1. NATIONAL CO-ORDINATING COMMITTEE FOR QA RADIOLOGISTS (“BIG 18”)

Minutes of the meeting of the National Co-ordinating Committee for QA Radiologists (“Big 18”) held on Wednesday 15 December 2004

Present

Dr R Wilson	Chairman
Dr J Liston	Yorkshire/Secretary
Dr P Britton	RCR Breast Group
Dr J Cooke	South East-East
Dr G Crothers	N. Ireland
Dr K Duncan	Scotland
Dr A Evans	Trent
Dr R Given-Wilson	St George’s Training Centre
Dr K Gower Thomas	Wales
Dr G Hunnam	Eastern
Dr E Kutt	South West
Dr J Lavelle	Greater Manchester/Lancs/Cumbria
Dr M Michell	London
Dr P Nisbet	Jersey
Dr N Perry	Equipment Group
Dr C Record	South East-West
Dr W Thompson	Northern
Dr M Wallis	West Midlands
Dr M Wilson	Manchester Training Centre
Dr F White	Merseyside/Cheshire
R. Bennett	CSEU
R. Winder	NHSBSP

Apologies

Dr S Barter	Eastern
Dr A O’Doherty	Dublin
Dr R Blanks	CSEU
Mrs J Patnick	NHSBSP

1. Minutes of last meeting held on 16 June 2004

The minutes were agreed as an accurate record.

2. Matters arising

2.1. Effectiveness of two view incident screening

The paper prepared by the CSEU has been accepted for publication in Clinical Radiology ? Spring 2005

2.2. Breast Practitioner

Hugh Bishop has been unable progress this proposed development.

3. Radiology QA Audit

Sue Gray is developing an NHSBSP standards booklet to include and harmonise all radiological, pathological and surgical targets/standards. The BSP Evaluation Group will discuss and agree the method to be used for calculating cancer detection rates, SDR's etc. by specifying the exact KC62 tables and age ranges. Previously, figures calculated by the CSEU and QA Reference Centres have varied slightly as one group have been using KC62 Table C1 for incident screens and Table A for prevalent screens but the other group have used table C1 + C2 and A + B .

No national comparative data for 2003/04 is yet available as the CSEU have not received KC62 data from the Department of Health. Rachel Bennett will provide the charts for the next Big 18 meeting.

Action: Rachel Bennett

4. Observational Study to Examine Radiographer Only Reading

The following seven units have registered for inclusion:-
Truro, Southend, Humberside, Kettering, Worthing, Peterborough and Sheffield.

Criteria 2.4 and 2.7.2 require clarification. An addendum is needed stating that the third reader providing arbitration for discordant cases must be reading > 5000 cases a year. It was noted that PERFORMS have not been available for reading this year. Robin Wilson will enquire when the new set is likely to be circulated. Will Thompson pointed out that the 38-month round length criterion may prove problematic for some of the units wishing to participate.

Action: Robin Wilson

5. NBSS Assessment Data

A draft produced by Matthew Wallis was reviewed. It was agreed that separate forms are required for bilateral lesions. The problems associated with recording multiple lesions in a single breast were discussed. The consensus view was that the inclusion of a free text and a diagram would be ideal. An overall imaging opinion is needed as well as separate mammographic and ultrasound opinions. In addition, a new field is needed to record the MDM opinion. Information regarding the need for hook wire placement (ultrasound or stereotactic) may be included. The FNAC recording form remains unchanged. The pathology Big 18 has produced a new recording form for core biopsy. It was suggested that this should include information re: the position in which a stereotactic core biopsy was performed and whether a marker was used.

Matthew Wallis agreed to present a revised draft at the next Big 18 meeting.

Action: Matthew Wallis

6. Performance of Individual Readers – RQA Report

Draft 3 RQA report was presented by Matthew Wallis. It was agreed that the three key parameters are recall rate, cancer detection rate and missed cancer detection rate.

The formula to be used to calculate correct recall, correct return to screen and PPV for recall should be included as a footnote. A rider should be included stating that the confidence interval around the data will be wide for any data including < 20,000 cases. Matthew Wallis agreed to revise the draft.

Action : Matthew Wallis

7. Interval Cancer Meeting

Will Thompson attended a National Workshop on 23rd September convened by Julietta Patnick. The object was to discuss how QARC's in collaboration with Cancer Registries could collect high quality complete data that was comparable between Regions.

