

Ref: FOI/CAD/ID 3669

**Please reply to:**  
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### **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Breast Biopsy.

*Under the Freedom of Information Act, please could you provide the following information for your Trust?*

- 1. How many benign breast lesions has your Trust diagnosed per annum in the last three years?*
- 2. How many benign breast lesions have been removed surgically per annum within your Trust in the last three years?*
  - a. Of this total number, how many of these are classified as B2?*
  - b. Of this total number, how many of these are classified as B3?*
- 3. How many benign breast lesions have not been removed per annum in the last three years?*
- 4. How many benign breast lesions have been removed by vacuum assisted excision (VEA) per annum in the last three years?*
  - a. Of this total number, how many of these are classified as B2 (definition below)?*
  - b. Of this total number, how many of these are classified as B3 (definition below)?*
- 5. Is the Trust aware of NICE guidance promoting 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?*

*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 center*
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*

1. For the period 01/01/14 - 31/12/16 we had 11004 patients with a diagnosis on a Breast pathway, 9146 of whom were recorded as benign.
2. None of these patients have B2 or B3 shown in a field that can be extracted without having to search free text boxes for the coding. The Trust has estimated that it will cost more than the appropriate limit to consider this part of your request. The appropriate limit is specified in regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information. Under Section 12 of the Freedom of Information Act 2000 the Trust is not obliged to comply with this part of your request and we will not be processing this part of your request further.
  - a. Please see the response to Q2
  - b. Please see the response to Q2
3. Please see the response to Q2
4. Please see the response to Q2
  - a. Please see the response to Q2
  - b. Please see the response to Q2
5. Yes, the Trust does know of the NICE guidance promoting the use of VAE and each case is assessed individually as to their suitability.
6. Yes, the Trust does have a referral pathway for VAE.