

An Audit of Local Guidance Compliance For Stereotactic Core Biopsy For DCIS In The Breast Screening Programme

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Abstract : Background: The breast unit local guideline recommends that 12 cores should be used in a stereotactic-guided biopsy to diagnose DCIS. Twelve cores are regarded to provide good diagnostic value without removing more breast tissue than necessary. This study aimed to determine compliance with guidelines and investigated how the number of cores impacted upon the re-excision rate and size discrepancies. Methods: This single-centre retrospective cohort study of 72 consecutive breast screened patients with <15mm DCIS on radiological report underwent stereotactic-guided core biopsy and subsequent surgical excision. Clinical, radiological, and histological data were collected over 5 years, and ASCO guidelines for margin involvement of <2mm was used to guide the need for re-excision. Results: Forty-six (63.9%) patients had <12 cores taken, and 26 (36.1%) patients had ≥ 12 cores taken. Only six (8.3%) patients had 12 cores taken in their stereotactic biopsy. Incomplete surgical excision was seen in 17 patients overall (23.6%), and of these patients, twelve (70.6%) had fewer than 12 cores taken ($p=0.55$ for the difference between groups). Mammogram and biopsy underestimated the size of the DCIS in this subgroup by a median of 15mm (range: 6-135mm). Re-excision was required in 9 patients (12.5%), and five patients (6.9%) were found to have invasive ductal carcinoma on excision (80% had <12 cores, $p=0.43$). Discussion: There is poor compliance with the breast unit local guidelines and higher rates of re-excision in patients who did not have ≥ 12 cores taken. Taking ≥ 12 cores resulted in fewer missed invasive cancers lower incomplete excision and re-excision rates.

Keywords : stereotactic core biopsy, DCIS, breast screening, Re-excision rates, core biopsy

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