

O-35. WHEN IS A BREAST LUMP A LUMP? HOW GOOD ARE GENERAL PRACTITIONERS (GP) IN THEIR DIAGNOSIS, AND HOW GOOD ARE BREAST SURGEONS?

C. Davis, A. Aertsson, R.I. Cutress, R.H. Allsopp, M. Briley, G.T. Royle. *Southampton Breast Unit, UK*

350 patients with breast lumps diagnosed by their GP were referred to the breast unit in a 3 month period. Ultrasound was organised prospectively with mammography and specialist clinical examination as part of triple assessment to determine whether a lump was present, and whether benign or malignant.

Lump present?	Sensitivity	Specificity
General Practitioner Clinical Examination	78%	40%
Breast Surgeon Clinical Examination	82%	78%
Mammography	63%	100%

Both GP and Breast Surgeon clinical examination were more sensitive than mammography in determining if a lump was present. GP's had a low positive predictive value (43%), but their sensitivity was similar to that of breast surgeons. Their specificity however, was significantly lower ($p < 0.01$) than breast surgeons.

Benign or Malignant?	Sensitivity	Specificity
Ultrasound	97%	100%
Mammography	65%	100%

Ultrasound was the best single commonly available, non-invasive test, for the differentiation of benign from malignant breast lumps.

O-36. SYMPTOMATIC BREAST CANCER PATIENTS IN THE UK RARELY PRESENT WITH TUMOURS 1 CM OR LESS: THE IMPLICATIONS FOR MEDICO-LEGAL CLAIMS OF DELAY IN DIAGNOSIS

P. Diggin, T. Ellison, A.J. Maxwell, J.M. Pearson, R. Salem, J.H.R. Winstanley, H.M. Bishop. *Royal Bolton Hospital, UK*

Introduction: One of the senior authors has recently been involved as an expert witness defending a surgeon against an allegation of missing a breast cancer. The claimant's experts stated that by missing a 1 cm breast cancer there was a failure of duty of care.

Methods: From 1990 to 1999 data was collected prospectively from all patients referred to the Royal Bolton Hospital Breast Unit. The data base was searched to determine the number of patients with symptomatic breast cancer and the pathological size of tumours presenting over this period. Only patients referred symptomatically by their General Practitioner were included in the study.

Results: Of the 774 symptomatic patients diagnosed with breast cancer only 54 (7%) patients had tumours of 1 cm or less. There were 165 (20%) patients whose breast cancers measured from 1.1 to 1.5 cm in diameter.

Discussion: In UK symptomatic breast practice patients rarely present with tumours 1 cm or less in diameter as measured by the pathologist. Thus, providing the examining surgeon performs an adequate clinical examination then it would be unusual for a discrete lesion of this size to be identified in the outpatient clinic. Future claimants and their lawyers would do well to consider the likely size of the missed cancer at the time of any alleged breach of duty. On the balance of probabilities tumours of 1 cm or less form a low proportion of cancers diagnosed in a UK symptomatic breast practice.

O-37. ROLE OF ULTRASOUND SCAN IN WOMEN COMPLAINING OF A BREAST LUMP BUT WITH NORMAL CLINICAL EXAMINATION

J.A. Cid, A.J. Evans, H. Burrell, A.R.M. Wilson, R.S. Rampaul, R.D. Macmillan, R.W. Blamey. *Nottingham City Hospital, UK*

We investigated the contribution of Ultrasound Scan (USS) to the assessment of women complaining of a breast lump with normal clinical examination.

All women complaining of a breast lump, and in whom the examining surgeon could not detect it, were submitted for USS if they could locate the lump with one finger. If a solid mass was found on USS, a guided core-biopsy was performed. 275 women were prospectively studied in this way between July 1999 and November 2000.

232 women (85%), mean age = 37.2 (range: 14–69), had no abnormality on USS and were discharged. To date none of these women have re-presented to the Breast Unit with a solid lump.

Of 43 women with positive findings on USS (15%), mean age = 43.3 (range: 22–66), 29 were cysts and 14 were solid lumps. 12 of the solid lumps were benign on final histology. The 2 cancers found measured 6 and 7 mm.

In women complaining of a breast lump and able to locate it accurately, yet with normal clinical examination, USS detected cancer in 0.7% of cases.

Clinical examination of women complaining of a breast lump is very accurate and paramount. USS should be the standard back-up investigation in such cases.

O-38. RELIABILITY OF STEREO-TACTIC CORE BIOPSY DIAGNOSED DUCTAL CARCINOMA IN-SITU (DCIS) FOR SCREEN DETECTED MICROCALCIFICATION

G.P. Boland, I. Brown, K.C. Chan, A.D. Baidam, L. Barr, W.F. Knox, N.J. Bundred. *University Hospital of South Manchester, UK*

The study aimed to determine the frequency of invasive cancer (IC) in the operative specimen after stereo-tactic core biopsy