Results
40 women aged 35-39 years old were identified from clinic records between February & August 2014. 3 cancers were diagnosed in women aged 35-39 years. 34 USS were performed & 26 Mammograms were performed. 100% women received imaging on the same day as clinical examination.

100% malignancies were identified when using 2010 guidance. 8 women received unnecessary mammograms i.e. according to guidance were "non-compliant". All 8 were benign cases (100%), 5 comprising breast pain or unilateral discharge & 3 where no P-score was given: the tendency was to over-investigate when clinical information was lacking. No malignancy was at risk of being missed.

Conclusions
Diagnostic accuracy maintained. No malignancy missed
Reduction in exposure to harmful radiation. Less discomfort for women. Shorter clinic waiting times. Less anxiety as ultrasound gives fast bedside results
Fewer costly scans. £40,000 saved/year. More emergency clinic slots. Reduced reporting workload—liberating skilled radiologists for other tasks.

Background
In 2010 updated diagnostic guidance was published by the Association of Breast Surgeons Working Group, detailing new recommendations for the imaging of women in the 35-39 year old age group with symptomatic breast complaints. Mammography was no longer advocated as the routine first line investigation. Figure 2 explains how referral practices for imaging and diagnosis were altered after the new recommendations. Across the country there remains variation in practice, with many trusts still routinely referring women older than 35 years for a mammogram as the first line modality in the assessment of breast symptoms. The following completed audit of referrals to a triple assessment clinic at a busy foundation trust, serving a large and varied demographic, evaluates the value of complying with 2010 best practice guidance in relation to accuracy in diagnosing malignancy and the impact on efficiency and quality of care. A secondary aim was to evaluate local trust adherence to 2010 best practice diagnostic guidelines after a campaign in 2013 was carried out following the first audit cycle aiming to increase awareness and acceptance of the new guidance.

Methods
A Breast Cancer Database identified all women aged 35-39 years of age presenting to the triple assessment clinic between February and August 2014. Data on patients’ presenting symptoms and selected patient histology were obtained through PACS and iLAB. Retrospective review of all breast imaging, clinical examination, ultrasound, and mammography scores was completed. An analysis of trust compliance and the subsequent pick-up rate of malignancy was performed.

Note: P score is based on clinical examination. M score is based on Mammographic appearance. U score is based on Ultrasound appearance.

References