

<b>File reference</b>	W16FOI596
<b>Key words</b>	Breast lesions
<b>Date of release</b>	03/01/2017
<b>Attachments</b>	No

## Freedom of Information Act Disclosure log - Reply Extract

### You asked

- 1. How many benign breast lesions has your Trust diagnosed per annum in the last three years?**

761 records for 703 distinct patients, equating to 234 patients per year on average.

- 2. How many benign breast lesions have been removed surgically per annum within your Trust in the last three years?**

115 patients had the procedure B28.3 (Excision of lesion of breast NEC) in the three years from Apr 2013 to Mar 2016, 38 patients so far this year.

- a. Of this total number, how many of these are classified as B2?**

We do not have data to split the procedures between B2 and B3 classifications.

- b. Of this total number, how many of these are classified as B3?**

We do not have data to split the procedures between B2 and B3 classifications.

- 3. How many benign breast lesions have not been removed per annum in the last three years?**

The Trust cannot answer this question. We cannot report a figure based on our patient information system data. The figure may be available in clinical records, but as we hold more than one million records, an examination of those records is not possible within the appropriate limits.

- 4. How many benign breast lesions have been removed by vacuum assisted excision (VEA) per annum in the last three years?**

None of these procedures were performed with procedure Y06.6 (Vacuum excision of lesion of organ NOC).

- a. **Of this total number, how many of these are classified as B2 (definition below)?**

Not applicable

- b. **Of this total number, how many of these are classified as B3 (definition below)?**

Not applicable

5. **Is the Trust aware of NICE guidance promoting the use of VAE for removal of benign lesions?**

Yes, the Trust is aware of NICE guidance for the use of VAE for removal of benign lesions

6. **Does the Trust have a referral pathway in place for vacuum assisted percutaneous excision of benign breast lesions?**

Yes the Trust does have a referral pathway in place for vacuum assisted percutaneous excision of benign breast lesions – we use the MDT discussion with the radiologist and if it is suitable and the patient agrees they are referred to radiology for the procedure

Please note this is not too promote removal of benign lesions, but to offer an alternative to open surgery, if required

It also is dependent on radiology experience as it has complications which may need open surgery to resolve ie haematoma, infection, incomplete excision etc and not all cases are suitable ie too big, close to skin or chest wall.

**With regards to this request, please note the following:**

### **B3 Breast Lesion - Lesion of Uncertain Malignant Potential**

Findings typical of this category include:

1. Clusters of tiny calcifications – round or oval
2. Non-calcified solid nodules (no size limitation but non palpable on physical examination), round, ovoid and well-defined.
3. Selected focal asymmetrical areas of fibroglandular densities (not palpable): This might include concave-outward defined margins, interspersed with fat and without central increased fibular density on two projections.

4. Miscellaneous focal findings, such as a dilated duct or post biopsy architectural distortion without central density
5. Generalized distribution in both breasts. For example, multiple similar lesions with tiny calcifications or nodules distributed randomly

## **B2 Breast Lesion - Benign Lesion**

A definitive benign finding indicating something abnormal on a mammogram but not something that is breast cancer or malignant in any way. Findings often include:

1. Round opacities with macrocalcifications (typical calcified fibroadenoma or cyst)
2. Round opacities corresponding to a typical cyst at ultrasonography
3. Oval opacities with a radiolucent centre
4. Fatty densities or partially fatty images (lipoma, galactocele, oil cyst, hamartoma)
5. Surgical scar
6. Scattered macrocalcifications (fibroadenoma, cyst, cytosteatonecrosis, secretory ductal ectasia);
7. Vascular calcifications
8. Breast implants, silicone granuloma

**Attachments included:** No