Public Health Agency

Northern Ireland
Cancer Screening Programmes

Northern Ireland Breast Screening Programme
Regional Interval Cancer Protocol

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Purpose

This protocol is derived mainly from publication NHS Breast Screening Programme Reporting, classification and monitoring of interval cancers and cancers following previous assessment

https://www.gov.uk/government/publications/breast-screening-interval-cancers

Interval cancers are primarily identified at the MDT meeting. However intervals identified from other sources include:

- Other screening/symptomatic units – each symptomatic unit should inform the relevant screening unit as well as PHA – Young Person and Adult Screening Team (YPAST)
- Private institutions
- Breast cancer trackers – patients may present to a different service with metastatic disease
- YPAST

All patients between the ages of 49 and 74 presenting to the symptomatic breast clinic are flagged manually during the MDT meeting by a designated breast cancer tracker (one for each Trust). The MDT database is also interrogated every 6 months as a failsafe.

Units who do not have a designated breast cancer tracker at MDM are emailed weekly MDM reports by the MDM Coordinators from each Trust of all patients presenting to the symptomatic breast clinics.

Patients falling within the age group 49 - 74 are cross checked with NBSS by the designated interval cancer officer at Unit level to determine if they have been previously screened within the NHSBSP. If not, a reason for this is documented, e.g. declined screening, lapsed attender etc.

A true interval, is an invasive cancer which has been diagnosed within 36 months of the woman's last routine screen. To ensure that all interval cancers are captured, units need to review women who have had a cancer diagnosis within 40 months of their previous screen. This includes women who self-referred for screening by their GP.

All interval patients should have an interval episode opened on NBSS by the designated interval cancer officer, have their folder marked INTERVAL and should then be sub-classified as below:

<u>Sub Classifications</u>

A true interval, is an invasive cancer which has been diagnosed within 36 months of the woman's last routine screen.

Sub classifications of interval cancers are documented:

1. Screening interval - previous screen within 36 months.
2. Assessment interval – previous negative assessment.
3. Intervals in follow up non-attenders – recall for assessment or short term recall.

Responsibility

QA Lead Radiology NIBSP and Clinical Leads in Breast Screening Units.

Description/Procedure

Categorisation

All true interval cancers i.e. within sub-classifications 1-3 (above), are assessed and categorised by at least two, but preferably all screen readers in the individual unit. Local documentation must be collected regarding interval cancer categorisation including which readers have reviewed the films and all appropriate forms completed locally following this review. Direct entry onto NBSS may replace paper form filling.

The categories are:

1 Satisfactory

2 Satisfactory, with learning points

3 Unsatisfactory

Please note: malignancy developing in an area where there was calcification on the previous screening mammogram should be categorised as 2 satisfactory, with learning points or 3 unsatisfactory (not 1 satisfactory).

Intervals Screened in Another Unit

Where an interval cancer has been diagnosed in a Unit which was not where the original screening took place, the Screening Unit who carried out the original screen should be informed. The Symptomatic Unit where the Interval cancer has been diagnosed should open the Interval Cancer episode on NBSS. It is the responsibility of the unit that screened the woman to review and categorise interval cancers diagnosed in another unit. The Interval Cancer Officer in the Unit where the original screening

took place should ensure that the symptomatic images are available for review on NIPACS. The original Screening Unit should inform YPAST and follow the requirements as listed in the protocol. Form 2 should be filled in by the original Screening Unit.

Interval cancers diagnosed in the private sector should follow the same pathway as described above. If an Interval cancer diagnosed in the private sector becomes known through a different method (cancer registry via YPAST) then the Interval Cancer officer at the original screening unit should contact the Private Provider to ensure symptomatic images can be made available on NIPACS for review.

YPAST Arrangements

All known and categorised interval cancers should be reported to the YPAST Interval Cancer Officer every quarter (1st April, 1st July, 1st October and 1st January). The YPAST Interval Cancer Officer will pick out the category 2s and 3s for which he/ she will collect the diagnostic and previous screening films, including any associated paper work. These will be passed on to the QA Lead for Radiology for review and also for a regional educational review.

