biopsy	5	5	5	5	5	5
Client declined biopsy	5	5	5	5	5	5
Non attender to assessment	5	5	5	5	5	5
Client was diagnosed and referred with cancer or atypia	15	15	15	15	15	15
Free text comment indicated practice had changed	5	5	5	5	5	5

Key findings

- Declining frequency of misinterpretation of imaging, including 'presumed to be cystic'
- Underuse of further views/ultrasound/biopsy was infrequent
- There are cases where cancer was diagnosed subsequent to referral with atypia or cancer
- Comments indicated evidence of learning/change in practice:
 - Lower threshold for biopsy (especially calcifications) even if normal further views/US
 - Review by second assessor
 - Repeat biopsy if imaging not concordant with pathology
 - Lesion may be malignant even if there is minimal interval change

Summary

- All units engaged in annual systematic review of previously assessed cancers within the region
- Reviewing cases notified in the previous 12 months as a cohort allows common themes to be identified
- The cases are difficult and present an excellent opportunity for reviewing practice and improving processes
- Providing feedback of collated data promotes learning and was associated with change in practice
- Introduction of additional review of difficult cases, and a lower threshold for biopsy were the key outcomes



Histograms demonstrating the findings of same site, previously assessed cancers. - it is likely that the proportion of interval cancers is under-represented

References

NHS Breast Screening Programme: Reporting, classification and monitoring of interval cancers and cancers following previous assessment, PHE, August 2017

Thank you to the London Region Screening Quality Assurance Service for supporting this audit