

## Breast Screening

The UK NHSBSP screens women from the age of 50 – 70. Breast screening presents treatment challenges for surgeons and MDTs.

These documents and this summary has been reviewed and proposed by the Association of Breast Surgery Clinical Practice and Standards Committee. They are for the use of ABS members and MDTs when planning patient care. Responsibility for patient care lies with the individual Consultant and local guidance will also apply.

GUIDELINE	DOCUMENT	ORGANISATION/ COUNTRY	YEAR PUBLISHED
<b>B3 Lesions</b>	<a href="#">Consensus guideline on concordance assessment of image guided breast biopsies and management of borderline or high risk lesions</a>	American Society of Breast Surgeons	2016
<p>Comments:</p> <p>The American Society of Breast Surgery has its own recommendations for B3 lesions (they do not use the term “B3”). The guidance is broadly the same but there are some subtle differences.</p> <p>The nomenclature has diverged, for example in the UK we favour the terms atypical intraductal epithelial proliferation (AIDEP) to atypical ductal hyperplasia. There are other related nomenclature differences.</p> <p>There is a lower threshold for surgical excision in these recommendations compared to the PHE guidance where vacuum assisted excision features strongly as a possible alternative to excision in appropriate patients.</p>			
<b>B3 Lesions</b>	<a href="#">NHS Breast Screening multidisciplinary working group guidelines for the diagnosis and management of breast lesions of uncertain malignant potential on core biopsy (B3 lesions)</a>	NHS BSP Multidisciplinary Group	2016
<p>Comments:</p> <p>A working group from ABS, Pathology Big 18 and Radiology Big 18 screening committees have produced a document on the recommended management of B3 lesions diagnosed in women within the Breast Screening programme. This document dovetails with the NHS BSP Clinical Guidance for Breast Screening Assessment mentioned above. ABS members will hopefully find this paper, based on best available evidence, useful in their clinical practice.</p>			
<b>QA Guidelines</b>	<a href="#">QA Guidelines for Surgeons in Breast Cancer Screening</a>	Association of Breast Surgery (ABS)	2018
<p>Comments:</p> <p>ABS have produced up to date guidance for surgeons involved in the care of women with cancers diagnosed within the NHS Breast Screening Programme</p>			

# Guidance Platform

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<b>GUIDELINE</b>	<b>DOCUMENT</b>	<b>ORGANISATION/ COUNTRY</b>	<b>YEAR PUBLISHED</b>
<b>QA Guidelines</b>	<a href="#">Breast screening: quality assurance guidelines for breast pathology services</a>	Public Health England, UK	2020
Comments: The Breast Screening QA Guidelines for Pathology give recommendations for the handling of specimens from women diagnosed within the NHS BSP			
<b>QA Guidelines</b>	<a href="#">Quality Assurance Guidelines for Breast Cancer Screening Radiology</a>	NHS BSP, UK	2011
Comments: This document outlines the QA recommendations for Radiologists in the NHS BSP. QA requirements for all disciplines within the NHS BSP can be found <a href="#">here</a>			
<b>Screening Assessment</b>	<a href="#">NHSBSP: Clinical Guidance for Breast Cancer Screening Assessment</a>	Public Health England (PHE), UK	2016
Comments: This document provides very clear guidance on the management of patients recalled for further assessment following Screening Mammography. There are very helpful indicators on how to manage B3 lesions. Entry into the Sloane Project Phase 2 is encouraged by ABS. With regards to the assessment of cortical thickness of axillary nodes by ultrasound when checking for axillary node metastases, local guidelines and audit are recommended as published evidence is not conclusive.			

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<b>Version</b>	4

The guideline title in the document column includes a hyperlink to the relevant guideline. Please view the document on the ABS website to follow these links.