ePoster
(educational)

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Reducing T2+ breast carcinomas by earlier detection in breast cancer screening programmes: lessons learned from routine audits

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Learning Objectives

1. To focus on more early detection of T2+ screen-detected carcinomas
2. To show and discuss significant lesions
3. To draw attention to discrepant readings in the prior screening examinations

Background/Purpose

Routine audits are integrated in the Dutch breast cancer screening programme. As part of these audits, T2+ screen-detected carcinomas are categorised on the index screening exam as “normal”, “minimal sign” or “significant/missed”. This categorisation is performed in consensus by two independent expert audit radiologists, evaluating this index screening exam together with the prior screening exam, unaware of recalled exam.

By reviewing these cases with peers, auditees are enhanced to discuss their reading considerations. This process facilitates the identification of pitfalls and stimulates continous feedback and teaching. Within the 2023-2025 audit cycle, a sample of 524 T2+ screen-detected cancers was reviewed. Of these, 29,2% were classified as “missed”, indicating that recall would have been warranted in the prior screening round.

Content Organization

We demonstrate cases with significant abnormalities detected at prior exams. Of the significant abnormalities: 37% were new masses, 25% were growing masses or asymmetries, 29% of cases were noted as distortions and 9% were calcifications.

Key points/High-yield take home message

- Systematic teaching sessions in peer groups have potential for individual feedback.
- The recognition of a developing asymmetry is of importance to reduce the amount of T2+ screen-detected carcinomas.
- T2+ carcinomas in screening are found in all ACR categories.

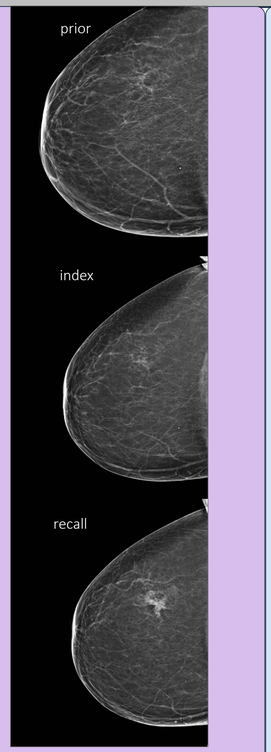


Fig. 1: CC view of a 70-year-old woman (index). A developing asymmetry was recommended for recall on the index mammogram during blinded consensus review. The woman was recalled at screening two years later. 3.2 cm invasive grade II tumour, ER+, PR –, HER2 –.

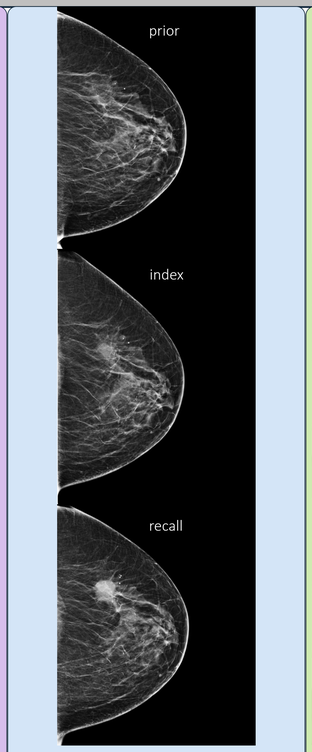


Fig. 2: CC view of a 70-year-old woman (index). The new mass on the index mammogram was recognised in daily practice by both readers and labelled as benign. The woman was recalled two years later. 3.3 cm invasive grade II tumour, ER+, PR+, HER2–.

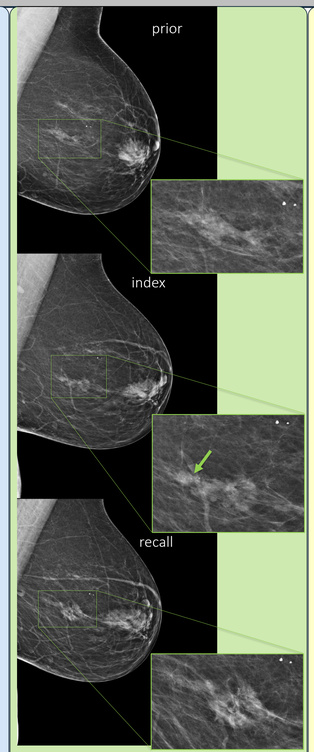


Fig. 3: MLO view of a 61-year-old woman (index). An unchanged asymmetry was present. The new grouped calcifications (green arrow) were not detected by both readers, probably because of insufficient focus during batch reading. The woman was recalled two years later. 2.4 cm invasive tumour, ER–, PR–, HER2–.

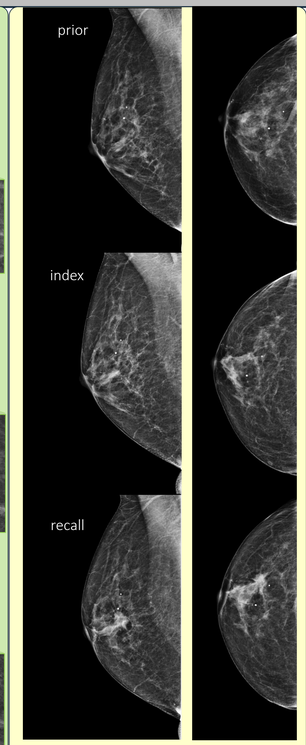


Fig. 4: MLO and CC views of a 57-year-old woman (index). An architectural distortion in the retro-mammillary area causing discrepant reading on the index mammogram. Consensus reading in daily practice led to no recall. Recalled two years later. 2.1 cm invasive grade I tumour (T2N+), ER+, PR+, HER2-.

References

Interested in more cases, check:

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