At the regional review process the QA Lead for Radiology will not change the category of any interval cancers.

The YPAST Interval Cancer Officer will receive a download from the Cancer Registry once per year. Following the cross checking of the NICR data, intervals not already identified at Unit level will be issued with an incident/ learning event form to investigate why these cases were not identified.

All assessment intervals should be immediately reported to YPAST. Following local review, the films should be sent to YPAST to be reviewed by the QA Lead for Radiology.

N.B. The QA Lead for Radiology will also review a selection of category 1 intervals at the three yearly QA visit to each unit.

Non-Invasive Interval Cancers

The purpose of this protocol is to ensure good data collection of all *invasive* interval cancers in NI which is then provided to the National Audits for completion of data on the NHSBSP. At the Interval Cancer Workshop in October 2016 it was agreed that it would be of benefit educationally to collect data on *non-invasive* interval cancers (specifically B5a DCIS).

The Interval Cancer Officers in the various trusts began actively collecting these data from April 2017.

Any diagnosis (on biopsy) of B5a DCIS in the Breast MDT in a symptomatic woman of breast screening age (49 – 74yrs) should be recorded. Subsequently at surgery if there is histological upgrade to B5b invasive cancer then this should follow the standard protocol for invasive interval cancers. If there is no change to the histology (remains B5a non-invasive) the interval cancer episode will not be opened (so as to not confuse the data collected centrally for invasive cancers). However forms should be completed by the screening unit and the non-invasive interval cancer should be categorised in the usual way. The screening unit should inform YPAST so that non-invasive interval cancers can be reviewed at the Interval Cancer workshop for educational purposes.

Higher Risk

Higher Risk Screening commenced in the NI BSP in April 2013. Any interval cancers discovered in this patient cohort should also be categorised according to the interval cancer protocol.

Age: Under 50 receiving high risk surveillance within the NHSBSP

Any woman known to the Higher Risk screening programme (as identified on the Master list held at Antrim BSU) who is diagnosed with breast cancer outside of a screening episode should be made known to YPAST.

The Interval cancer Officer at the unit where the diagnosis is made should inform the Interval Cancer officer at Antrim BSU.

The Interval Cancer Officer at Antrim BSU should collect previous screening episode images and diagnostic image and pathology reports for review in Antrim. The interval cancer should be categorised at Antrim as per the usual categorisation of interval cancers. YPAST and the QA Lead Radiologist should be informed of this episode by the Antrim Interval Cancer Officer.

Cancers Following Assessment

Assessment cancers are breast cancers diagnosed in women who have been assessed and returned to routine recall following their previous breast screening appointment. This includes screen-detected cancers that were assessed at the previous screening appointment.

Units should review all assessment cancers up to 40 months of their previous screen. Form 4 needs to be completed for these cases.

The new ‘Previous assessment review form NHSBSP’ replaces the old form 4.

See copy overleaf

Duty of Candour & Disclosure of Audit

The Northern Ireland Breast Screening Programme will follow PHE (Public Health England) guidance.

Previous Assessment Review Form NHSBSP Screening Service.....

Name..... Screening number..... NHS number.....

Assessment Details

Data of assessment.....

Responsible assessor.....

Feature ..... Size: mm

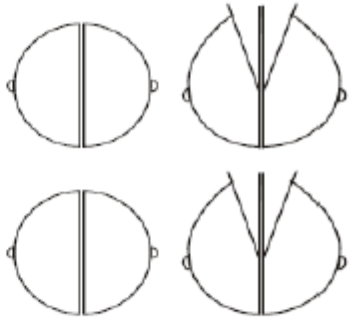
Outcome : RR STR Refer

Diagnosis Details

Date of diagnosis.....

