

Medical Legal Problems in Breast Imaging: Recurring issues

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Errors in Diagnostic Radiology

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- Complacency: finding assigned to wrong cause
- Faulty reasoning: too limited ddx
- Lack of knowledge: does not recognize issue
- Underreading: missed
- Poor communication: result does not reach MD
- Technique
- Prior study: not compared
- History: not received or incorrect
- Location: corner call
- Satisfaction of Search
- Satisfaction of report: overrely on prior interpretation

Interval Breast Cancer (Hofvind S, Acta Radiol 2008)

	True interval Cancers	Missed Ca
• LN involve	33%	49%
• Invasive <15mm	27%	47%
• Characteristics of missed: asym density, poorly defined mass		
• 231 Ca; 35% missed, 23% minimal, 42% no signs		

NEGLIGENCE

➤ DUTY

➤ BREACH

➤ CAUSATION

➤ DAMAGES

o Production of satisfactory images

o Reasonable Interpretation

o Effective Communication

NEGLIGENCE

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o Production of
satisfactory images

o Reasonable
Interpretation

o Effective
Communication

NEGLIGENCE

Issue to Address

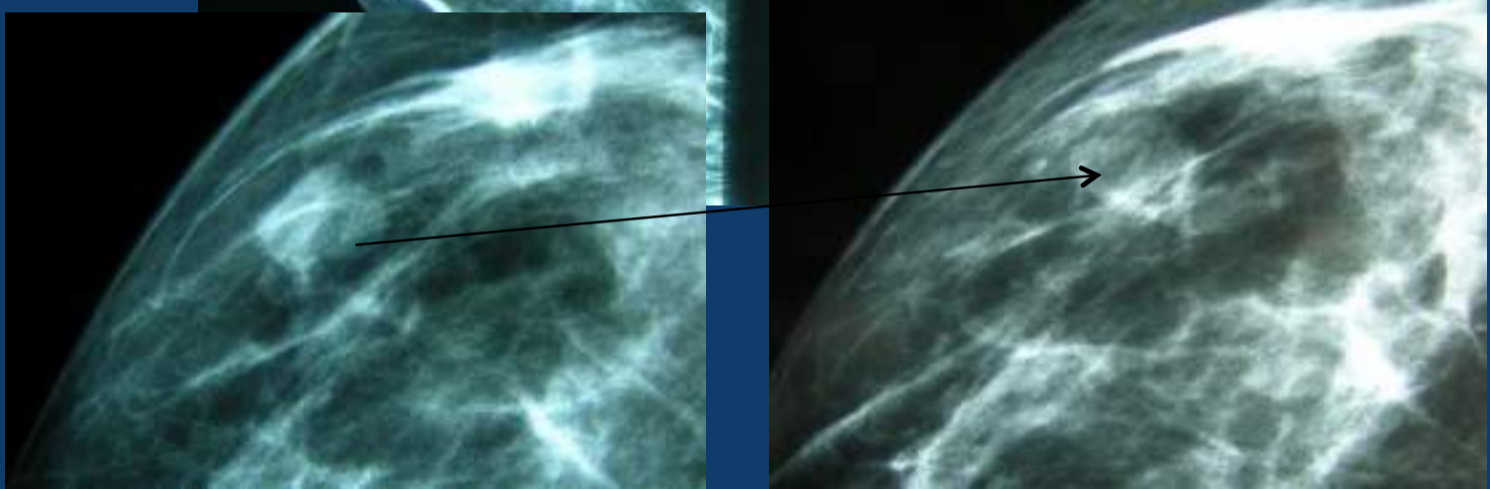
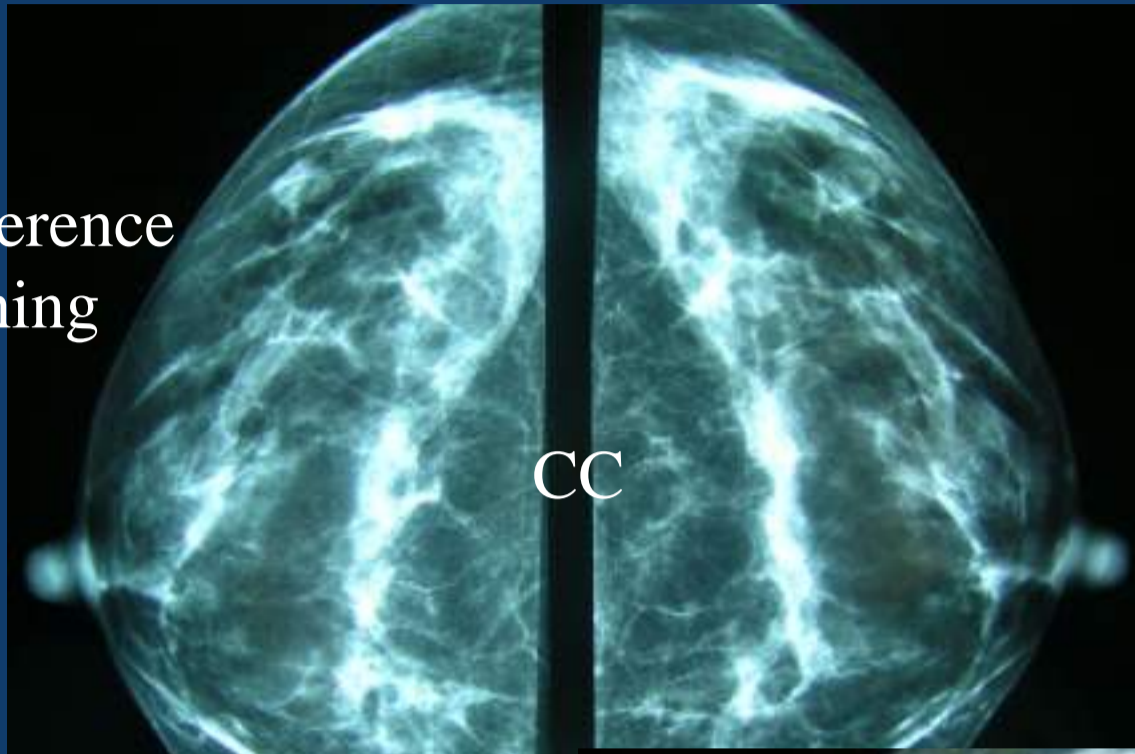
- Image Quality & Positioning: usually a screening problem
 - Triaging: usually a screening/dx issue
 - Developing densities: becoming major reason for misdiagnosis
 - Communication
 - Implementation of MRI
-

