



AB062. Triple assessment breast clinics: the value of clinical core biopsies

Maha Rahmani¹, Alison Johnston², Michael Sugrue², Manvydas Varzgalis²

¹School of Medicine, University College Dublin, Belfield, Dublin, Ireland; ²Department of Breast Surgery, Letterkenny University Hospital, Donegal Clinical Research Academy, Letterkenny, Ireland

Background: Triple assessment breast clinics are designed for the rapid diagnosis of symptomatic patients. When there is no concordance between clinical and radiological assessment, clinicians perform clinical core biopsies. The aim of this research was to assess the diagnostic value of clinical core biopsies in non-suspicious palpable breast lesions where image guided cores were not indicated.

Methods: The cohort consisted of patients undergoing clinical core biopsy at a Symptomatic Breast Unit from January 2014 to 2019. Data regarding patient demographics, outcome of triple-assessment and incidence of malignancy were obtained from a prospectively maintained database and

results were analysed using Minitab 2018.

Results: Three hundred and sixty patients had a clinical core biopsy performed in this period. Clinical examination scores for these patients were S1/S2 [66], S3 [277], S4 [15], S5 [2]. Radiology Scores were R1/R2 [355], R3 [5]. Four (1.1%) patients were diagnosed with a breast cancer due to their clinical cores. Of these, three patients had normal imaging. There was no association between uncertain palpable breast lesions (S3) and atypia or malignancy on biopsy results when breast imaging was normal (χ^2 P=0.43).

Conclusions: Despite clinical core biopsies being part of triple assessment, there is no certainty in their value except that there is a high clinical suspicion. Imaging modalities are constantly improving and are already well established. When the patient is assigned a clinical score of S3 and has normal radiology, a clinical core biopsy is not required in most cases.

Keywords: Breast cancer diagnosis; clinical core biopsies; symptomatic breast unit; triple assessment

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