
Current Clinical Assessment Processes and Protocols for Screen Detected Lesions throughout Australia

Similarities, Differences, Opportunities

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Acknowledgement of Country

I acknowledge the Traditional Custodians of the lands on which we work and live, and recognise their continuing connection to land, water and community. I pay my respects to Elders past and present.



Introduction

Why, What, When, Who and Where?



Clinic Format

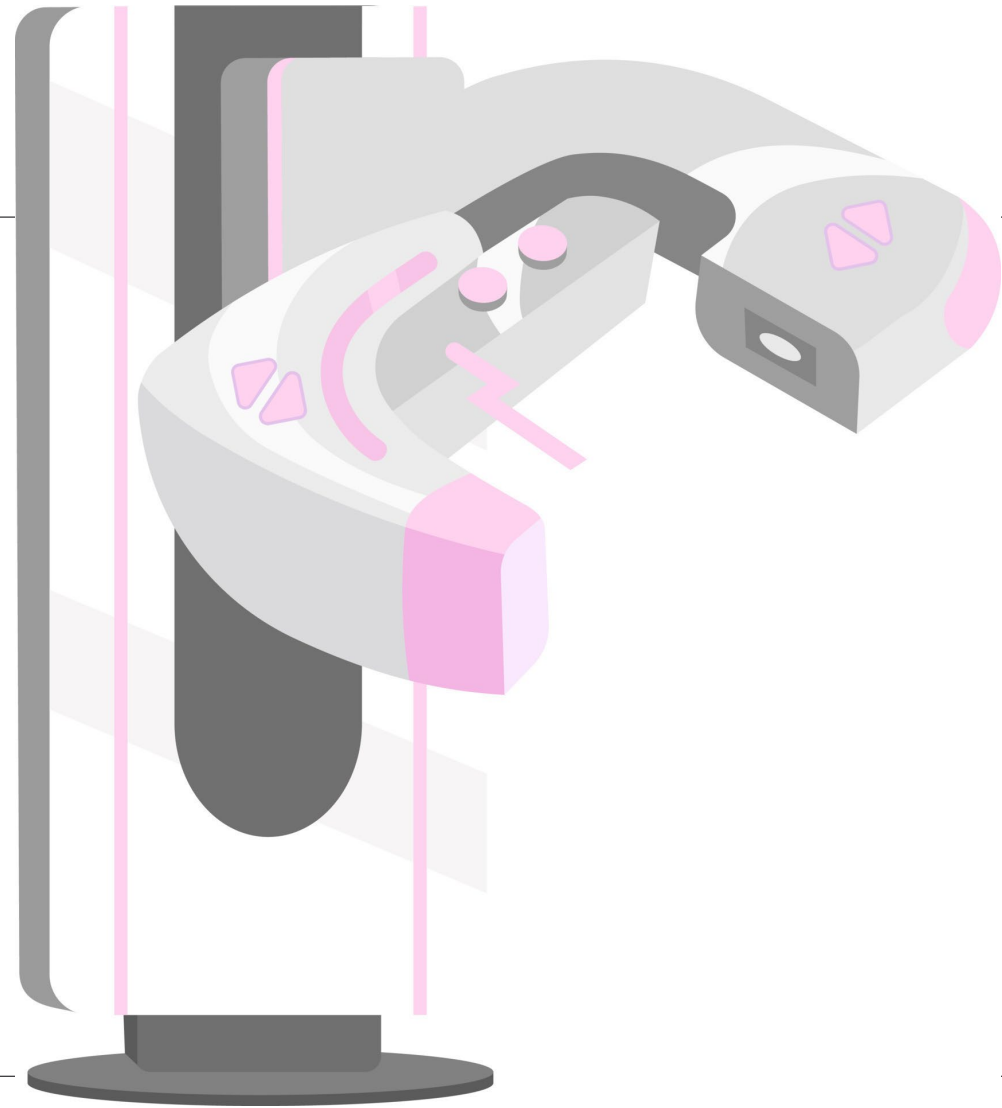




Clinic Format

	BSWA	BSNT	BSSA	BSV	BSTAS	BSACT	BSQ	BSNSW
Onsite Radiologist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offsite Radiologist (Remote Radiology)	No(?)	Yes (Sydney)/ Breast Physician Proceduralist onsite	No(?)	No	Yes (VIC/NSW) / Breast Physician Proceduralist onsite	No	Yes / Breast Physician Proceduralist onsite	Yes / Breast Physician Proceduralist onsite
Other	‘Step-Down’ (Work up only) model at one site with double reading of mammographic views	<ul style="list-style-type: none"> ➤ Reviewed and protocolled prior to clinic ➤ Work up Clinic (day 1) ➤ Biopsy Clinics (day 2) 					Remote location service	<ul style="list-style-type: none"> ➤ Trial Mobile Van Model ➤ Work up only clinics ➤ Biopsy Clinics

