**Select Choices in Benign Breast Disease**


**Patient Safety and Quality Committee of the American Society of Breast Surgeons**

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**Introduction**

**Benign Breast Disease**

Up to 50% of all women encounter benign breast problems during their lifetime.

Management is largely based on individual physician experience or training.

**Choosing Wisely**

In 2012, The American Board of Internal Medicine (ABIM) initiated its Choosing Wisely campaign to promote conversations between patients and physicians about challenging the use of commonly performed tests or procedures which may not be necessary.

The American Society of Breast Surgeons (ASBrS) Patient Safety and Quality Committee (PSQ) chose to participate in this campaign by creating a list of practices that physicians and patients should question in regards to the management of benign breast disease.

**Methods**

The PSQ solicited candidate measures for the Choosing Wisely® campaign that addressed benign breast disease.

PSQ surgeons represent a wide variety of practices patterns, academic and private practices across the country.

Resulting list of “appropriateness” measures of care was ranked by a modified Delphi appropriateness methodology.

Two rounds of ranking were performed to achieve the final list, which was subsequently approved by the ASBrS Board of Directors and endorsed by the ABIM.

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**Ranking Protocol**

Rank each Quality Measure (QMI) from 1-9.

* Nine is the highest score for “validity”, 1 is the lowest.

Do not give a “lower rank” to a candidate QM because you are concerned about feasibility of measurement, or risk adjustment.

Do not assign your numerical score to “weight” your answer with more influence on the final score compared to other panels; i.e. if you believe a “choice’s” score is 4, but you believe other panels will assign a score “too high”, you should assign a “4”, not a “1.2 or 3”.

Formal definition provided by RAND for “validity”: adherence to this QM is critical to provide quality patient care, regardless of cost or feasibility. Not providing this level of care is a “breach” in care and unacceptable.

Level of validity is your personal judgment, not what others believe (or don’t believe) is important. In other words, the strength of this process is that each PSQ member is an expert and it is natural that opinions may differ. 

QM should apply to the average patient in the average hospital with the average physician. Do not be distracted by the special situation in which the QM being ranked may be of different importance in a specific unusual situation.

The QM may provide benefit not always to the individual patient, but rather to overall breast care. 1= definitely not valid. 9= valid. 5= uncertain validity.

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**Final List and Committee Mean**

The American Society of Breast Surgeons – Benign Breast Disease

Five Things Physicians and Patients Should Question

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<th>QM Description</th>
<th>Committee Mean</th>
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<tr>
<td>Don’t routinely excise areas of pseudoangiomatous stromal hyperplasia (PASH) of the breast in patients who are not having symptoms from it.</td>
<td>7.3</td>
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<td>Don’t routinely operatively excise biopsy proven fibroadenomas that are smaller than 2 centimeters in size.</td>
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<td>Don’t routinely operate for a breast abscess without an initial attempt to percutaneously aspirate or drain it.</td>
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<td>Don’t perform screening mammography in asymptomatic patients with normal exams who have less than 5-year life expectancy.</td>
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<td>Don’t routinely drain non-painful fluid-filled breast cysts.</td>
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**Discussion**

Benign breast disease management can be challenging due to the lack of randomized controlled trials that address these diagnoses.

It is therefore important to carefully consider options and make choices that optimize value for the patient.

The current list allows for clinical decision making, yet provides guidance.

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**Conclusion**

The ASBrS Benign Breast Disease Choosing Wisely list allows Physicians and Patients to optimize choices in the management of benign breast disease to facilitate high value interventions and decisions.

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**References**

For more information or to see other lists of Things Clinicians and Patients Should Question, visit www.choosingwisely.org.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

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**Sources**

For more information, please visit www.choosingwisely.org.

**Don’t typically excise areas of pseudoangiomatous stromal hyperplasia (PASH) of the breast in patients who are not having symptoms from it.**

*PASH is a benign breast condition that is present in either an adenopathy or a palpable mass. Unless the lesion is suspicious or a patient has symptoms such as a diagnosis of ADH, excisional biopsy does not necessitate surgical removal.*

**Don’t routinely operatively excise biopsy proven fibroadenomas that are smaller than 2 centimeters in size.**

*Fibroadenomas are non-cancerous solid masses within the breast that should be removed only if they are large, bothersome to the patient, or increasing in size. If a needle biopsy shows that a mass less than 2 centimeters in size is a fibroadenoma, with or without concerning features, it does not require surgical removal.*

**Don’t routinely operate for breast abscess without an initial attempt to percutaneously aspirate or drain it.**

*An abscess is an infection of the breast tissue, forming pockets of pus that can be painful. Many times these can be treated by placing a large needle in the pocket and draining the fluid instead of performing an operation where an incision is made and the fluid removed. The needle removal of the fluid from less scar and sometimes avoids an operation.*

**Don’t perform screening mammography in asymptomatic patients with normal exams who have less than 5-year life expectancy.**

*Mammography identifies breast cancers at early stages and has demonstrated benefits in reducing mortality and morbidity from breast cancer. However, there is minimal benefit of screening mammography in women with the expectation of <5 years. Additionally there is a risk of false positive and potential procedures that do not provide patients improved outcomes.*

**Don’t routinely drain non-painful fluid-filled breast cysts.**

*Breast cysts are common. They are harmless fluid-filled sacs. If an ultrasound (sonogram) confirms that a breast mass is a simple cyst, it does not need to be drained unless it is bothersome to the patient or if there are concerns it could contain something other than a cyst or has complex characteristics.*