

AUDIT OF IMPLEMENTATION OF NEW GUIDELINES IN MANAGEMENT OF B3 LESIONS WITH VACUUM-ASSISTED EXCISION BIOPSY AT A DISTRICT GENERAL HOSPITAL

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BACKGROUND

New NHS Breast Screening Programme guidance recommends that surgical excision/biopsy for most screen-detected B3 lesions of uncertain histological malignant potential is not required and that Vacuum-Assisted Excision (VAE) should be performed for further characterisation.

METHODS

In this audit, following implementation of the new guidelines, 47 screen-detected B3 lesions at initial biopsy (31 core and 16 vacuum-assisted biopsies) at our screening unit were reviewed to assess NHS BSP B3 Guideline compliance.

RESULTS

Following interrogation of NBSS, pathology and MDT outcomes, 27 cases (57.5%) were found to be compliant with the guidelines (Fig 1). Of the remaining 20, initial 10G vacuum-assisted biopsy completely excised the whole lesion in 7 cases, 6 had coexistent invasive disease that determined the subsequent management and 3 transferred their care elsewhere after the initial biopsy. In a further 4 cases, surgery was performed because the recommended VAE was not technically suitable (due to lesion size and/or location in the breast). Overall 23% of VAEs showed pathological upgrade, most to DCIS with one invasive cancer (Fig 3). 54% of the excision biopsies resulted in no change to the lesion grading; and the lesion was downgraded in 23% (Fig 2).

CONCLUSION

This audit demonstrates reasonable compliance with the new NHS BSP B3 Guidelines, with all deviations from them justifiable and ratified at the Multi-Disciplinary Meeting. Indeed, since their introduction in 2016, surgical excision has only been performed according to guideline recommendations, or where VAE was not practically possible.

Acknowledgements

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Figure 1. Guideline compliance

