

# NHSBSP; CAN WE SAFELY REDUCE OUR CLINICAL RECALL RATE?

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## Introduction

Women attending for routine breast screening through the NHS Breast Screening Programme are recalled for assessment if a mammographic abnormality is noticed at time of reporting. Women may also be recalled due to clinical symptoms being mentioned at time of screening; e.g. if a woman reports a new breast symptom such as a lump or skin changes.

The majority of these women will be recalled for assessment despite normal mammograms, to rule out mammographically occult disease. Assessment comprises additional imaging, clinical examination +/- core biopsy.

National standards aim "to minimise the number of women screened who are referred for further tests" with a target cancer detection rate of 3.6 per 1000. Anecdotally, clinical recalls are not felt to achieve this.

## Aims

This work addresses whether clinical symptoms described by the ladies or mammographers at time of screening can be dismissed without further assessment by:

- Identifying the number of women clinically recalled to assessment from the NHSBSP during the three year screening period 2015 – 2018
- Ascertaining the reason for clinical recall and subsequent assessment result
- Identifying the cancer detection rate in this population

## Methods

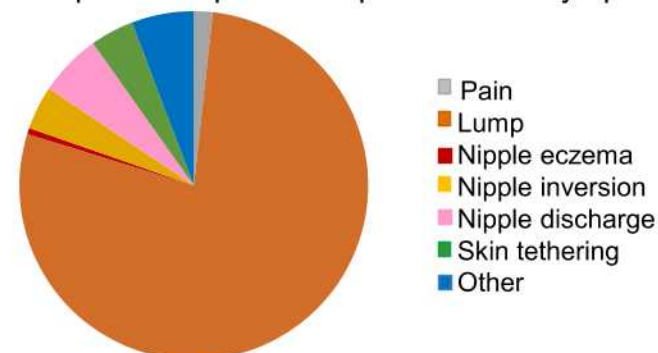
- Retrospective review was performed of all women clinically recalled to breast assessment during the 3yr screening round length from April 2015 – March 2018
- Women with a clinical sign and corresponding mammographic abnormality were excluded
- Pathology results for each biopsy case were reviewed
- Images were subjected to peer review where appropriate

## Results

- 138,511 women were screened in the three year period
- 5,689 were recalled to assessment; 173 of which were clinical recalls (3%)
- Six women complained of bilateral breast symptoms, resulting in a total of 179 clinical symptoms to interrogate

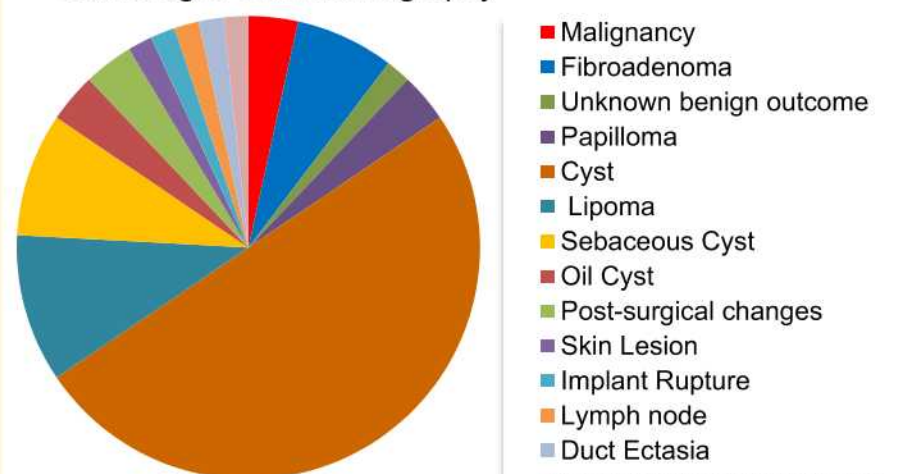
## Results

- Palpable lump was the predominant symptom (78%)



Reasons for recall

- 112 women were reassured and returned to routine screening with no abnormalities found at assessment, a further 57 were discharged with benign findings
- Ten core biopsies were performed, two women were subsequently diagnosed with a breast malignancy (1%) – in retrospect both had subtle signs on mammography



Abnormalities detected at assessment

## Conclusion

The cancer detection rate in this cohort is considerably lower than the NHSBSP target rate; yielding similar results to studies performed by other UK screening units<sup>(1,2)</sup>

This work suggests that clinical recalls do not yield a sufficiently high cancer detection rate to justify their recall

Not recalling these women could reduce numbers in assessment clinics staffed by a markedly dwindling workforce

Collaboration with neighbouring screening units is being pursued to evaluate this with larger numbers

## References

- 1 Karia, S., Kilburn-Toppin, F. and Wallis, M. (2013) Clinical recall audit; are we following national guidelines? *Breast Cancer Research and Treatment*. 15 (S1) pp:40
- 2 Morgan, M., Helsdon, J. and Thomson, A. (2012) Clinical recall from the NHS breast screening programme: is it worth doing? *Breast Cancer Research and Treatment*. 14 (S1) pp: 34