



Provincial Health Services Authority

CENTRE CASE REVIEWS PRACTICE GUIDELINES: BREAST SCREENING

(Quality Management – SG 180)

Summary of Changes

	NEW	Previous
BC Cancer	February 16, 2023	March 2011

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1. Introduction

Each Breast Screening reading centre must perform case reviews of diagnostic work-up related to false positive screens, screen-detected cancers and post-screen cancers.

The centre case review process provides:

- An assessment of the adequacy and appropriateness of diagnostic follow-up
- An opportunity for resolution of any discrepancies between screening results and diagnostic findings
- An opportunity to respond to queries from physicians regarding program participants
- An opportunity for quality improvement and continuing education

1.1. Focus

The purpose of this guideline is to provide guiding principles on Centre Case Reviews

1.2. Health Organization Site Applicability

All BC Cancer Breast Screening Centres

1.3. Practice Level

All Breast Screening Program Reading Centre Staff

1.4. Need to Know

Regular performance of these reviews is the responsibility of the site chief screener, in collaboration with the site clerical staff, chief technologist and manager(s). Reviews for ancillary centre exams will be sent to the reading centre.

2. Practice Guidelines

The review process must begin within the first six (6) months of a new centre's operation and continue at least quarterly. It is recommended that the reviews be planned as a joint review session when practical.

The program requires at least the following types of cases be reviewed, with case selection overseen by the site chief screener:

- ≥30 false positive cases which were deemed moderately or highly suspicious for breast cancer (i.e. B or C)

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- Additional review of false positive cases which were deemed low suspicion (i.e. A) is also encouraged, particularly where improvement in Abnormal Call Rate is required
- ≥30 screen-detected cancer cases
- All post-screen cancer cases
- All queries from physicians about program clients
- All queries from Breast Screening Program Pathologist
- All queries from the program Registry

Any amendments to screening results already sent out must be made by creating an addendum in MagView, and submitting an Unusual Occurrence Form to the Client Services Centre, Attention: Client Services Manager. Direct communication by the reading centre to the primary care provider of any clinically significant update is also required.

The fixed reading centre receives the following materials on a monthly basis from the program registry:

- A list of abnormal screens for potential case review (the Abnormal Screens Chart by Centre report) with completed charts, including individual case summaries (the Abnormal Screen Workup Summary)
- Available diagnostic/pathology reports in the last month, sorted by screener and program ID.

2.1. Possible Centre Review Processes

The centre conducts the review at a designated time as scheduled by the centre. Two example centre review processes are described here. The Client Services Manager is available for assistance with developing a process.

EXAMPLE 1 – Conduct individual reviews initially followed by a joint review quarterly

- a. Upon receiving the monthly list from the program registry the centre arranges for 2-5 cases (screening images, reports and diagnostic work up summary sheet) to be added to the end of each day's screening work for review.
- b. Upon review the screener can request for additional information including diagnostic images and reports.
- c. The screener notes cases of interest for their next centre joint review session

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EXAMPLE 2 – Conduct a joint review monthly or when a full session of cases is available

- a. Utilizing one or more of the monthly Abnormal Screens Chart by Centre report(s) from the program registry the centre arranges for a joint review (screening images, reports and diagnostic work up summary sheet).
- b. Upon review, the screeners can request for additional information including diagnostic images and reports.

FOR EITHER SET UP: The screener amends any screening results if required by completing an addendum through MagView, and submitting an Unusual Occurrence Form to the Client Services Centre, Attention: Client Services Manager. Direct communication by the reading centre to the primary care provider of any clinically significant update is also required.

2.2. Site Specific Practices

Each centre must develop a regular case review process within their centre's unique workflow.

2.3. Documentation

Once a Centre Case review is completed, an email communication is to be sent to the Program QM Coordinator, with only the following details:

- The number of cases of each type (e.g. false positive, screen-detected cancer) reviewed
- Date of review
- Radiologists involved + estimated hours spent per radiologist for CPD certificates

3. Related Document

Abnormal Screens Chart by Centre Report
Abnormal Screen Workup Summary Report
[SG160 – Post-Screen Cancer Reviews](#)
Screener's Annual Post Screen Cancer (PCA) Reports
[SA 030 – Unusual Occurrences and Incident Reporting](#)
Unusual Occurrence Form

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4. Appendices



V.1.0

Breast Abnormal Screen Chart By Centre

Report generated on 2022-07-05 03:53:04 PM by Rachel Berns

Report Period: 2022-04-01 to 2022-04-30

Screening Centre: Location - Timbuctoo Regional Hospital
Breast Screening

Radiologist: RADA - RAA

PHN	Client Name	DOB	Exam Date	Result	Cancer Found	Lost to F/U
Diagnosis with Pathology						
9111111111	TEST, HEATHER	1966-03-12	2021-01-23	B - Moderate	Y	

