

NATIONAL HEALTH SERVICE BREAST SCREENING PROGRAMME (NHS BSP) CLINICAL RECALLS: RETROSPECTIVE AUDIT OF PATIENT OUTCOMES IN A UK BREAST SCREENING CENTRE

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Background

Ladies attending NHS BSP breast screening, in line with NHS BSP guidelines, are asked to report breast symptoms. Whilst performing screening mammograms, mammographers are also asked to document any clinical signs they identify. These reported signs/symptoms can lead to recall on a clinical basis despite normal mammograms. Anecdotally, these recalls yield little pathology and potentially cause harm to women.

Aims

1. To evaluate how often breast cancer is detected in clinical recall patients, despite normal screening mammograms.
2. To assess whether clinical recall patients diagnosed with breast cancer have dense breasts (potentially obscuring a breast lesion on mammogram) or have risk factors for breast cancer.
3. To determine how many clinical recall patients undergo intervention and to assess the nature and outcome of this intervention.

Methods

A retrospective study was carried out including all clinical recall patients from January 2014 to April 2015. Trust paper and electronic records were assessed and the following were recorded:

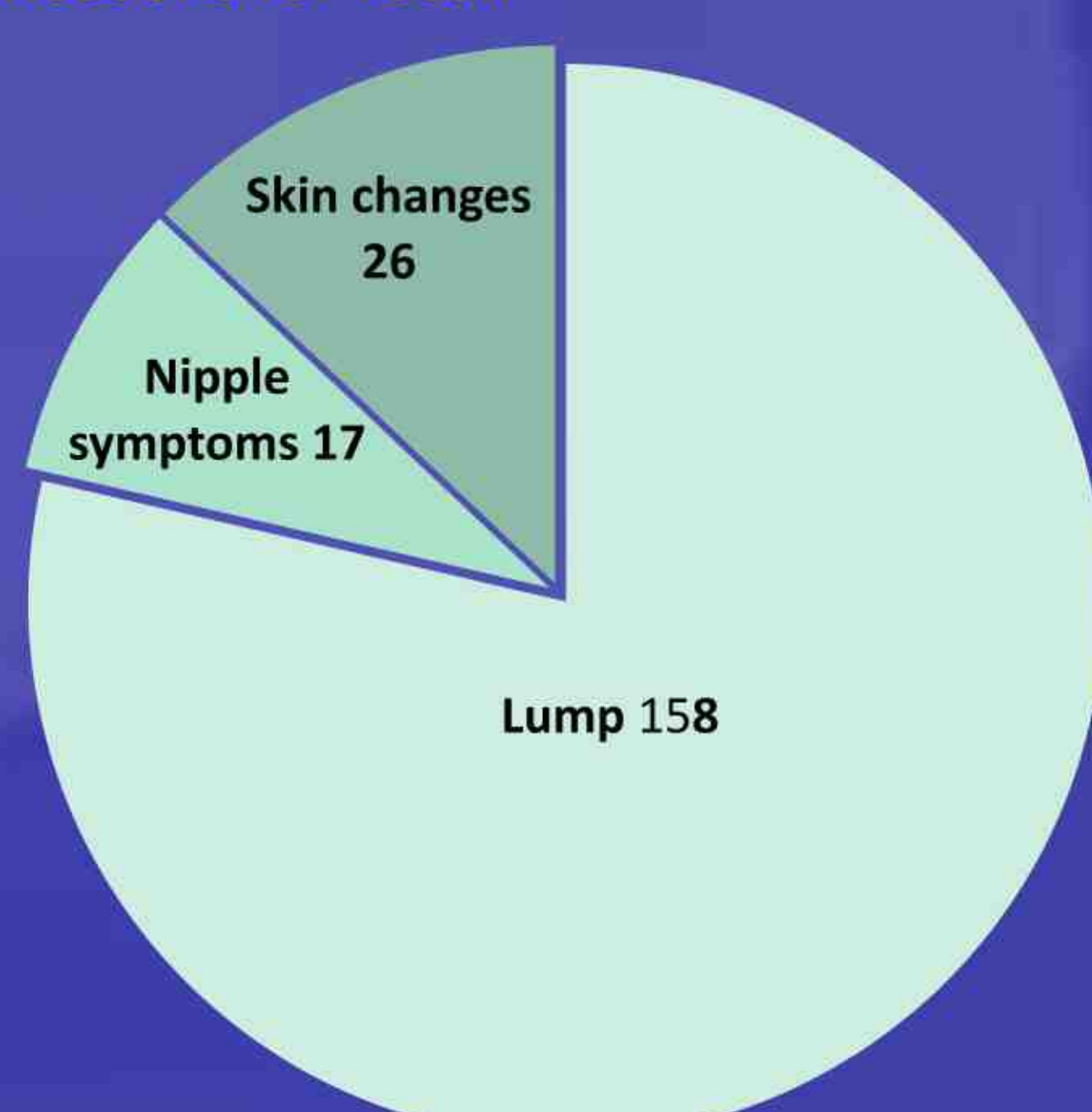
- Relevant past medical and family history.
- Current breast symptoms the patient describes, and/or signs noted by screening mammographer.
- M scores assigned to the patient's screening mammograms by the two screen readers.
- For any patients diagnosed with breast cancer, mammographic breast density was assessed.
- Findings at the screening assessment clinic appointment (physical examination & ultrasound).
- What type of intervention was performed (fine needle aspiration, core biopsy or cyst aspiration), if any.

Results

Of 46178 women screened, 206 women were clinically recalled and 201 of these had complete records available for analysis.

Of the 201 clinical recall patients, 158 (79%) patients were recalled for a breast/axilla lump, 26 (13%) patients for skin changes and 17 (8%) patients for nipple symptoms. This is shown in figure 1.