The 1993 NHSBSP publication "Collection of interval cancer data" will be revised and republished. It was requested that the draft is presented by R Winder at the next Big 18 meeting. In the meantime radiologists should classify interval cancers into categories 1, 2 and 3 as defined in the Disclosure of Audit draft document. Full implementation of Disclosure of Audit cannot proceed until the document is published (currently delayed awaiting revision of the cervical screening section) and information leaflets for women are developed by Joan Austoker's group. Training will also need to be arranged for surgeons and BCNs working in symptomatic clinics

Action : Richard Winder/ Julietta Patnick

8. Digital Stereotactic Update

Karen Bennison has left the Northern and Yorkshire QARC. She has been replaced by Susan McCormick who will continue with Keith Faulkner to progress the prospective arm of the study investigating the mean glandular dose and time taken for digital stereotactic procedures.

There has been considerable delay in completing the retrospective arm of this study comparing digital with conventional stereotaxis. As the majority of units have now installed or secured funding for spot digital stereotactic attachments the study is unlikely to produce useful information. The consensus view of the Radiology Big 18 was that no further work should be undertaken. Robin Wilson will write to Julietta Patnick.

Action: Robin Wilson

9. Disclosure of Audit

See item 7.

10. Family History Screening Guidelines

The NHSBSP standards booklet (item 3) will soon be available to inform PCTs of NHSBSP core standards /guidelines so that a high quality service equivalent to that provided by the NHSBSP may be commissioned.

11. All Party Parliamentary Group Paper

This paper discussed issues around equity of access to screening including encouraging women over 70 years to self-refer. It will be discussed at the QA Directors Group on 16/12/04.

12. Reports from Other Groups

12.1 QA Directors

The next meeting will be held on 16/12/04. A recovery and support team from the DOH are likely to visit screening units who have not implemented programme extension by December 2004. It was reported that 95% of units have now implemented 2-views.

12.2 ACBCS Committee

Items discussed:-

A group has been set up by the National office to co-ordinate evaluation and implementation of full-field digital mammography in the NHSBSP. This group is looking at the technical and logistical challenges of implementation. It is not undertaking clinical evaluation.

CR should not be used by BSP units until fully evaluated.
It was reported that CR systems deteriorate with age (> 18 months).

The Forrest Report (Forrest 3) is being updated by Valerie Beral.

Screening 40 – 49

Commissioning quality assurance.

12.3 BASO

Items discussed:-

Symptomatic guidelines will be published shortly in a supplement of EJSO.

Training in Sentinel Node Procedures.

The national symptomatic breast cancer audit will be undertaken by Gill Lawrence's group.

Hugh Bishop has not identified an effective way of progressing the training of Breast Practitioners.

Sloane Project – only 700 women have been registered.

12.4 National QA Evaluation

The following topics were discussed:-

Revision of QA standards.
Interval Cancers.
Outcome objectives paper.
Breast Cancer Incidence.

13. RCR Publication "Imaging for Oncologists"

The RCR Breast Group was not consulted by the Faculty of Clinical Oncology or the RCR before publishing "Imaging for Oncologists". A letter written by Andy Evans and signed by several breast radiologists questioning the validity of some of the recommendations included in the document was circulated.

14. Critical Incident Reporting

Units are encouraged to report incidents to Sue Barter for collation. The RCR Breast Group Critical Incident Reporting Form can be downloaded from the RCR Breast Group web site. Alternatively, anonymised hospital forms may be sent.

15. Any Other Business

15.1 The problems of undertaking sentinel node biopsy in hospitals with no radio-isotope department was discussed. It was noted that it is not compulsory to undertake sentinel node sampling in women with screen detected cancer referred for therapeutic surgery.

15.2 A breast ultrasound course organised in Bristol for surgeons was over subscribed but had no radiological input. All radiologists agreed that surgeons undertaking breast ultrasound must also take responsibility for issuing a report.

15.3 To comply with GMC guidance it was asked if women should be chaperoned whilst undergoing mammography. In Scotland a notice on the mobile unit "offers women the opportunity to request a chaperone".

15.4 The problems associated with not being able to cease/suspend women who are physically/mentally incapable of undergoing mammography was discussed.

15.5 A recent medico-legal case has highlighted the need to offer women local anaesthetic for all invasive procedures including cyst aspiration.

Date of Next Meeting:-

Wednesday 29th June 2005, 10.30am for 11am start at the RCR.