Diagnosis with Imaging Only

0#####	TEST, MARGARET	1955-11-25	2021-01-02	A - Low	N	
0#####	TEST, MARY	1946-01-13	2021-01-02	A - Low	N	
9222222222	TEST, ANNE	1953-07-30	2021-01-09	A - Low	N	
0#####	TEST, LAURELLE	1980-10-26	2021-01-10	A - Low	N	
0#####	TEST, GWENDOLYN	1957-11-24	2021-01-23	A - Low	N	
0#####	TEST, SHANNON	1976-07-26	2021-01-23	A - Low	N	
0#####	TEST, JANET	1965-03-13	2021-01-24	A - Low	N	
0#####	TEST, DEBRA	1957-06-08	2021-01-24	A - Low	N	
0#####	TEST, KAREN	1968-11-16	2021-01-26	A - Low	N	

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Breast Abnormal Screen Chart By Centre

Report generated on 2022-07-05 03:53:04 PM by Rachel Berns

Report Period: 2022-04-01 to 2022-04-30

Screening Centre: Location - Timbuctoo Regional Hospital
Breast Screening

Radiologist: RADB - RAB

PHN	Client Name	DOB	Exam Date	Result	Cancer Found	Lost to F/U
Diagnosis with Imaging Only						
Q#####	TEST, KORI	1973-01-03	2021-01-04	A - Low	N	
Q#####	TEST, BARBARA	1948-10-15	2021-01-24	A - Low	N	
Q#####	TEST, CAROL	1967-02-14	2021-01-28	A - Low	N	
Q#####	TEST, PENNY	1945-06-08	2021-01-30	A - Low	N	

SAMPLE

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V.1.0

Breast Abnormal Screen Chart By Centre

Report generated on 2022-07-05 03:53:04 PM by Rachel Bems

Report Period: 2022-04-01 to 2022-04-30

PHN	Client Name	DOB	Exam Date	Result	Cancer Found	Lost to F/U
<u>Radiologist</u>				<u>Total Patients</u>		
RADA, ANNELESE				10		
RADB, BOB				4		
Total for Location - Timbuctoo Regional Hospital Breast Screening:				14		

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V.2.0

Breast Abnormal Screen Workup Summary

CLIENT INFORMATION

PHN: 9111111111
 Name: HEATHER TEST Sex: F
 DOB: 1986-03-12 Age: 56

PRIMARY PROVIDER CONTACT INFORMATION

Name: HCP TEST MSC: 11111 Phone: 604-222-3333

CLIENT HIGH RISK HISTORY

Breast Cancer Family History 1st Degree

MAMMOGRAM SCREEN SUMMARY

Screen Date: 2021-01-26 Diagnosis: Breast Cancer - Insitu
 Result: B - Moderate Suspicion Finding Diagnosis Date: 2021-03-04
 Reported On: 2021-03-10

CLIENT TEST HISTORY

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Test Type	Test Date	Site	Results Summary / Test Recommendation	BIRADS
Open Biopsy	2021-03-29	Right - Breast NOS	Histology Description: Cribriform carcinoma in situ. Grade: 2. Nodes: No. Max Insitu Dimension: 4mm.	
Core Biopsy	2021-03-04	Right - Breast NOS	Histology Description: Intraductal carcinoma, noninfiltrating, NOS. Grade: 3. Max Insitu Dimension: 999mm.	
Ultrasound - Breast	2021-02-10	Right - 9:30	Result: Solid. Recommendation: Biopsy.	4
Mammogram - Unilateral	2021-02-10	Right - 10	Result: Suspicious. Recommendation: Ultrasound.	4
Mammogram Screening	2021-01-26	Right	B-Moderate suspicion finding: There are calcifications in the posterior of the right breast upper outer quadrant at 10 o'clock.	

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V.20

Breast Abnormal Screen Workup Summary

CLIENT INFORMATION

PHN: 9222222222

Name: ANNE TEST

Sex: F

DOB: 1953-07-30

Age: 69

PRIMARY PROVIDER CONTACT INFORMATION

Name: HCP TEST

MSC: 22222

Phone: 604-111-1111

CLIENT HIGH RISK HISTORY

Breast Cancer Family History 1st Degree

MAMMOGRAM SCREEN SUMMARY

Screen Date: 2021-01-09

Diagnosis: Normal or Benign for Br Ca

Result: A - Low Suspicion Finding

Diagnosis Date: 2021-03-04

Reported On: 2021-03-09

CLIENT TEST HISTORY

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Test Type	Test Date	Site	Results Summary / Test Recommendation	BIRADS
Core Biopsy	2021-03-04	Right - Breast NOS	Histology Description: Normal/Benign, no signif. risk for breast ca.	
Mammogram - Unilateral	2021-01-22	Right - 12	Result: Suspicious. Recommendation: Biopsy.	4
Mammogram Screening	2021-01-09	Right	A-Low suspicion finding: There are calcifications in the middle of the right breast upper outer quadrant at 11 o'clock.	

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Approving Body:	Breast Screening Quality Management Committee		
Final Sign Off:	Name	Title	Date Signed
	Dr. Colin Mar Medical Director	Medical Director – Breast Screening Program	30-JAN-2023
Developed By:	Name	Dept.	HO
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Posted Date:	17-FEB-2023		
Version:	2.0		
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	Amanda Hunter	New template conversion, updating for new program guidelines	26-JAN-2023

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