Route of diagnosis: screening/symptomatic

Feature..... Size: mm



Is the cancer at the same site as the previous assessment? No (treat as interval cancer if diagnosed between screens)

Please circle : yes/no Yes – complete the section below regarding assessment

REVIEW OF PREVIOUS ASSESSMENT	Yes/ No	Guidance followed?	Interpretation Correct?	Anything else that should have been done?	Overall comments and any learning points about this assessment
Was the correct area assessed?					
Were additional views performed?					
Was ultrasound done?					
Clinical examination?					
Was a biopsy performed?					
MDT discussion of the case?					
Was the case reviewed by a second assessor ?					

If the Cancer is at SAME site as the previous assessment;
Was the previous assessment? :

A: Satisfactory

B: Satisfactory, with learning points: some assessors might have acted slightly differently such that the cancer might have been detected.

C: Unsatisfactory

i) Assessment not of area recalled at screening
ii) Further tests should have been done
iii)Tests that were done, were not performed according to guidelines or were misinterpreted
iv) Incorrect MDT decision

Outcome of Review:	Tick Box
Different site assessed	
Same site: Satisfactory assessment	
Same site: Satisfactory assessment with learning points	
Same site: Unsatisfactory assessment (see guidance) Is further review of practice required?	 Yes/No

Date of review..... Date copied to SQAS.....

Review performed by..... Actioned by: .....

(Disclosure of audit if requested by client if outcome is satisfactory with or without learning points, duty of candour guidance applies if unsatisfactory assessment)

Interval Cancer Data Sets

NBSS now supports the collection of interval cancer-specific data, as defined in the addendum to *Quality assurance guidelines for breast cancer screening radiology - 2nd edition (NHSBSP Publication No 59).* The goal is to standardise interval cancer data collection amongst screening offices.

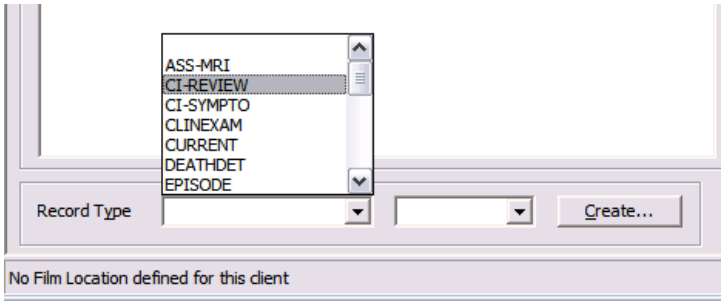
Record Types for Interval Cancer Data

The SS/SIP clinical information window has 3 procedure record types to support interval cancer data collection.

- The CI-REVIEW record type (NEW) is used to record the outcome of an interval cancer review.
- The CI-SYMPTO record type (NEW) is used to record imaging data from the time the woman presents symptomatically.
- The existing SURGERY record type is used to record the pathology dataset for women who present symptomatically.

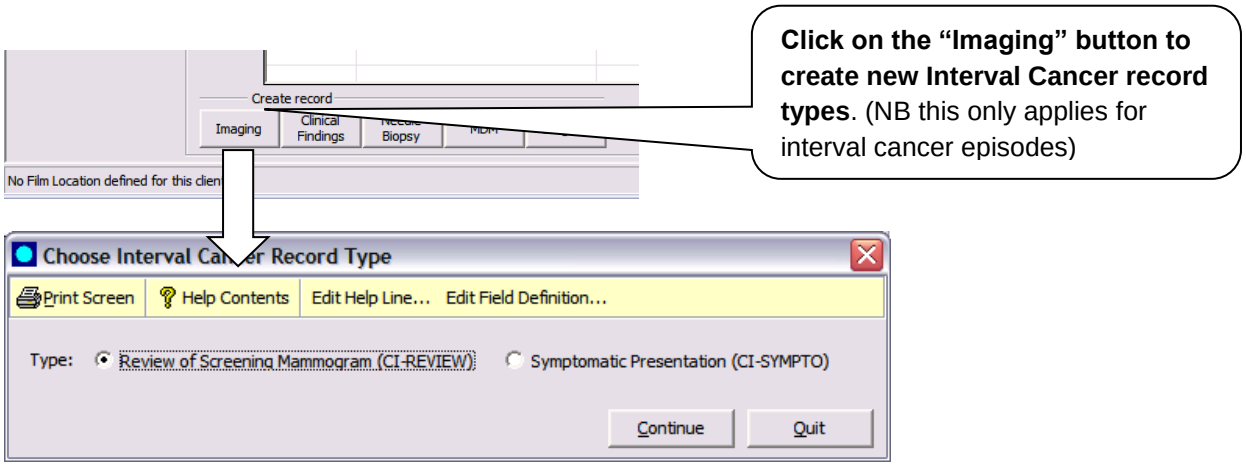
The new records for interval cancer data can be created from the record type list in the SS/SIP tree view… (See Figure 1 below):

