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Does annual surveillance mammography for B3 'indeterminate' lesions detect early recurrent disease after treatment: An audit of 5 years of practice at Maidstone and Tunbridge Wells NHS Trust.

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Abstract

Background: This clinical audit aimed to review the management of indeterminate (B3) breast lesions. Current UK and European guidelines recommend that B3 lesions should be removed via vacuum assisted excision (VAE) and entered into a 5-year surveillance pathway if cellular atypia is diagnosed. Previously, these lesions had been managed by surgical excision without surveillance.

Methods: Fifty patients with B3 lesions at a single NHS Acute Trust were retrospectively identified and followed for 5 years.

Results: Of the 50 patients assessed, 28 were managed surgically and 22 were managed via VAE. One patient incurred a recurrence of malignant disease which was discovered via surveillance which equates to 5% of the B3 with atypia cohort. The rate of cancer detection in the NHS national breast screening programme in 2020-2021 was 0.91%.

Conclusions: This audit therefore supports the current surveillance protocol and suggest that B3 patients are at increased risk of malignancy when compared to the average population. Future work will be needed to statistically confirm this observation in a larger study to enable comparisons between the surgically and VAE managed patients.

Keywords: Breast cancer | B3 | Vacuum Assisted Excision

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