

# VALUE-BASED HEALTHCARE CONFERENCE 2024

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## STABLE: STability Assessment of BI-RADS 3 LESions – Combining evidence-based precision with quality patient experience

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# STABLE

STability Assessment of BIRADS3 LESions

**BACKGROUND:** Following initial evaluation of breast lesions with clinical assessment and breast imaging, Breast Surgeons and Radiologists typically assign a Breast Imaging-Reporting & Data System (BI-RADS) category for each detected lesion. BI-RADS 3 category means the findings are 'probably benign', and there is a  $\leq 2\%$  chance of malignancy. Historically, management has been controversial, ranging from indefinite surveillance, to biopsy, and excision biopsy.

De-escalation strategies seek to reduce the number of benign surgeries and biopsies, while maintaining high sensitivity for the detection of early stage breast cancer. The American College of Radiology recommends short-interval follow-up protocol with surveillance imaging at 6, 12, and 24 months. After 24 months of stability, the patient may return to routine screening.

**AIM:** To streamline the workflow between the Breast Surgery and Breast Radiology services to offer collaborative care at the SKH Breast Centre, so that patients with BI-RADS 3 lesions can reduce non-essential visits for efficiency and a better overall patient experience.

**METHODS:** Presently, patients with BI-RADS 3 lesion(s) would experience at least 5 visits to the Breast Surgeon and 4 visits to the Radiology Department over 24 months of surveillance. Under the STABLE protocol, patients are initially reviewed by their breast surgeon and recruited. On the day of the 6th and 12th month surveillance, patients will receive a verbal consultation with the breast radiologists together with a verbal imaging report, saving them at least two additional breast surgeon consultations. Formal report will follow. Patients return to their breast surgeon at the 24th month for final corroborative consultation.

**RESULTS:** By streamlining the workflow between the two departments, quality of specialist care remains ideal, the 'almost immediate' breast radiologist verbal report provides rapid reassurance and reduces anxiety, and minimises 'unnecessary' patient trips to the breast centre on another day just to see their breast surgeon.

**CONCLUSION:** The efficiency of patient care is optimized, there is overall time savings and diminished transportation costs for the patients. In addition, the reduction of non-essential visits to the specialist outpatient clinic created additional bandwidth and time, such that these follow up slots could be converted to 'new case' consultation slots or 'cancer counselling' slots to the ultimate benefit of more public healthcare patients.

## STABLE Protocol

### FIRST VISIT

The Breast Surgeon provides their clinical assessment and arranges for breast imaging, which may include mammography, breast ultrasound, or breast magnetic resonance imaging (MRI). The patient's evaluation journey begins.

### SECOND VISIT

Suitable patients will be offered a teleconsultation with their Breast Surgeon to review these initial results. If they agree to be recruited into our STABLE protocol for BI-RADS 3 lesion surveillance, subsequent breast imaging appointments will be arranged for the next 6 months.

### THIRD & FOURTH VISIT

**\*AT LEAST 2 VISITS SAVED!**

At the 6th and 12th month imaging appointments, our specialist Breast Radiologists will offer them a face to face consultation after their breast imaging. The results of the imaging will be verbally discussed that day and plans for follow-up imaging will be arranged. Consultation charges still apply. The patients benefit from receiving immediate verbal results for that day; imaging and be spared the inconvenience of additional clinic appointments with their breast surgeon.

- Should the patient wish to discuss new symptoms with the breast surgeon, a consultation can be arranged.
- The printed report for their imaging will be provided at the next imaging appointment.
- If new breast lesions are detected at any point, this protocol may be extended as required.
- If any breast lesions develop worrisome features, the option of minimally invasive tissue biopsy will be discussed.

### FIFTH AND FINAL VISIT

After the final 24th month imaging appointment, patients will be scheduled for one last appointment with their Breast Surgeon to discuss the collective findings. Teleconsultation is available for suitable patients. If the BI-RADS 3 lesion(s) remain 'STABLE' and they patient is of average risk of developing breast cancer, they will be discharged from specialist care and advised to continue age-appropriate breast cancer screening.