Figure 1: Create New Interval Cancer Record in SS/SIP Tree View



…OR by clicking on the “Imaging” button in the SS/SIP grid view (see Figure 2 below):

Figure 2: Create New Interval Cancer Record in SS/SIP Grid View



Data Entry Screens for Interval Cancer Data

Data entry screens have been developed for the record types CI-REVIEW and CI-SYMPTO.

These screens have a similar layout to the existing assessment screens. Data is entered first at procedure-level, and then separately for each lesion that has been identified. (The screenshots below only show a section of the full screen layouts)

Figure 3: Data Entry Screen for New Procedure Record Type CI-REVIEW

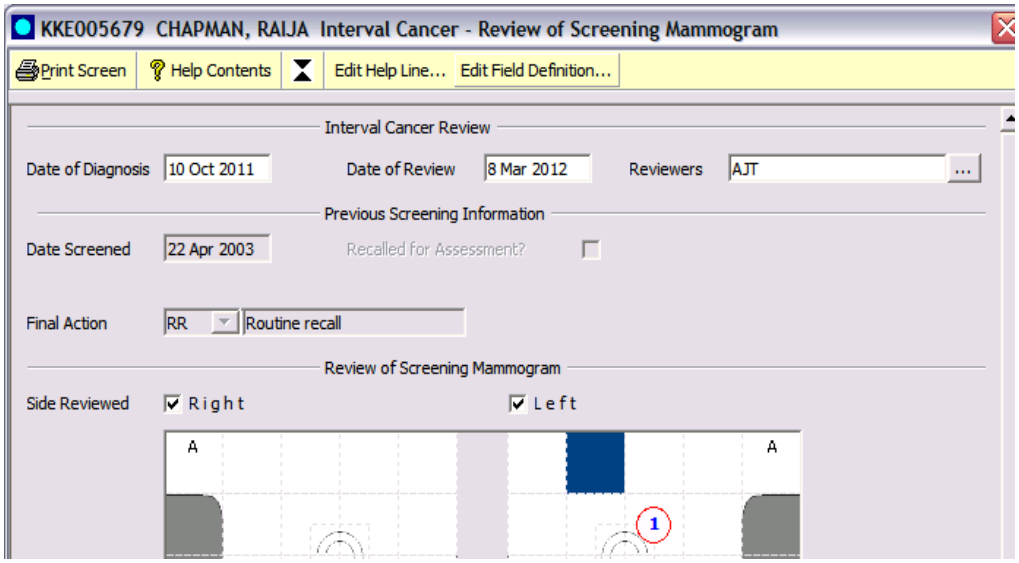
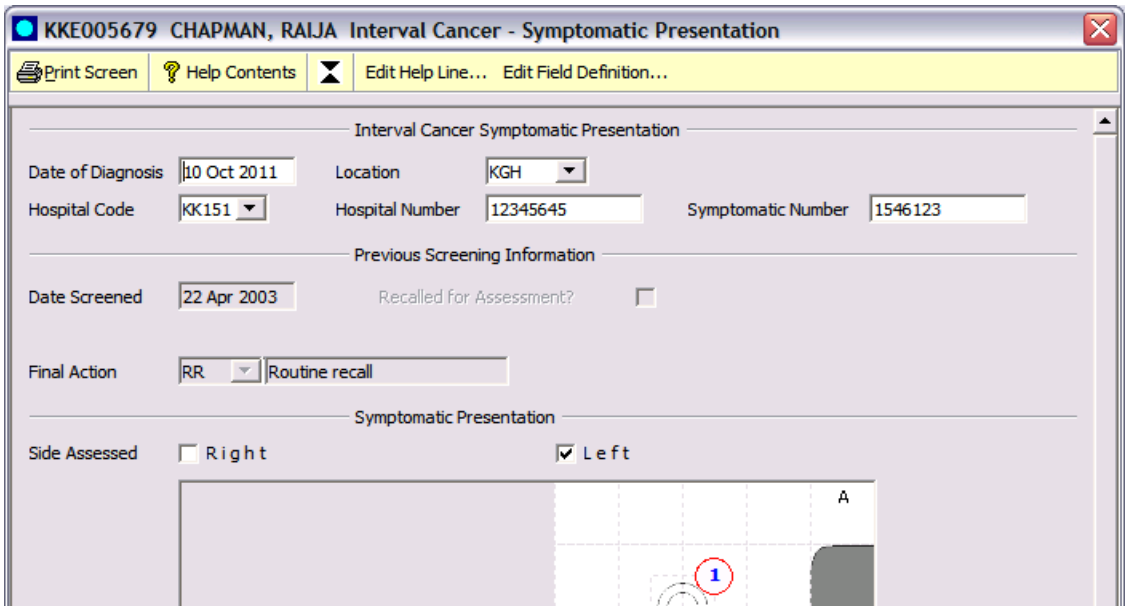