MQSA-Imaging Quality

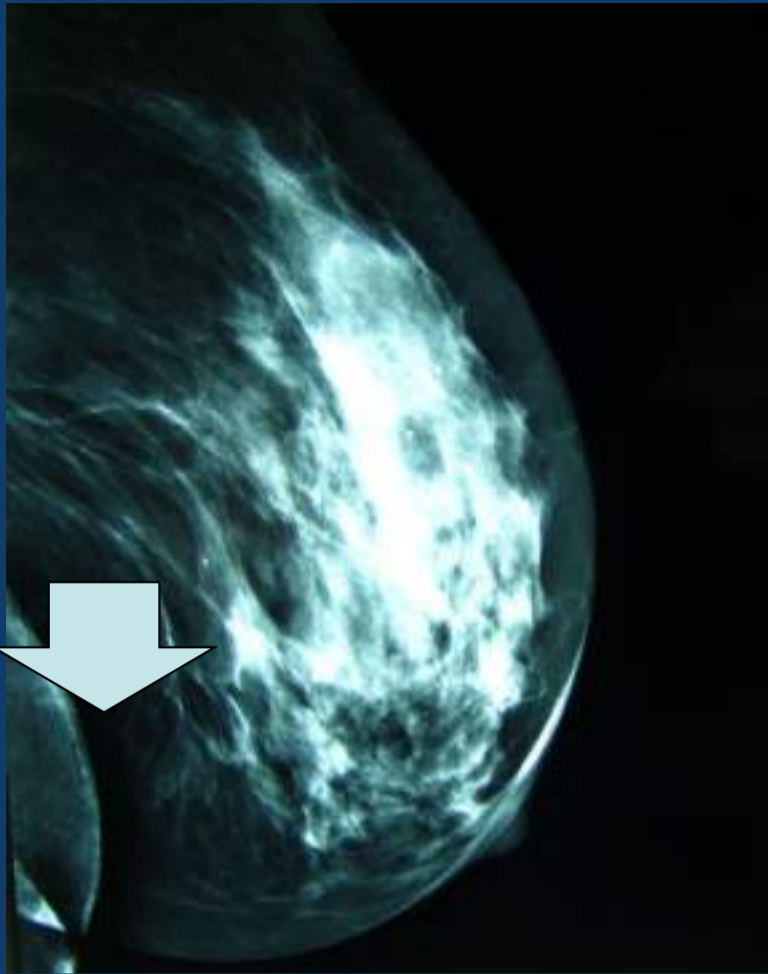
- Standards set for proper positioning
 - Not all images are ACR-accreditation quality but make sure they are reasonable
 - Registry technologists--know facility's approach
- Same for all staff personnel
- Tomo: FDA requirements will evaluate at present 2D images—working on other approach