Mammographic Work Up





Mammographic Work Up

	BSWA	BSNT	BSSA	BSV	BSTAS	BSACT	BSQ	BSNSW
2 View Tomosynthesis	Recalled side	Bilateral (except Alice Springs – no 3D)	Radiologist Discretion	Clinic site dependent (8 sites) Recalled side (5) Bilateral (3) C-view available	Recalled side (Bilateral encouraged especially susp / malignant)	Bilateral + C-view (All)	Recalled side	Bilateral (All) C-view available
Calcification Work up	2D coned mag CC/LAT + discretionary	2D coned mag CC/LAT + true LAT (if biopsy likely) +/- nipple back coned mag	2D coned mag + true LAT	2D coned mag CC/LAT + discretionary	2D coned mag CC/LAT + discretionary	2D coned mag CC/LAT + nipple back coned mag CC + true LAT	2D coned mag CC/LAT + LAT tomosynthesis	2D coned mag CC/LAT + discretionary
Additional views	<ul style="list-style-type: none"> ➤ Post marker ➤ Radiologist Discretion 	<ul style="list-style-type: none"> ➤ Spot 3D/2D ➤ Post marker ➤ Radiologist Discretion 	<ul style="list-style-type: none"> ➤ Post marker ➤ Radiologist Discretion 	<ul style="list-style-type: none"> ➤ Post marker ➤ Radiologist Discretion ➤ Post cyst asp (site dependent) 	<ul style="list-style-type: none"> ➤ Post marker ➤ Radiologist Discretion 	<ul style="list-style-type: none"> ➤ Post marker ➤ Radiologist Discretion 	<ul style="list-style-type: none"> ➤ Post marker ➤ Post Cyst Asp ➤ Radiologist Discretion 	<ul style="list-style-type: none"> ➤ Spot 3D ➤ Post marker ➤ Radiologist Discretion

Sonographic Work Up

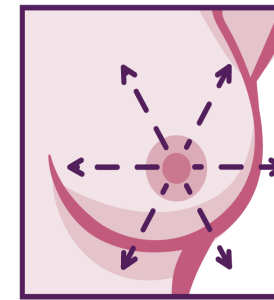
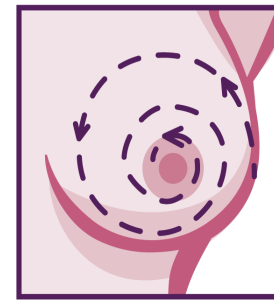
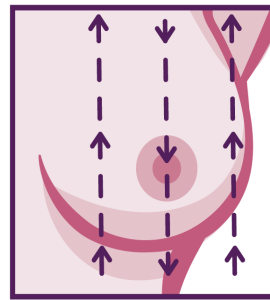




Sonographic Work Up

	BSWA	BSNT	BSSA	BSV	BSTAS	BSACT	BSQ	BSNSW
Radiologist / Sonographer	Mixed	Radiologist/ Breast Physician			Sonographer		Sonographer (preferentially when available)	Mixed
Likely normal/ benign		Targeted + ipsilateral whole breast + axilla	Targeted	Targeted if not cleared by tomosynthesis	Targeted if not cleared by tomosynthesis	Targeted if not cleared by tomosynthesis	Targeted if not cleared by tomosynthesis	Targeted if not cleared by tomosynthesis
Suspicious/Ma lignant		Bilateral whole breast + axilla	Targeted +ipsilateral axilla	Ipsilateral whole breast + axilla (Bilateral at one site)	Ipsilateral whole breast + axilla (Bilateral encouraged)	Bilateral whole breast + axilla	Bilateral whole breast + axilla (recommended)	Ipsilateral whole breast + axilla (Bilateral suggested)
Symptomatic Clients				Radiologist discretion (site dependent)			Symptoms assessed clinically and with imaging	Radiologist discretion

Clinical Examination



	BSWA	BSNT	BSSA	BSV	BSTAS	BSACT	BSQ	BSNSW
Prior to biopsy		Required (BCN during consent)	-	Determined by surgeon and radiologist	Required	Required	Required	Required
Symptomatic clients		Required (BCN during consent)	Required	Determined by surgeon and radiologist	Required	Available	Required	Available
All recalled clients		Required (BCN during consent)	-	Determined by surgeon and radiologist	Available	Available	Required	Available



Biopsy

	BSWA	BSNT	BSSA	BSV	BSTAS	BSACT	BSQ	BSNSW
Core	Yes	Yes (14G or 16G)	Yes	Yes	Yes	Yes	Yes	Yes (14G)
VAB	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
FNA			Likely benign lesions and suspicious LNs		LN Cyst Aspiration			Limited indications
VAE								Trialing - some sites

