



Measure Title: Concordance Assessment Following Image-Guided Breast Biopsy

Brief Description: Percent of breast patients who have concordance assessment performed following an image-guided breast biopsy

Numerator: The number of surgical patients aged 18 and older who have documentation of concordance assessment following image-guided breast biopsy

Denominator: The number of surgical patients aged 18 and older who undergo an image-guided breast biopsy

- Image guide percutaneous breast biopsy techniques include (CPT 2009):
 - 10022 FNA with imaging guidance
 - 19102 Percutaneous core needle biopsy with image guidance
 - 19103 Percutaneous automated vacuum assisted rotating biopsy device, with image guidance

Exclusions: Patients undergoing image-guided open surgical biopsy or lumpectomy

- The following are excluded from imaged guided percutaneous biopsy:
 - 19101 Open/incisional biopsy
 - 19120 Open/excisional biopsy
 - 19125 Open excisional biopsy identified by radiologic marker
 - 19301 Partial mastectomy
 - 19302 Partial mastectomy with axillary dissection

Rationale/Clinical Recommendations: Patients eligible for this quality measure include those with either benign or malignant breast disease who undergo image guidance for minimally invasive needle biopsy by ultrasound, stereotactic or MRI methods. Minimally invasive needle biopsy techniques include fine needle aspiration, core needle biopsy, vacuum assisted needle biopsy and other image guided techniques that are designed to capture more tissue or entirely remove a lesion. Concordance assessment is a process in which the physician reviews the patient history, clinical examination, prior breast imaging, and image guided biopsy histology and then

documents whether there is concordance. Concordance assessment of all available information about the patient and their breast lump or imaging abnormality is a term given to the intellectual process of deciding whether all the information is logical or “makes sense”. If there is discordance of patient history, clinical examination, and imaging or if there is discordance between the imaging and subsequent pathology of image guided minimally invasive biopsy, then the failure to recognize discordance may lead to delays or misses in breast cancer diagnosis.

The lack of adequate concordance assessment has been identified as a “gap” in contemporary breast cancer care by the American Society of Breast Disease. The concept of concordance assessment has been endorsed by consensus conferences, professional organizations and acknowledged breast cancer experts and it is integral to the incorporation of breast imaging into the synthesis of care of the breast patient.

Care Setting: All surgical settings including ambulatory and inpatient services

Public Domain: Yes

Outside Endorsement Status: None

Date Endorsed: November 22, 2010

References:

1. Landercasper J, Linebarger J. Contemporary breast imaging and concordance assessment. Surg Clin of NA. Accepted (publication pending).
2. Johnson NB, Collins LC. Update on percutaneous biopsy of non-malignant breast lesions. Adv Anat Pathol 2009; 16: 183- 195.
3. American Society of Breast Disease. Ensuring Optimal Interdisciplinary Breast Care in the United States Proceedings of a Colloquium. Accessed September 30, 2010. Accessible at http://breastpath.com/wpcontent/uploads/2010/07/gapsincareASBD_Colloquium_Proceedings.pdf
4. American Society of Breast Surgeons. Performance and Practice Guidelines for Breast Ultrasound. Developed October, 2006, Revised April, 2010. Accessed September 30, 2010. Accessible at <http://www.breastsurgeons.org/statements/index.php>.
5. American Society of Breast Surgeons, Performance and Practice Guidelines for Stereotactic Breast Procedures, Developed July, 2007, Revised April, 2010. Accessed November 5, 2010. Accessible at <http://www.breastsurgeons.org/statements/index.php>.
6. Silverstein MJ, Recht A, Lagios MD, et. al. Image detected breast cancer: state-of-the-art diagnosis and treatment. J Am Coll Surg 2009; 209: 504-20.