MQSA-Imaging Quality

Slight difference
In positioning

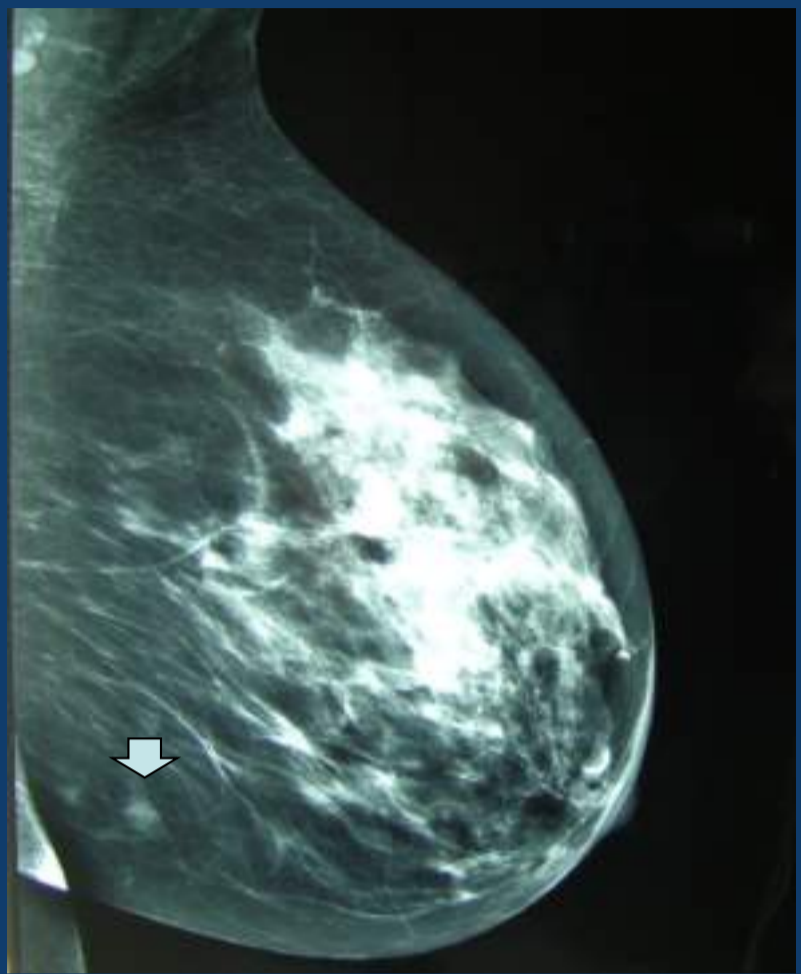


MQSA-Imaging Quality



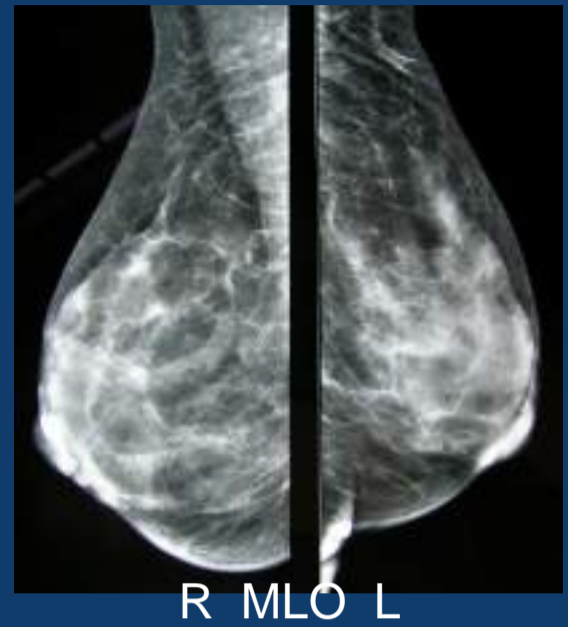
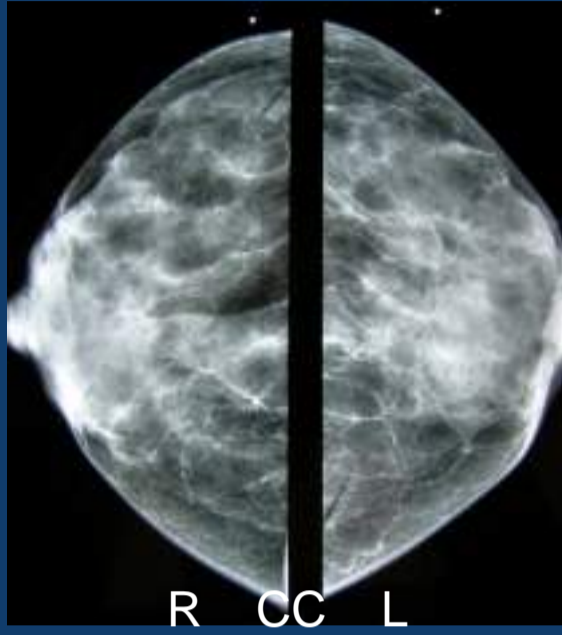
YR X

MLO

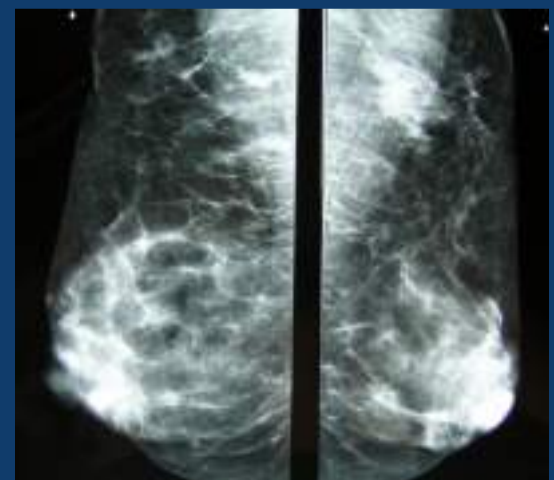
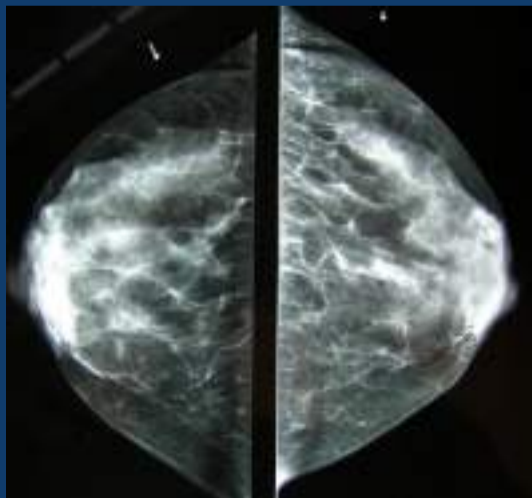
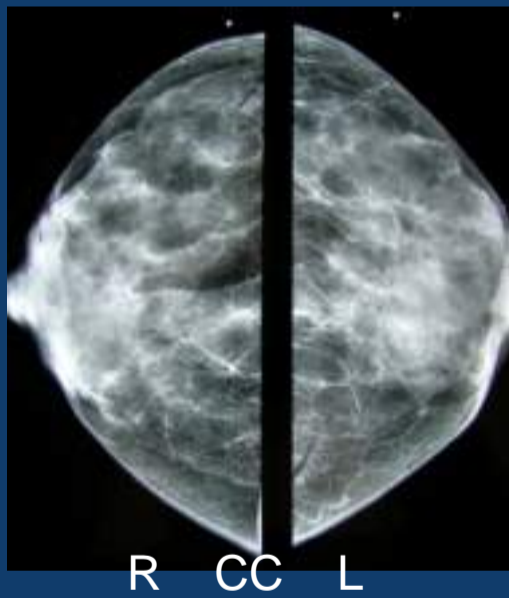