Radiological-Pathological Correlation and Results Provision

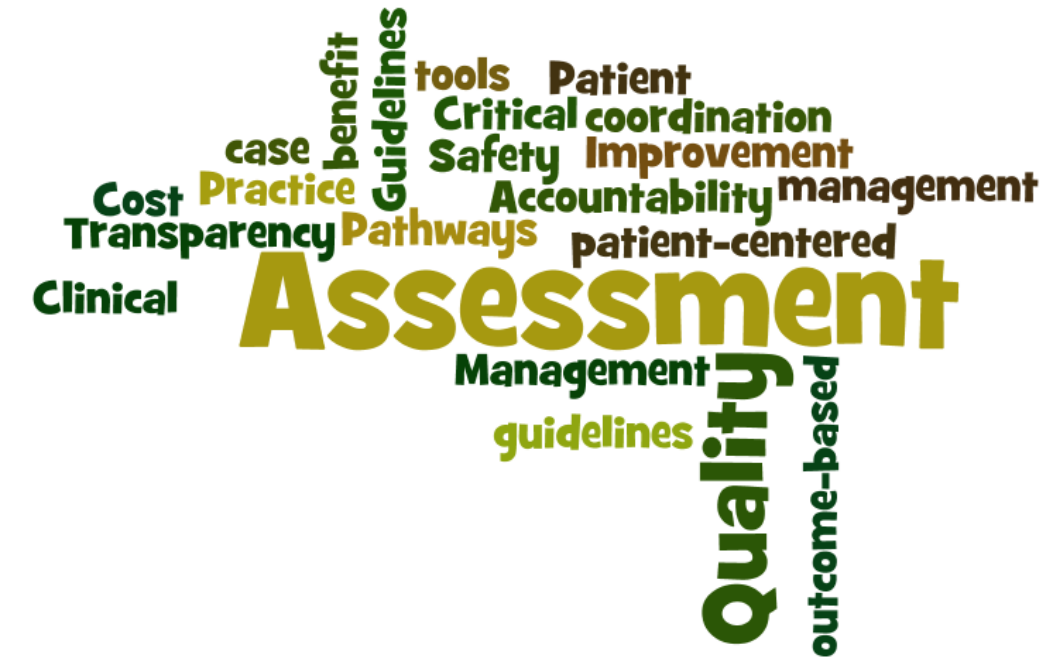


	BSWA	BSNT	BSSA	BSV	BSTAS	BSACT	BSQ	BSNSW
Correlation Method			MDT Meeting		MDT Meeting	MDT Meeting	MDT Meeting	MDT Meeting (some SAS have a correlation process to provide timely results initially)
Results			Results Clinic / Telehealth / GP		Results Clinic / GP (NC liaison)	Onsite with NC + CC contacts GP	Results Clinic / Telehealth / GP	Results Clinic / Telehealth / GP

Assessment Protocols

Why?

- Consistency and Standardisation
- Complete
- Equity
- Client Focused
- Expertise
- Streamlined and Efficient Workflows

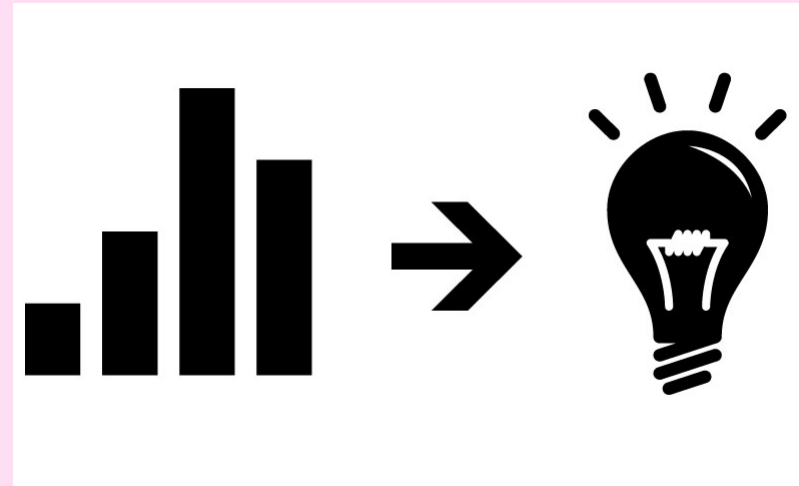


Insights

Contralateral cancer

Reduced Interval Cancers Following Assessment

Remote Radiology



Is it time for change?

Opportunities

Combat Radiologist Workforce Shortages

Suite of operational models?

Extension of model?

- High risk
- Dense breasts (eg Tomosynthesis screening)
- Disease extent (eg CEM)



Pioneers

Dr Joan Croll AO (1928-2022), National Portrait Gallery (By John Brack, 1976)

- Physician, Pathologist and Radiologist
- Breast screening pioneer with preventative health clinic and helped establish the National Breast Cancer Screening Program
- Subsequently made an honorary radiologist
- Founded Sydney Breast Clinic
- Received the Order of Australia for her services to medicine, particularly in the fields of mammography and ultrasound
- Purpose in life: “To have fun” and liked others to have fun too



Thank you

