



Provincial Health Services Authority

# POST-SCREEN CANCER REVIEWS PROCEDURE: BREAST SCREENING

(QUALITY MANAGEMENT – SG 160)

## Summary of Changes

	NEW	Previous
BC Cancer	Terminology and Formatting	<ul style="list-style-type: none"><li>• January 2009</li><li>• June 2016</li><li>• April 2018</li></ul>

Last Revised:	15/JUNE/2023	Next Review:	15/JUNE/2026	
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### 1. Introduction

Post-Screen Cancer Reviews are conducted under Section 51 of the BC Evidence Act, for the purpose of quality improvement and continuing medical education.

In order to support program evaluation efforts and clinical quality assurance activities, diagnostic investigation data is collected on participants who have screen-detected abnormalities, or have post-screen cancers.

#### 1.1. Focus

The focus of this guideline is to provide guiding principles on reviewing Post-Screen Cancer studies performed at the screening centres.

#### 1.2. Health Organization Site Applicability

All BC Cancer Breast Screening Centres

#### 1.3. Practice Level

- Breast Screening Program Radiologists
- Client Services Centre Staff

#### 1.4. Definitions

**Screen Detected Cancer:** A Screen-Detected Cancer is any breast cancer found on diagnostic investigation initiated by an abnormal screening result. This includes breast cancer diagnosed in the opposite breast to the screen-detected abnormality.

**Post-Screen Cancer:** A Post-Screen Cancer is a new breast cancer detected after a normal Breast Screening exam, or after an abnormal screen-initiated work-up that did not result in a breast cancer diagnosis. Breast cancers found on serial follow-up of an abnormal screening exam (such as 6-month repeat mammography) are considered to be Post-Screen Cancers.

Any breast cancer diagnosed after the last screening episode is categorized as a Post-Screen Cancer.

Post-Screen Cancers May be Categorized As:

**X-Month Interval Breast Cancer:** An interval breast cancer is a post-screen cancer that presents or is detected within a defined period of time (X months e.g. 12 months, 24 months, etc.) after routine screening in which findings are considered normal.

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**Contradiction Cancers:** A Contradiction Cancer is a post-screen cancer for which the location of the cancer is determined to be the same as the abnormal finding on the most recent Breast Screening exam and the screen occurred < 30 months prior to the diagnosis. If the diagnosis occurs ≥ 30 months after the last screen, then it is an Interval Cancer.

### 1.5. Need to Know

The end of screening episode for an abnormal screen is determined by:

1. The date of tissue diagnosis if a biopsy is performed; or
  2. The date of the last test that gives recommendation to return to screening; or
  3. The date of the last test that gives recommendation to continue with imaging surveillance.
- Breast Screening radiologists must complete documentation for remuneration
  - Breast Screening radiologists may claim up to two (2) hours of RCPSC MOC Section 3 (Practice Assessment) credit per session.

## 2. Evaluation

### 2.1. Independent Blind Review

A minimum of 50% of Interval cancers diagnosed within 18 months of the last BC Cancer Breast Screening program (the “program”) exam are subject to **an Independent Blind Review** (Blind Review) for any given calendar year.

- For each review session, up to thirty (30) Interval Cancers are randomly mixed with normal cases to make up a total of 100 cases;
- A patient or provider may also request that a case be included for Blind Review
- Three (3) or more program radiologists independently review the cases and document their findings.

#### Procedure:

#	Action	Role
1.	Obtain Imaging and corresponding reports for cases included in the Blind Review	Program Registry
2.	Attend review session	Blind Review Radiologists

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3	Read the cases included in the review and document findings	
4.	Collect blind review results and findings. Store information for future Joint Reviews	Program Registry

## 2.2. Joint Retrospective Review

Up to three (3) **Joint Retrospective Review** (Joint Review) sessions are set up annually for the radiologist reviewers to discuss the following cases:

- Interval Cancers with finding(s) on same side as cancer documented by at least one radiologist from the Independent Blind Review,
  - The location of any findings from the Blind Review must be correlated with that of the interval cancer to confirm the number of Blind Reviewers having truly identified the interval cancer (i.e. 0/3, 1/3, 2/3, or 3/3)
- Any other Post-Screen cancer referred by the Medical Director, to confirm designation or address other issues.

### Procedure:

#	Action	Role
1.	Obtain Imaging and corresponding reports for cases included in the Joint Review	Program Registry
2.	Attend review session	Joint Review Radiologist Panel
3.	<p>Review findings as a group to determine Post-Screen Cancer Type</p> <p><b>a. Interval Cancer</b></p> <ol style="list-style-type: none"> <li>“True Negative”: Joint Review panel confirms 0/3, 1/3, 2/3, or 3/3 Blind Reviewers</li> <li>False Negative: Joint Review panel confirms 3/3 Blind Reviewers.</li> </ol> <p><b>Note:</b> The abnormality must be on the <b>same side</b> as the diagnosed cancer location to be a <b>false negative</b>.</p> <p><b>b. Contradiction Cancer</b></p> <ol style="list-style-type: none"> <li>Contradiction Cancer is a post-screen cancer for which the location of the cancer is determined to be the same as the abnormal finding on the most</li> </ol>	

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	recent Breast Screening exam.	
	<b>c. 'Unable to review'</b>	
4.	Identify Post-Screen Cancer Primary Feature (choose one)  a. Architectural Distortion b. Asymmetric /Focal Density c. Calcification d. Mass	
5.	Collect Joint Review results. Store information as required	Program Registry

### 3. Appendices

[Appendix 1: Screen-detected Abnormal and Post- Screen Cancers](#)

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### Appendix 1: Screen-detected Abnormal and Post- Screen Cancers

The following tables define the scope of data collection for screen-detected abnormal and post-screen cancers:

#### Screen-Detected Abnormalities

	Low Suspicion Abnormal <u>without</u> Surgical Procedure	Moderate/High suspicion Abnormal OR Low Suspicion Abnormal <u>with</u> Surgical Procedure	
		No Cancer	Cancer
Type of Procedure	✓	✓	✓
Date of Procedure	✓	✓	✓
Where was the Procedure Performed	✓	✓	✓
Result of Procedure	✓	✓	✓
Final Diagnosis & Date of Diagnosis		✓	✓
Diagnosis Details for Staging Calculation			✓

#### Post-Screen Cancers

	Diagnosed within ( $\leq$ ) 5 Years of Last Screen	Diagnosed beyond 5 Years of Last Screen for Definitive Diagnostic Procedures
What Initiated the Investigation	✓	✓
Type of Procedure	✓	✓
Date of Procedure	✓	✓
Where was the Procedure Performed	✓	✓
Result of Procedure	✓	✓
Final Diagnosis & Date of Diagnosis	✓	✓
Diagnosis Details for Staging Calculation	✓	✓

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<b>Final Sign Off:</b>	<b>Name</b>	<b>Title</b>	<b>Date Signed</b>
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