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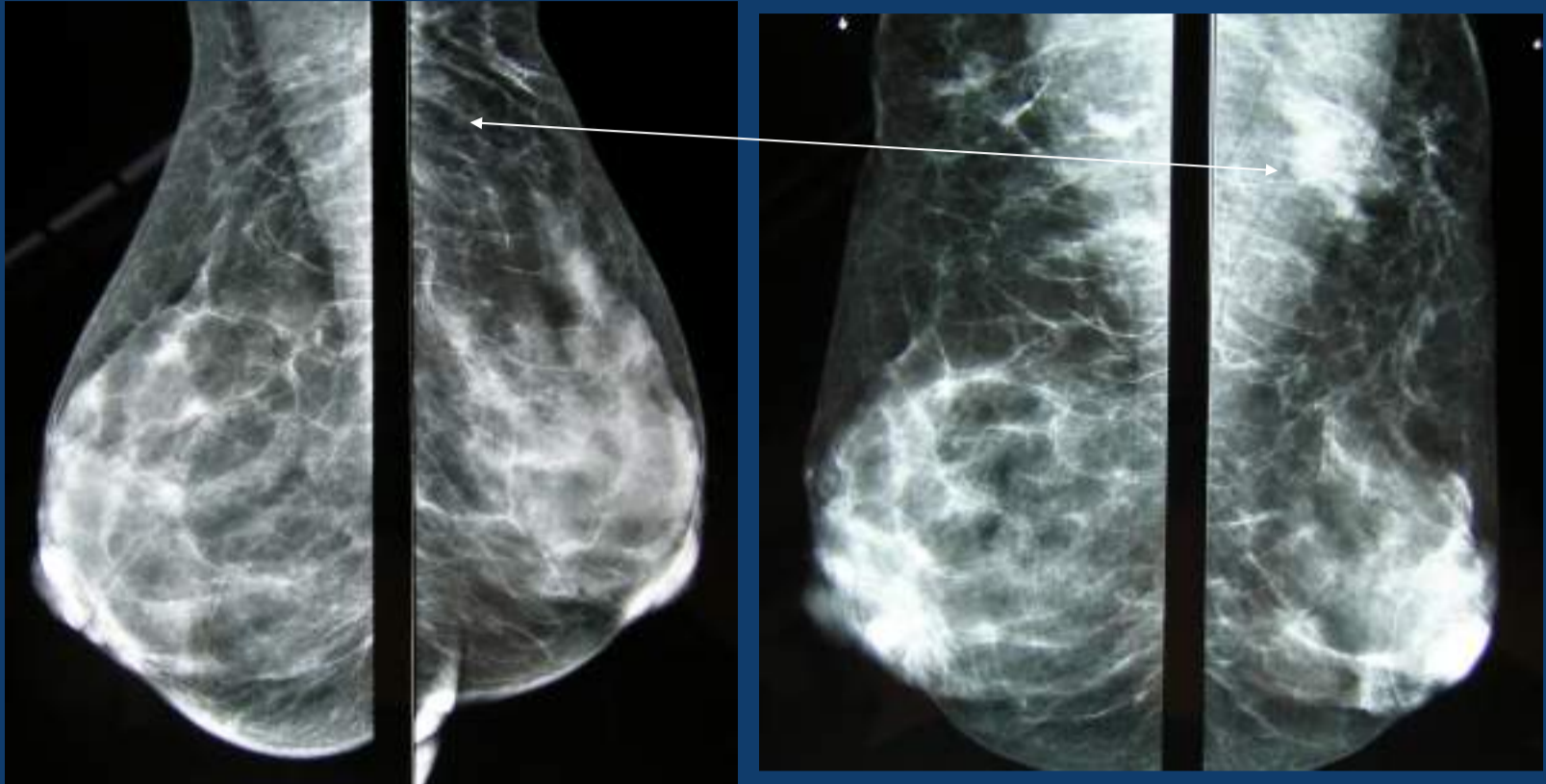
MQSA-Imaging Quality