Figure 4: Data Entry Screen for New Procedure Record Type CI-SYMPTO

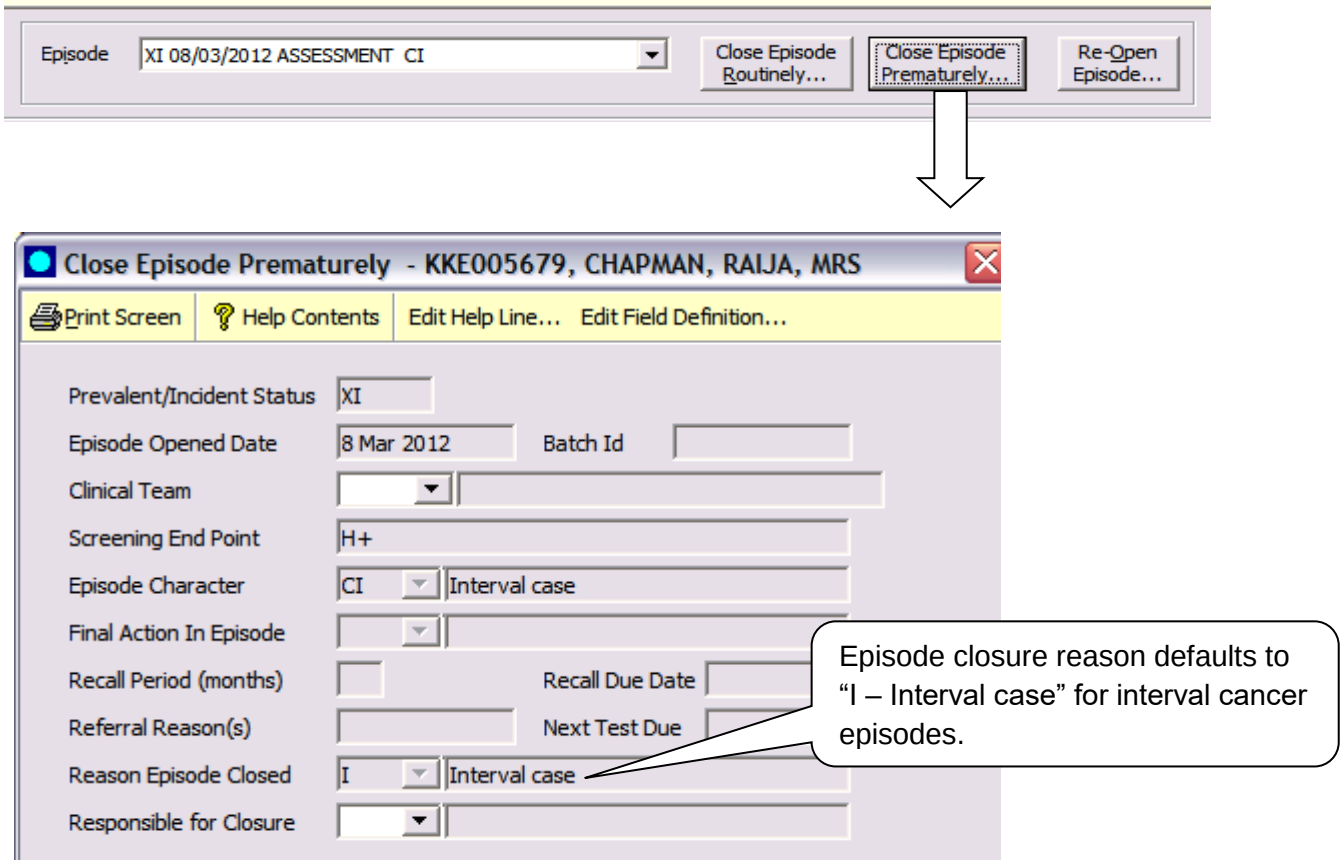


Episode Closure Reason "I" for Interval Cancer Episodes

To close an interval cancer episode once the relevant data has been entered, you should use the "Close Episode Prematurely" button in the SS/SIP tree view. A new episode closure reason "I –Interval case" has