Figure 1: Reasons for recall



Results (continued)

Of the 201 clinical recall patients, 64% (128) were found to have normal tissue in the area of concern at assessment. 35% (71 patients) had benign findings, including:

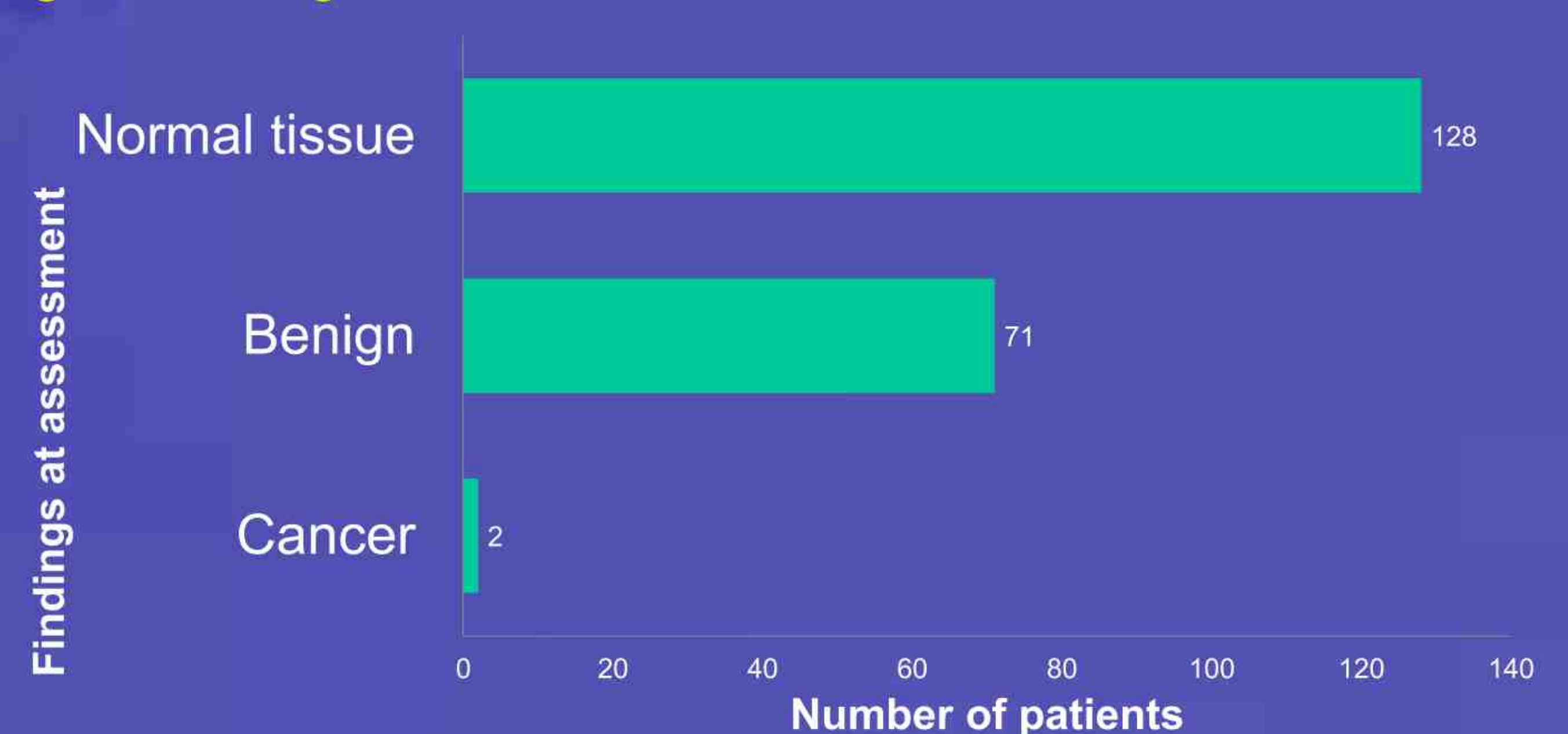
- 29 cysts
- 12 skin lesions
- 7 lipomas
- 7 fibroadenomas
- 6 MSK
- 3 duct ectasia
- Other (including vascular malformations, apocrine cysts).

Only two women (1%) clinically recalled were diagnosed with breast cancer at assessment. This is similar to the rate of breast cancer detection found in a previous study carried out in the Gateshead Breast Screening Unit several years ago (1). In both ladies, dense glandular tissue was identified on the screening mammogram. These results are demonstrated in figure 2. One of these ladies had a history of contralateral breast cancer for which she had undergone mastectomy.

17% (34) of clinically recalled women underwent intervention with benign results: 13 core biopsies (7%), 21 cyst aspirations (11%).

One cancer has subsequently been diagnosed in the reviewed population. This was contralateral to the site of clinical recall for symptoms.

Figure 2: Findings at clinical recall



Conclusion

Results are consistent with the anecdotal understanding of a very low yield of breast cancer in the clinical recall population, with arguable harm caused to the significant number of patients who were recalled for assessment.

Recommendations

The number of clinical recalls could be reduced by limiting appointments so that only patients with dense breasts or risk factors for breast cancer are recalled. Also, screening staff could stop asking patients if they have any symptoms- these questions could invite insignificant patient queries that then result in clinical recall. Ultimately, these approaches could reduce patient anxiety and potential harm from unnecessary interventions, but would also save NHS resources of time and money. This would require a change of current NHS BSP guidelines.

Reference

1. Puneekar, AS., Potterton, AJ., Lunt, LG. Introducing a written symptomatic service questionnaire: does it make any difference?; Gateshead, UK