

# Do all incidental breast lesions detected on CT need a one stop breast clinic appointment?

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## Introduction

The exponential rise in utilisation of CT imaging has led to an increase in detection of incidental breast lesions. These are usually directly referred to one stop breast clinic (OSBC) in many units. This can increase the workload of the already stretched breast services.

We established a pathway to reduce unnecessary clinic attendance and audited the results.

## Pathway

As per the pathway the CT Radiologist would send a copy of the report to the Breast Radiologist.

After reviewing the previous breast imaging, the Breast Radiologist would decide whether the patient needs referral to OSBC.

## Aim

Our aim was to determine if the established pathway reduced unnecessary OSBC attendance.

## Methods

We collected cases of CT breast incidentalomas sent to the breast unit over a one year period (September 2016-17).

Cases were collected via CT reports sent to breast radiologist, cases seen at OSBC and via Breast MDT.

## Results

22 cases were reviewed by the Breast Radiologist

13/22 (59%) did not need referral to OSBC as a result of the review

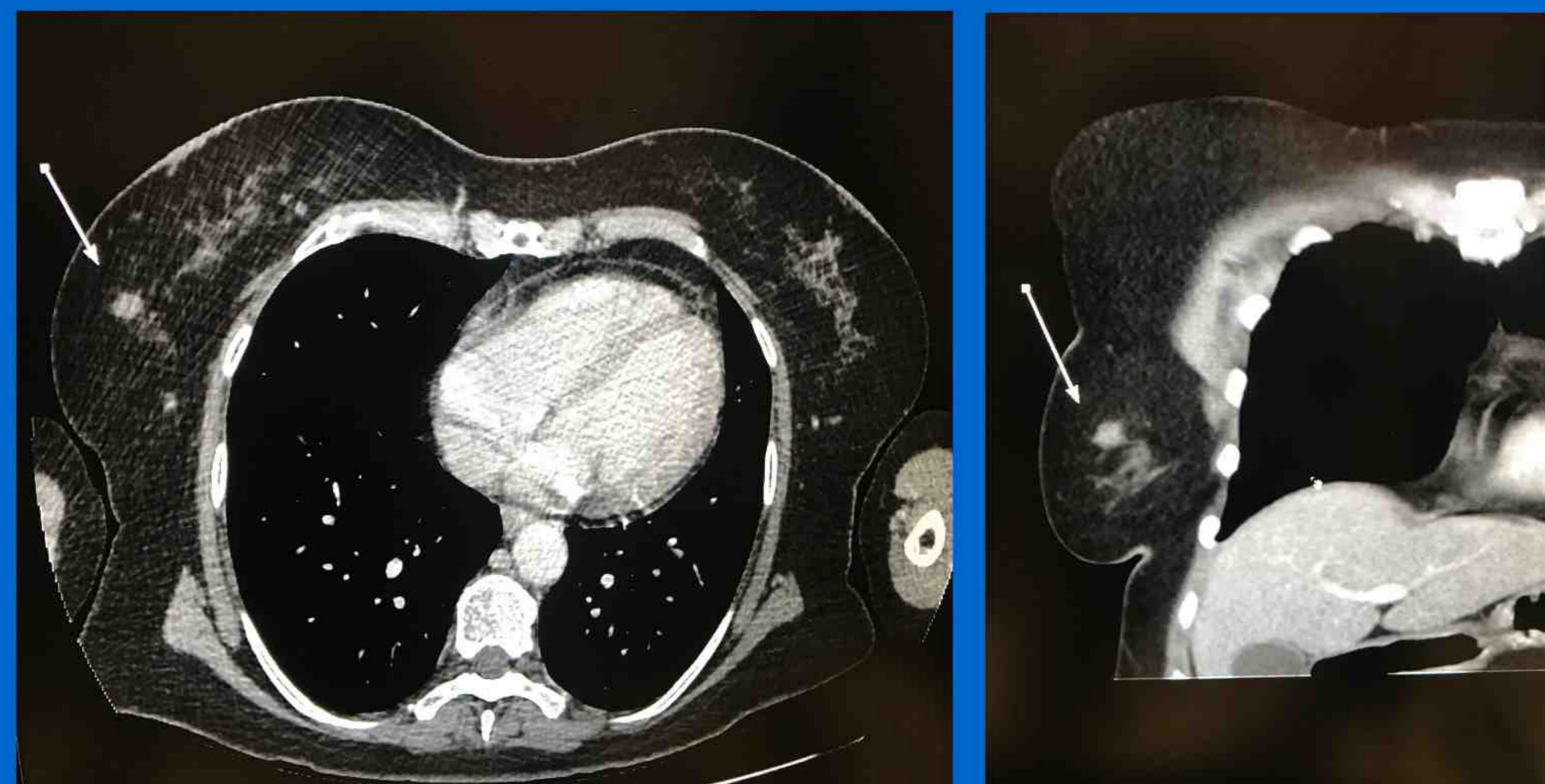
9/22 were referred to OSBC after review

4/9 were proven malignant

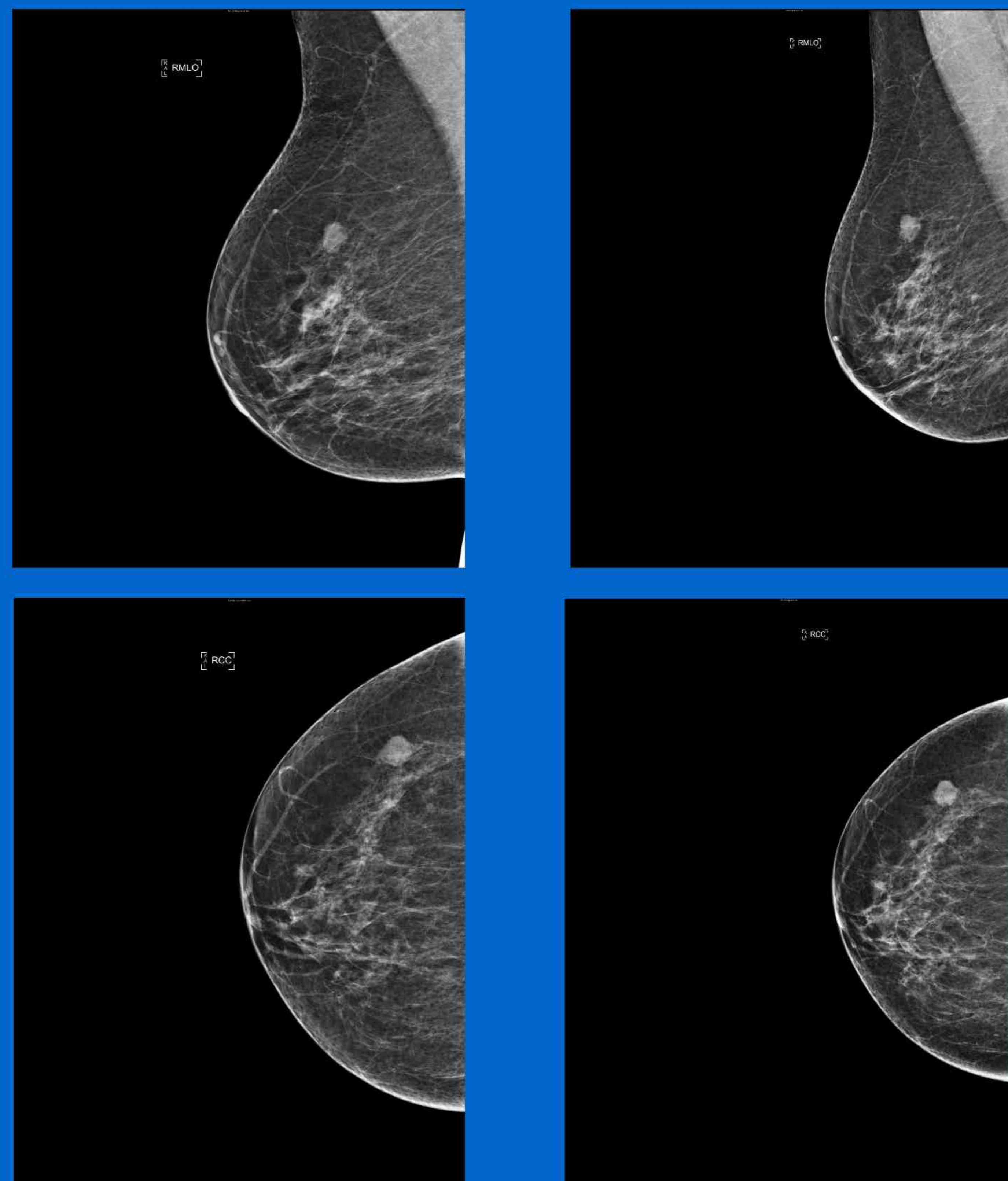
2/9 benign

2/9 died due to comorbidities

1/9 DNA



Mass in Right breast UOQ reported on CT. Review of previous mammograms of one year and 3 years ago showed that it was benign, longstanding and unchanged. Not referred to OSBC.



## Conclusion

- Our pathway avoided unnecessary OSBC appointments in two thirds of patients with CT breast incidentalomas
- The pathway has enabled better utilisation of resources and reduced patient inconvenience