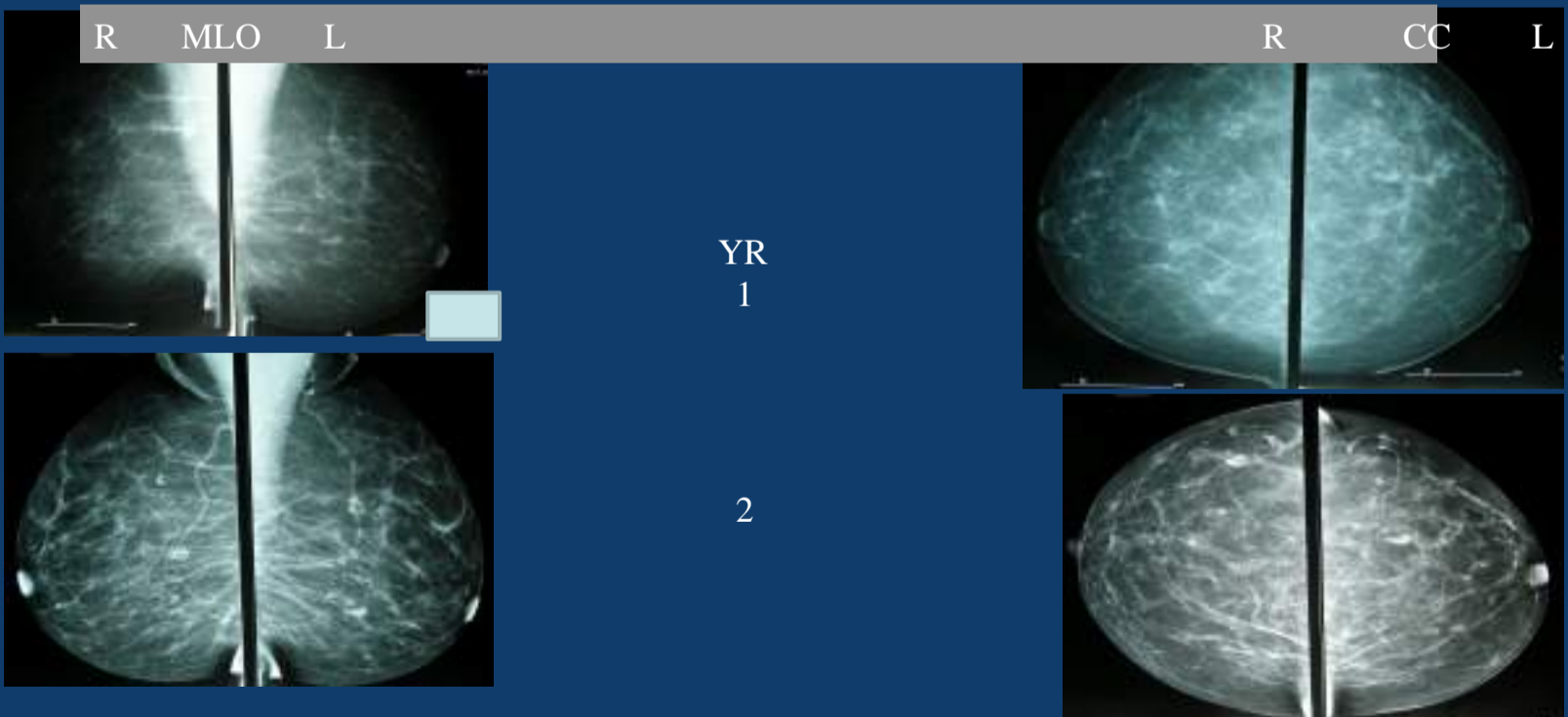
MQSA-Imaging Quality



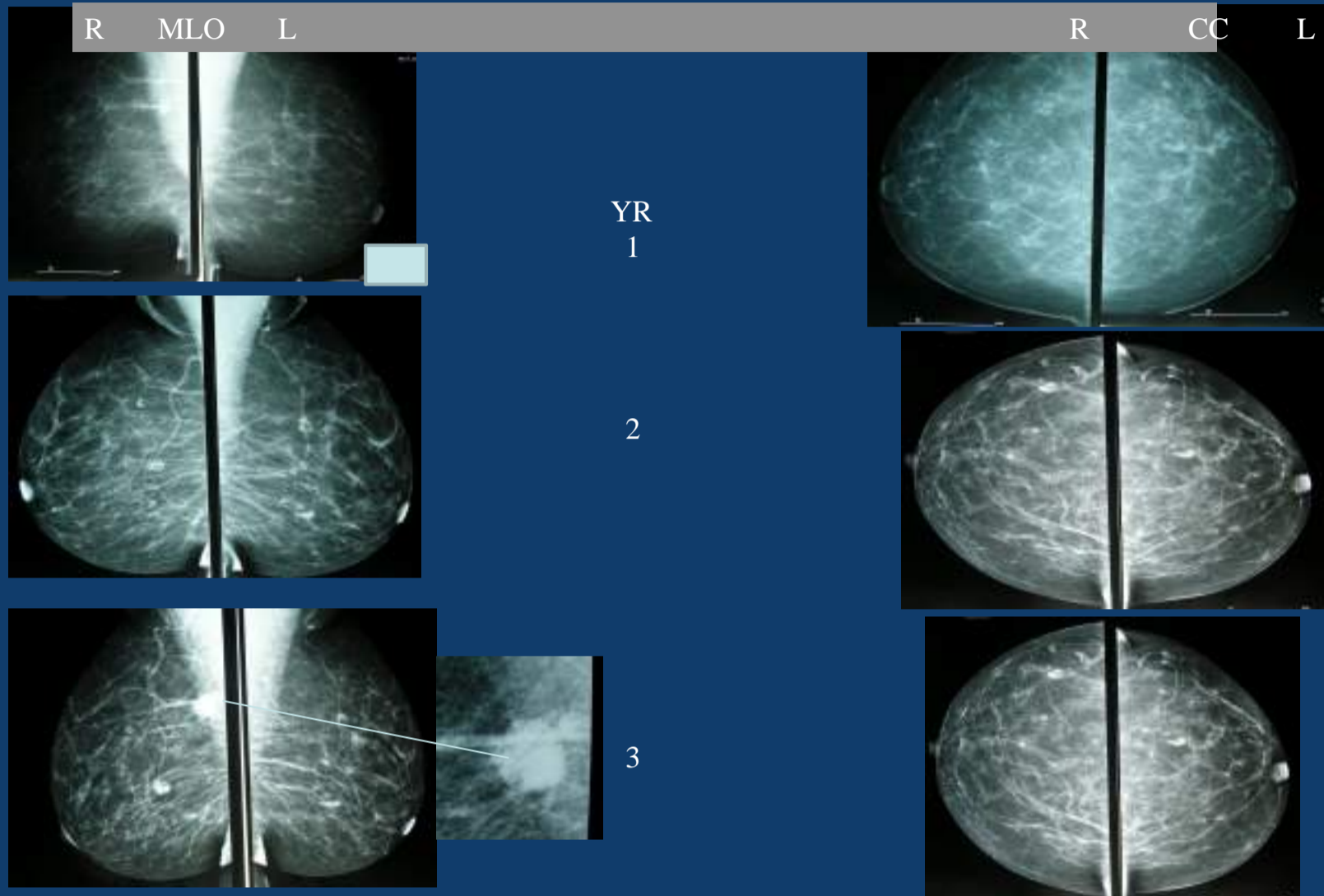
MQSA-Imaging Quality



