

Breast B3 (uncertain malignant potential) Lesion Management at PAH Breast Unit

Project aim – Radiology Department

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.

Timeline for delivery

From: New NHS BSP Guideline publication (Dec 2016) to Present

Measures

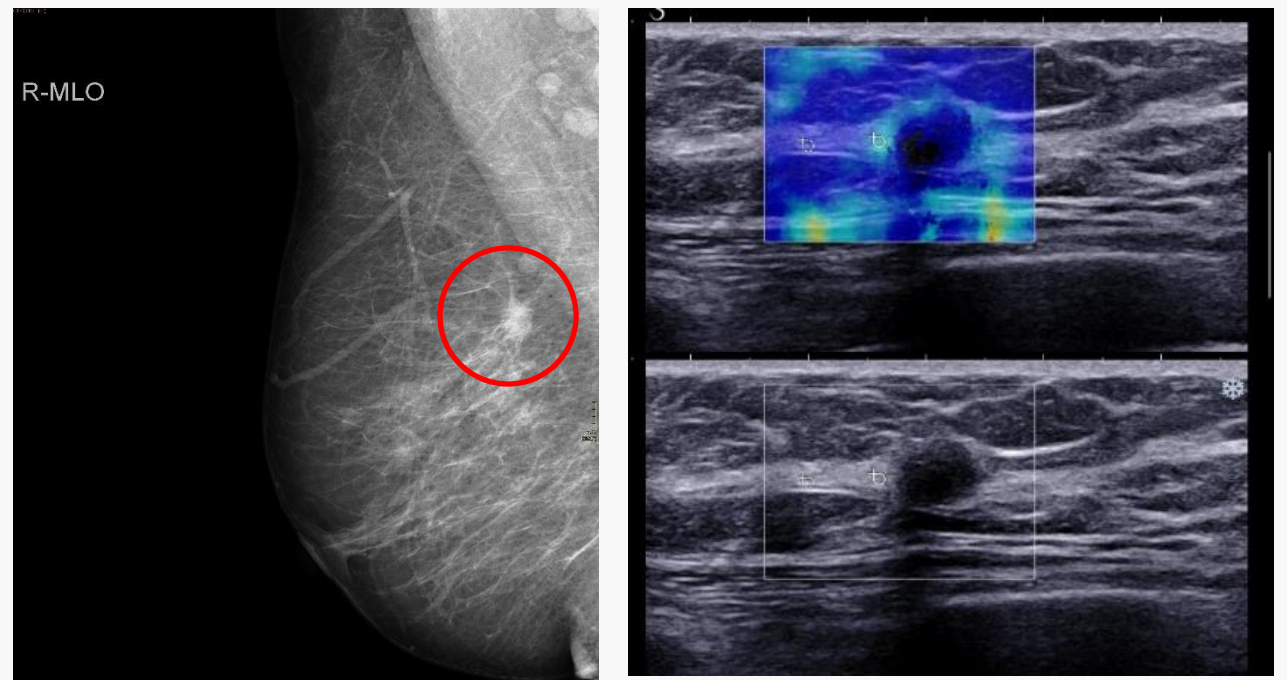
In this audit, following implementation of the New Guidelines, 47 screen-detected B3 lesions at initial biopsy (31 core and 16 vacuum-assisted biopsies) at our screening unit were reviewed to assess NHS BSP B3 Guideline compliance.

Results

- Following interrogation of NBSS, pathology and MDT outcomes, 27 cases (57.5%) were found to be compliant with the guidelines.
- 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 (in all cases to DCIS) from the initial diagnosis; 54% of the excision biopsies resulted in no change to the lesion grading; and the lesion was downgraded in 23%.

Project team

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Conclusion

- **This audit demonstrates good compliance with the new NHS BSP B3 Guidelines at PAH's Breast Unit (sited at St Margaret's Hospital), 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.**

