# Benign breast disease: An audit of imaging classification in the symptomatic service.

**Descriptor:**

An audit to assess breast imagers' grading of findings on mammography and breast ultrasound in cases of proven benign breast disease, in the symptomatic breast service.

**Background:**

It is as important to ensure we are not overscoring benign disease, as it is to make sure we are not underscoring malignancy. Standardisation of breast imaging reports are facilitated by a classification advised by the Royal College of Radiologists Breast Group [1]. Benign breast disease should be scored a 1 or 2 and in cases of uncertainty a score of 3 should be given. There is no universally accepted target and local targets may need to be agreed. We would suggest that at least 90% of benign breast disease should be scored on imaging as 1-3 (with the majority 1 or 2) and that 95% may be achievable.

## The Cycle

**The standard:**

All symptomatic breast imaging reports should have a numerical score and most benign breast disease should score 1 or 2.

**Target:**

• 100% of breast imaging examinations should have a score in the report

• a minimum of 90% or more cases of benign breast disease presenting through the symptomatic service should have an overall imaging report score of 1-3, with a target of 95%

## Assess local practice

**Indicators:**

Percentage of reports containing numerical score and a percentage of benign breast disease scored 1-3.

**Data items to be collected:**

• Use pathology database to identify symptomatic service benign breast biopsies

• Review radiology reports for these cases on RIS

**Suggested number:**

Sample size will depend on practice - 100 cases is a reasonable sample size.

**Suggestions for change if target not met:**

• Multidisciplinary review of all benign disease scored 4 or 5 on imaging - this review process should include pathology type and review of images

• Review team use of scoring categories

• Re-audit subsequent batch of cases

**Resources:**

- RIS records

- Pathology database

- Time: 5hrs

**References:**

1. A. J. Maxwell: The Royal College of Radiology Breast Group Imaging Classification, Clinical Radiology (2009) 64, 624-627 <https://www.ncbi.nlm.nih.gov/pubmed/19414086>
2. AMA Taylor K, Britton P, O'Keeffe S, Wallis MG. Quantification of the UK 5-point breast imaging classification and mapping to BI-RADS to facilitate comparison with international literature. Br J Radiol. 2011;84(1007):1005-10.<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3473699/#!po=32.1429>
3. Britton et al, Measuring the accuracy of diagnostic imaging in symptomatic breast patients: team and individual performance. Br J Radiol. 2012 Apr;85(1012):415-22. Epub 2011 Jan 11. <https://www.ncbi.nlm.nih.gov/pubmed/21224304>

**Editor's comments:**

If reporting radiologist/ breast clinician/ radiographer details are also collected then individual results can be used for revalidation purposes.

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**Published Date:**

Tuesday 10 July 2012

**Last Reviewed:**

Sunday 6 January 2019