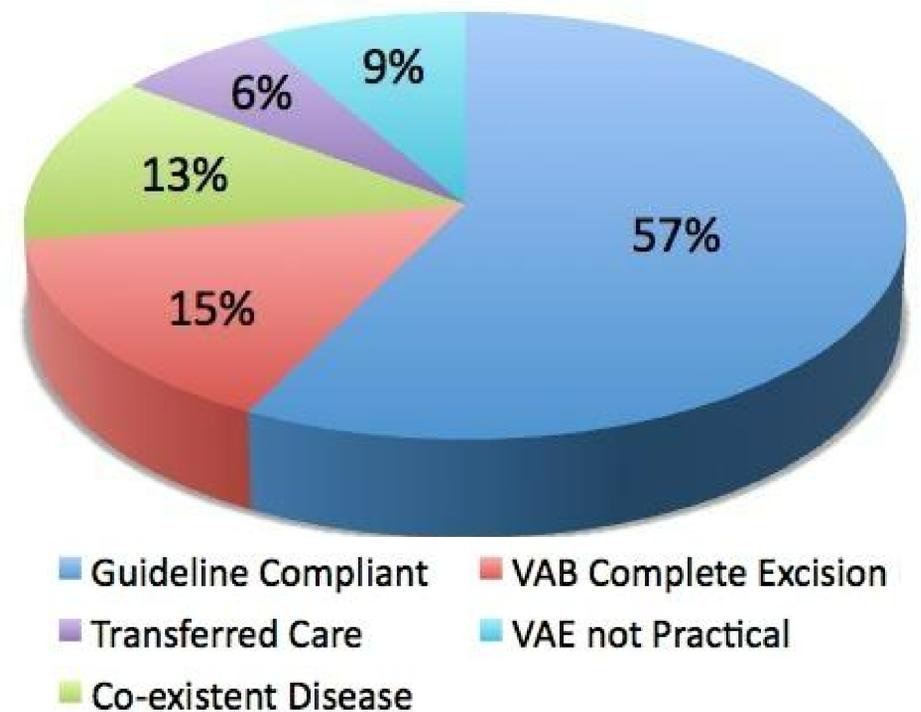


Figure 2. Post-VAE histopathology

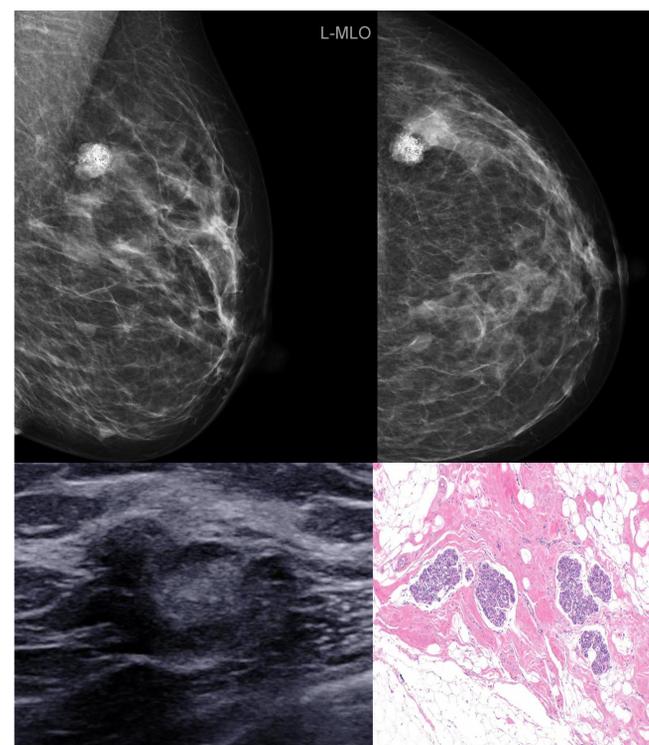
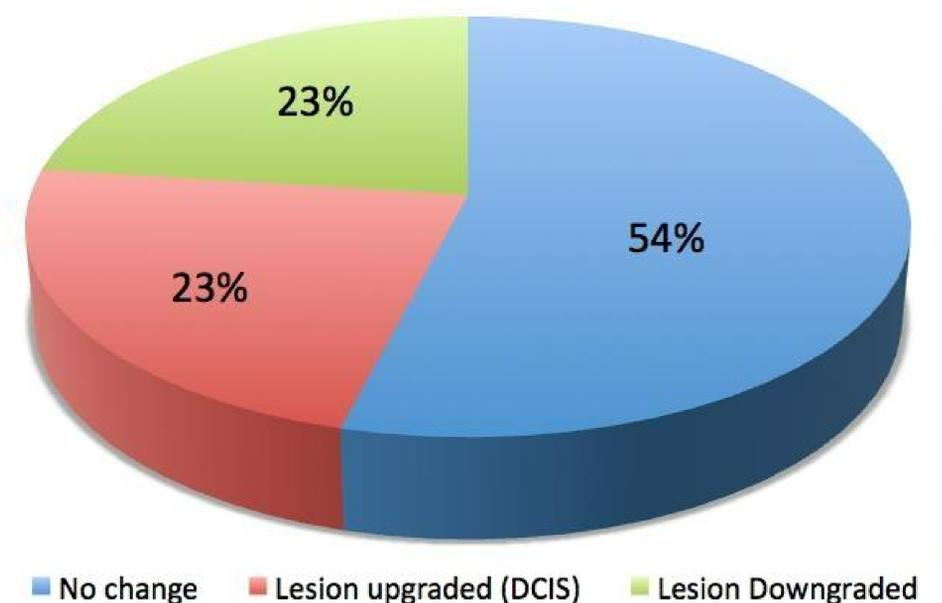


Figure 3.

Upgraded case
Core biopsy:
B3 lobular neoplasia (ALH/LCIS)

VAE:
B5b Mucinous Carcinoma Gr 2 With ALH