been added to the system. The episode closure reason always defaults to “I – Interval case” for interval cancer episodes.

Figure 5: Closing an Interval Cancer Episode



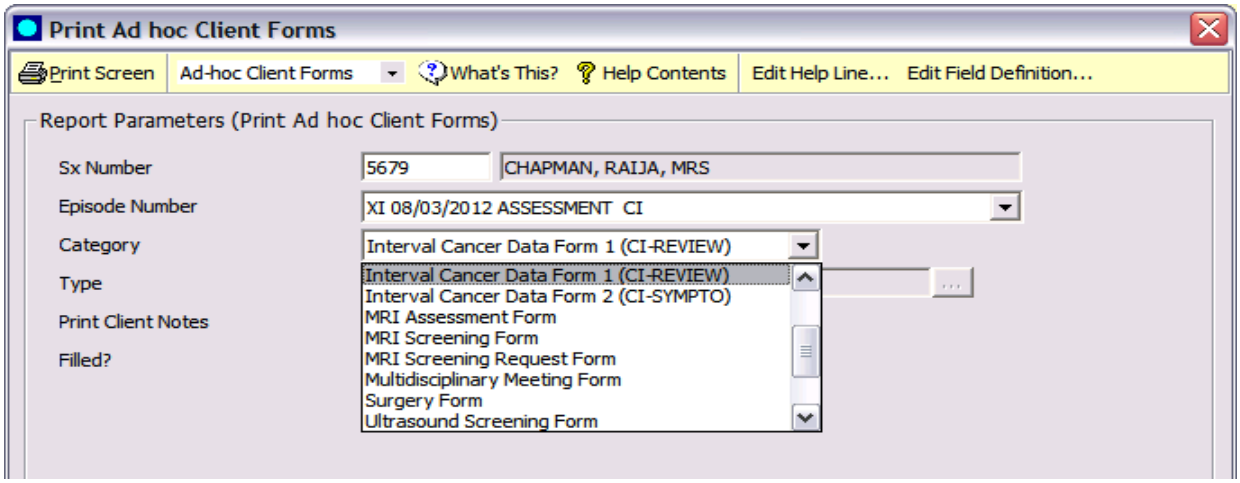
NB As part of this release, all *historical* interval cancer episodes will have their episode closure reason updated to “I – Interval case”.