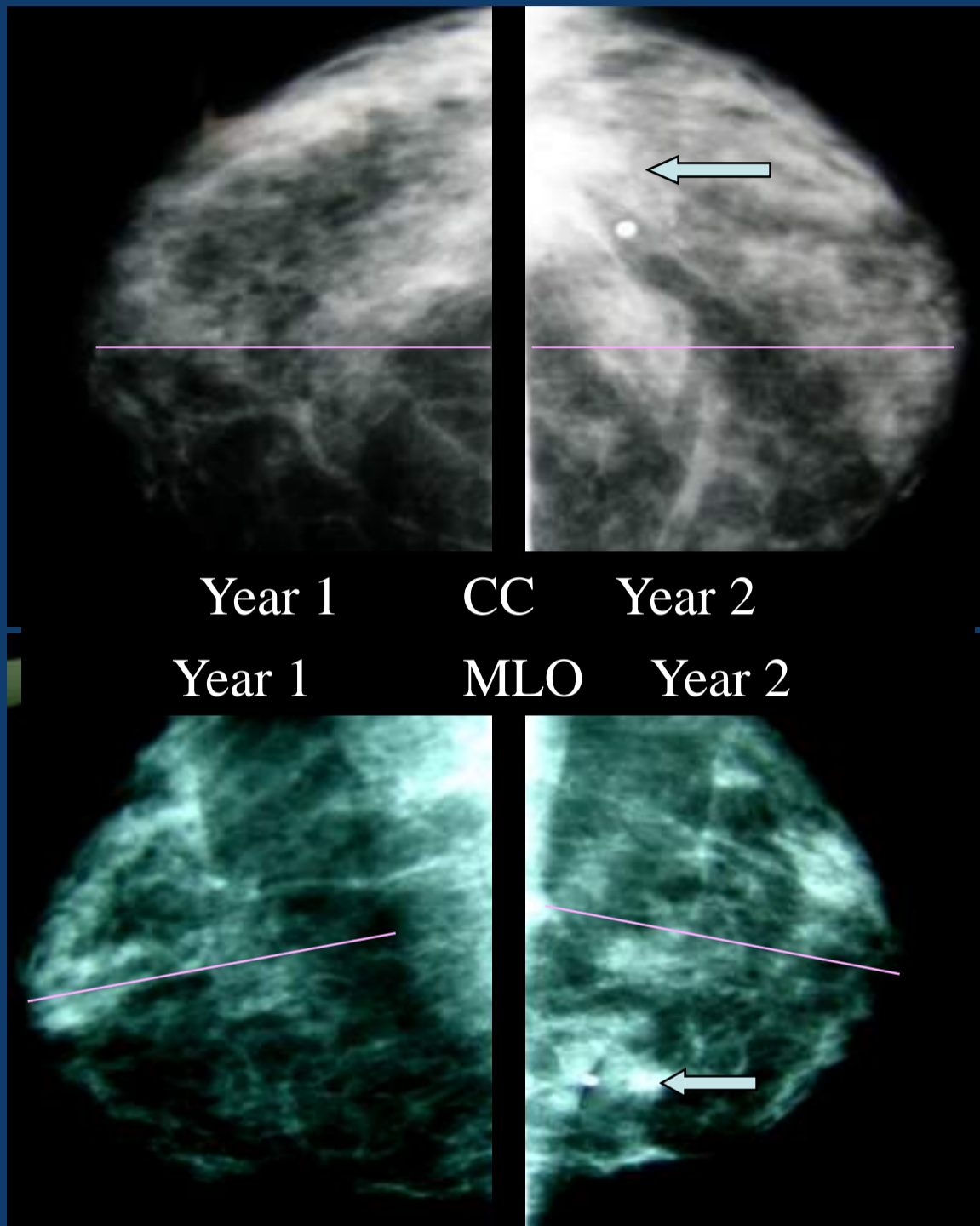
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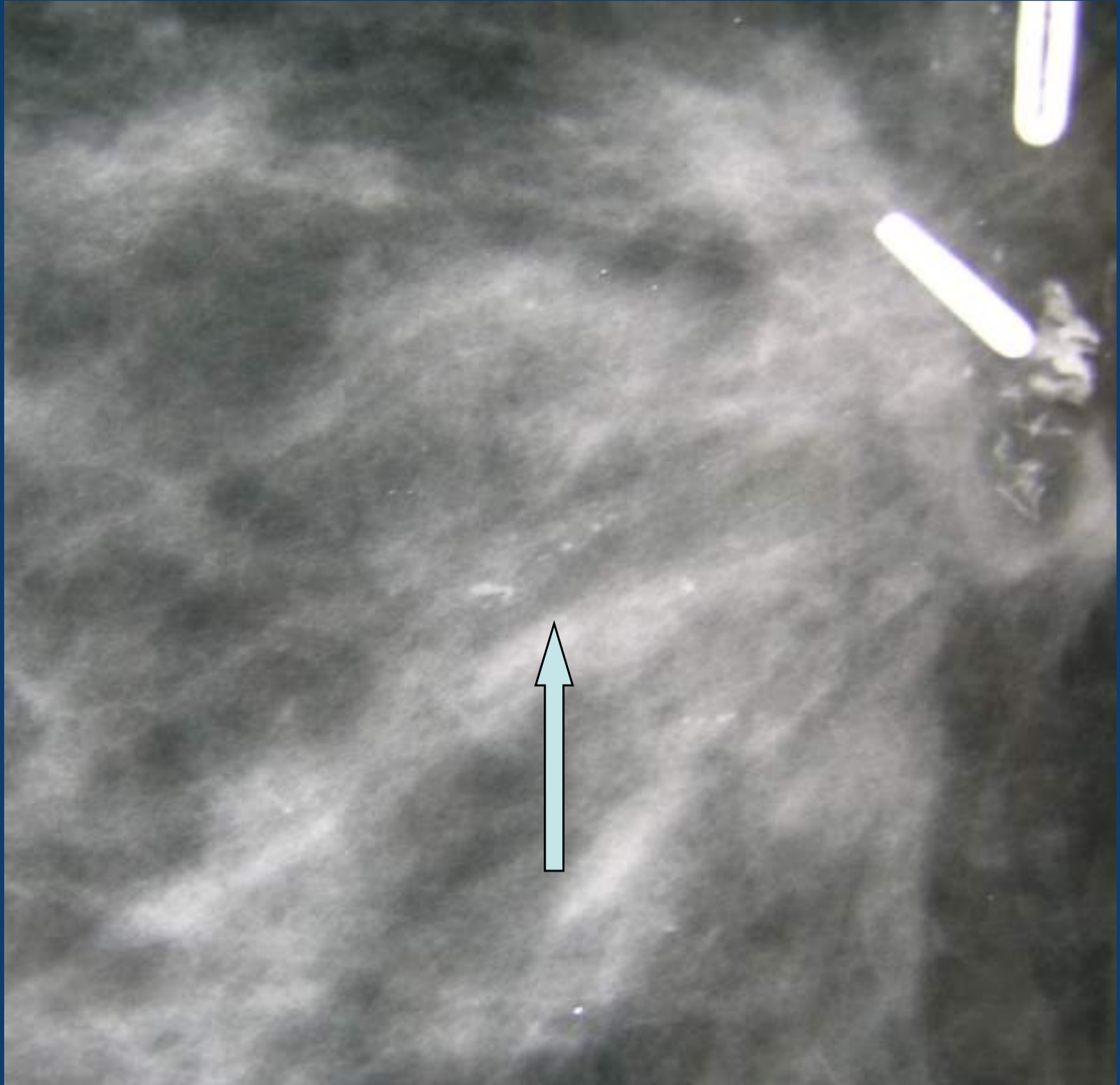
