Audit of Double Reading and Arbitration of long term follow up recalls.

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INTRODUCTION

Since the introduction of the NHS Breast Screening Programme in the 1990s, double reading with arbitration of mammograms is now standard practice. In NHS Lothian, we have adopted this practice for recall of symptomatic post-operative follow-up mammograms. The department reports nearly 4000 routine follow up mammograms of patients with previous breast cancer. An independent second reading is requested in difficult cases - this can lead to a discordant report, where only one reader recommends referral for diagnostic assessment. Discordant reports are then resolved by arbitration, where a third reader reviews the images. A negative arbitrated report results in the patient returning to screening/routine follow up. However, if the third reader agrees with the positive report then the patient is referred for further diagnostic assessment. The literature suggests that arbitration can reduce recall rate. The aim of the audit was to assess local practice and efficacy of arbitration in recall rates and cancer detection rates.

DATA

Retrospective audit of arbitrated cases over 12 months from June 2015 to May 2016 with a record of the radiologist’s decision to recall or not recall for the 1st, 2nd and 3rd reader. Record of the reason for arbitration i.e. the type of the mammographic feature.

RESULTS

Overlying breast tissue

Skin lesion

Asymmetry

Parenchymal distortion

Inverted tissue density

Calcification

Opacity

Table 1: Reason for arbitration (n=77)

Arbitration has a role in decreasing the number of unnecessary recalls and consequently patient anxiety as well as the workload for the radiology department. Our audit confirms that the total arbitrated recall rate between June 2015 to May 2016 was 1.9%, a low percentage in comparison to total recall rate of 4.9%. There are no established data for recall rates in symptomatic mammography; the closest comparison would be to NHS Breast Screening Programme, where recall rates vary from 7% for prevalent and 3% for incident round. Of the 77 arbitrated cases, 25% were recalled for further diagnostic assessment and 3 of these were malignant. There are a range of mammographic features that resulted in a discordant report and the need for arbitration, the most common being opacity (45%). This was also the most common feature necessitating further diagnostic assessment following arbitration (37%). Opacity is a subjective term and it is important to consider that this may include composite tissue, increased density etc and requires exploration.

CONCLUSIONS

Arbitration is done to improve the number of unnecessary recalls and consequently patient anxiety as well as the workload for the radiology department.

Reference: