# Non-operative diagnosis rate for non-invasive cancer.

**Descriptor:**

Audit of the non-operative diagnosis rate of biopsy proven DCIS within either a screening or symptomatic service.

**Background:**

DCIS is a non-invasive but cancerous condition of the breast. One in every thousand women undergoing breast screening is found to have DCIS [1].  Although DCIS is non-invasive it has malignant potential. Failure to obtain an accurate diagnosis on image guided biopsy may lead to the patient having an open diagnostic surgical biopsy, followed potentially later by definitive surgery. This may also lead to a delay in treatment. Targets have been set by the screening service and are monitored and published annually in the Association of Breast Surgery report. This audit can be carried out in any unit but is particularly relevant to those units not achieving the target rates.

## The Cycle

**The standard:**

Non-invasive cancers should have a non-operative pathological diagnosis [2].

**Target:**

Minimum standard: 85% of all non-invasive cancers should have a non-operative pathological diagnosis

Target: 90% of all non-invasive cancers should have a non-operative pathological diagnosis

## Assess local practice

**Indicators:**

Percentage of non-invasive cancers identified on biopsy prior to surgery

**Data items to be collected:**

1. Mammographic score

2. Ultrasound score

3. Whether it was ultrasound or stereotactic guided biopsy

4. Type of biopsy (large volume core or core biopsy)

5. Core biopsy pathology, score and grade

6. Whether the biopsy was repeated and if so why and how

7. Whether calcium was present on biopsy

8. The size and grade of DCIS at surgery

**Suggested number:**

All recorded cases of DCIS over a 12 month period.

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

• Discuss findings within the multidisciplinary team

• Is there a common factor in cases without non-operative diagnosis?

• Discuss repeating biopsy with pathologist on a case by case basis if initial standard core is B3/4 and there remains a high suspicion of non-invasive cancer

• Continue to monitor

**Resources:**

• Access to breast cancer database to identify DCIS cases

• Time needed will depend on the size of the unit and the number of cases in which no non-operative diagnosis was made

• Time also required for pathologist to review individual cases to determine whether case was classified as B4 because of insufficient size to meet screening programme definition of DCIS on core biopsy

**References:**

1. <http://www.cancerscreening.nhs.uk/breastscreen/dcis.html> accessed on 19/10/15
2. QA Guideline for Surgeons in Breast Cancer Screening, NHSBSP publication no 20, 4th Edition, March 2009.
3. NHSBSP and ABS at BASO. An Audit of Screen Detected Breast Cancers April 2006 to March 2007. NHS Breast Screening Programme, 2008.

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