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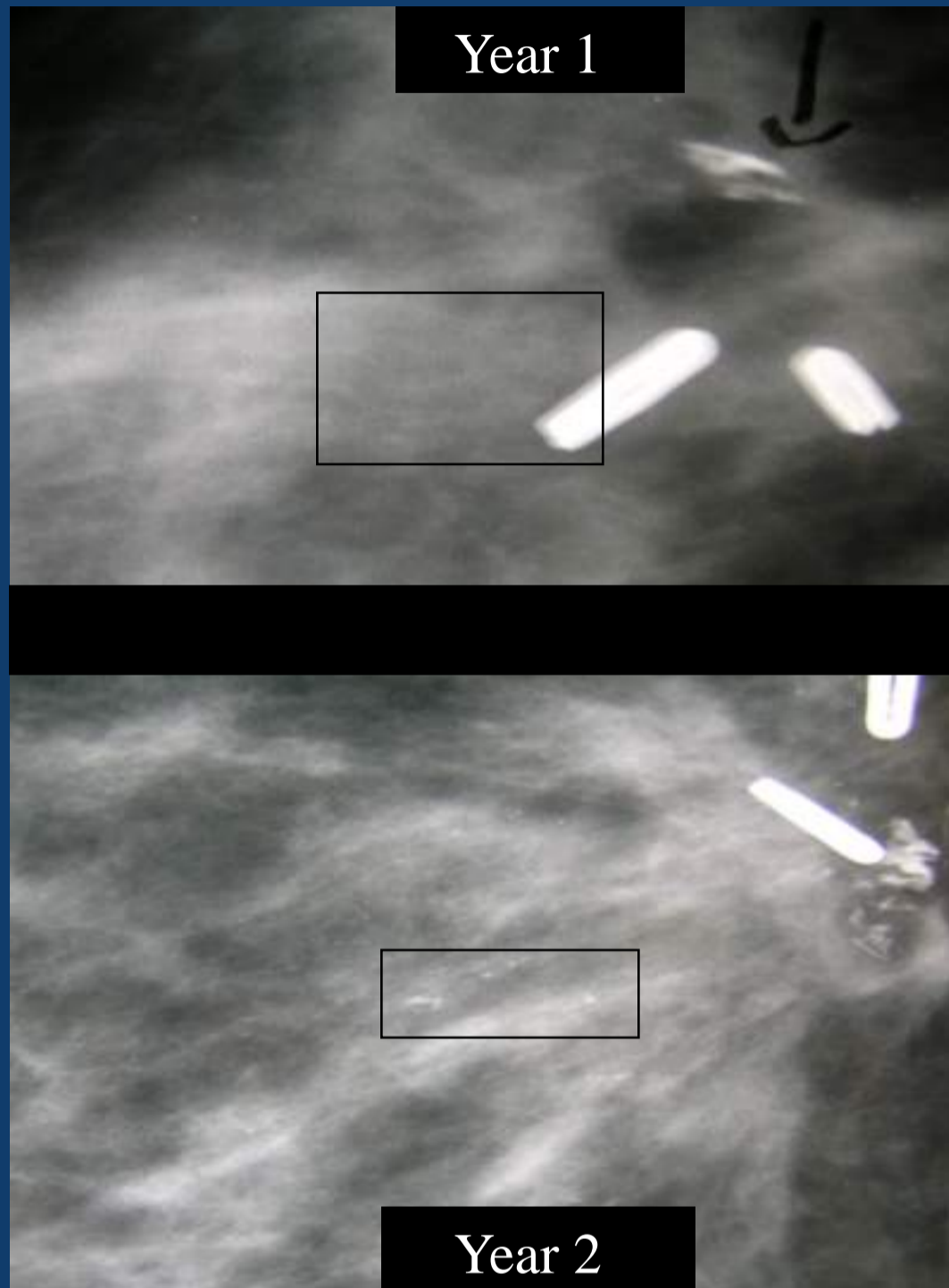
MQSA-Imaging Quality



