

December 2018

To Whom It May Concern:

Medical Imaging Associates (MIA) is striving to strengthen processes involving patient care. Listed are three to four points of emphasis in our standard operating procedures for breast imaging. These standards were discussed at our breast conference on Oct 9, 2018.

1. **Biopsy marking clips should be placed after all biopsies.**
2. **Post-biopsy mammograms should be performed on all biopsies, regardless of modality used to perform the biopsy.**
3. **(Actually, part of #2) Patient should not leave until the radiologist has seen the post biopsy mammogram images.**
4. **If you perform a biopsy on a patient who already has a marker in her breast or you perform a two-site biopsy, a marker with a different shape should be used to mark the biopsy site.**

A more detailed explanation for each of these items is provided below.

1. **Biopsy marking clips should be placed after all biopsies.**
 - What about axillary lymph node biopsies?
 - Yes.
 - Positive axillary lymph node biopsy no longer means definitive axillary LN dissection.
 - Many surgeons may opt to perform a lumpectomy + removal of the positive axillary node.
 - Clip is needed in axillary node to target for localization.
 - Expect to see this more and more in coming years.
 - Only exception should be if the patient adamantly refuses after extensive explanation. The patient should understand that **not** placing a marker may result in:
 - 1.) Additional future biopsies
 - 2.) Limited treatment options
 - 3.) Increased need for mastectomy
2. **Post-biopsy mammograms should be performed on all biopsies, regardless of modality used to perform the biopsy.**

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3. **(Actually, part of #2) Patient should not leave until the radiologist has seen the post biopsy mammogram images.**

○ Why?

- To confirm that the area biopsied was the intended target initially seen on breast imaging.
 - If the area biopsied is not concordant then an additional biopsy is needed, possibly with a different breast imaging method.
- To confirm the correct location of the clip.
 - If the clip migrates - its position and distance from the biopsy site should be documented on the day of the biopsy.
- To confirm clip deployment.
 - Occasionally, clips don't deploy.
 - If the clip doesn't deploy, go back to the biopsy room and place the clip.
- If the biopsy is positive, post biopsy mammogram images will be used for planning the localization.

4. **If you perform a biopsy in a patient who already has a marker in her breast or perform a two-site biopsy, a marker with a different shape should be used to mark the biopsy site.**

- Using the same clip for 2 different sites could result in localization/excision of the wrong site. This is a well-documented complication.
- Currently, most of our sites only have 1 type of clip. Efforts are underway to have multiple types of clips available at each location.
- Until then - consider using the stereo biopsy clips for US guided biopsies (the shape is different - not a ribbon). The stereo clip device won't fit through the Bard introducer, but you can remove the introducer and insert the stereo clip device directly.
- If no additional shape is available, in the meantime, still place a marker and include a thorough documentation of location with measurements in your report for future care.

Thank you!

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