Client Forms for Interval Cancer Data

The SIF Print Ad-hoc Client Forms functions (SIF1, SIF2) have 3 printable forms available to support interval cancer data collection.

- The “Interval Cancer Data Form 1 (CI-REVIEW)” (NEW) is used to record the outcome of an interval cancer review.
- The “Interval Cancer Data Form 2 (CI-SYMPTO)” (NEW) is used to record imaging data from the time the woman presents symptomatically.
- The existing “Surgery Form” is used to record the pathology dataset for women who present symptomatically.

Figure 6: Client Forms for Interval Cancer Data



The forms can be printed as blanks, filled or part-filled. The part-filled forms default the “previous screening” information based on the current date.

DOCUMENT CONTROL

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Related Documents

Title	Date	Location	Author	Description

Revision History / Document History

Date	Version	Author	Description of Change
V 1.1	15/03/13	J McSorley/ G Briggs	Insertion added regarding Interval Cancers screened in another Unit. Doc now version 1.1
V 1.2	02/05/13	J McSorley/G Briggs	More detail added regarding requesting films for an interval

			when screening took place in another Unit. Doc now version 1.2
V 1.3	25/03/14	E Gibson/ C Armstrong	Amended in light of higher risk surveillance screening programme. To be brought to QA Radiology Group on 01/04/14.
V 1.4	17/07/14	E Gibson	Following discussion at QA Radiology Group, addition of sentence 'within 18 months for A-T heterozygotes'.
V1.5	10/03/15	E Gibson/C Armstrong	Following radiology meeting on 17/09/14 Higher Risk moved to own section. Age ranges and sub classifications amended.
V1.6	25/06/15	E Gibson	'The Unit should follow the requirements as listed in the protocol. Form 2 should be filled in by the original Screening Unit.' changed to read: 'The original Screening Unit should inform QARC and follow the requirements as listed in the protocol. Form 2 should be filled in by the original Screening Unit.'
V1.7	17/09/2015	E Gibson	Following discussion at the QA Radiology meeting 10/09/2015, Page 3 new paragraph: Please note: malignancy developing in an area where there was calcification on the previous screening mammogram should be categorised as 2 uncertain or 3 suspicious (not 1 normal).
V1.8	19/9/16	E Gibson	Changes agreed at the QA Radiology meeting to paragraph 'Intervals diagnosed in another screening unit'.
V1.9	13/10/16	E Gibson	Changes agreed at Interval Cancer Workshop and at subsequent Interval Cancer Officers meeting. The unit that diagnoses the Interval Cancer should open the episode. Collect data on non-invasive interval cancers for local educational purposes (not required for national audits).

V2.0	8/1/18	E Gibson	Changes to the Regional NI protocol made to reflect the new NHS BSP document, August 2017: 'Reporting, classification and monitoring of interval cancers and cancers following previous assessment'. Change of title of QARC to Young Person and Adult Screening Team (YPAST).
V2.1	15/1/19	E Gibson	Line added indicating adherence to PHE guidance on DOC and DOA.
V2.2	07/08/2019	C Hall	Publication link inserted, NHS Breast Screening Programme Reporting, classification and monitoring of interval cancers and cancers following previous assessment. Issued July 2017. Protocol changed to include, up to 40 month interval cancer are captured. Form 4 needs to be completed for cancers following assessment including screen detected previously assessed. QA Lead for Radiology will no longer change categories following regional review. Link removed to work instructions, no longer a PHE document.
V2.3	12/08/2021	E Davis	Page 4 YPAST arrangements reworded The YPAST Interval Cancer Officer will receive a download from the Cancer Registry once per year. Following the cross checking of the NICR data, intervals not already identified at Unit level will be issued with an incident/ learning event form to investigate why these cases were not identified.