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MQSA-Imaging Quality



MQSA-Imaging Quality

SCREENING DIGITAL MAMMO W/IMPLANTS: JULY 21, 2009 - ACCESSIO [REDACTED]

Bilateral CC and MLO view(s) were taken.

Technologist: [REDACTED]

Prior study comparison: July 12, 2008, bilateral screening bilat. Digital mammogram. June 2007, bilateral screening bilat. Digital mammogram.

The breast tissue is heterogeneously dense. This may lower the sensitivity of mammograph
are intact subglandular saline implants, which are new compared to the prior studies.
There are no significant masses, suspicious calcifications or areas of architectural distortion.
There is a small oval density in the left upper hemisphere, not confirmed focal in the CC
projections.

Motion is noted on the right MLO non implant displaced view.

This report was read with the use of CAD (Computer Aided Detection)

ASSESSMENT: Benign (Bi-Rads 2)

RECOMMENDATION: Routine screening mammogram.

TRIAGING PATIENT

Reconcile patient history to exam

If discrepancies, reconcile before patient done or patient leaves

FINDING AT EXAMINATION 1995

FINDING	# OF CASES	% OF ALL KNOWN CASES
MASS WITH NO NODES	235	49.4
MASS WITH ENLARGED NODES	37	7.8
NODES WITH NO MASS	18	3.8
BLEEDING/NIPPLE DISCHARGE	10	2.1
FIXATION/THICKENING/RETRACTION	38	8.0
NO FINDING	102	21.4
OTHER	36	7.6
NOT KNOWN	22	N/A

PT: " I HAD A GROWING LUMP FOR A LONG TIME BEFORE MD DID ANYTHING"

LUMP = CA

CHART NOTES

MD VS PT RECOLLECTION
+
EVIDENCE OF NO LUMP

MD VS PT RECOLLECTION

NEW Problems with ACA

- Patients are allowed free preventative care including SCREENING mammograms
- Patient's with symptoms are requesting (as are their providers who sometimes do not see patient prior to study) screening mammograms
 - Same problem with Canadian Screening Trial

Previous Mammograms? _____ Address _____
 Marital status _____ Phone _____
 Grav _____ Para _____
 Age nurse 1st child _____ Duration _____
 Status of menstruation _____
 Fam. hx. breast Ca.? _____
 Previous breast surgery? _____
 When? _____
 Where? _____
 Why? _____
 Rx therapy? _____
 Trauma? _____
 Hormone? _____
 C.C. - What? _____
 Where? _____
 Duration? _____
 Skin dimpling? _____
 Nipple retraction? _____
 Discharge? _____ Color? _____

30 years ago

1. NO At the present time do you have a specific area of concern such as:
 _____ a lump?
 _____ breast discharge?
 _____ skin dimpling of greater than one week duration?
 _____ nipple retraction?
 _____ specific area of pain in the breast?
 _____ previous breast biopsy in last fourteen months?
 Right _____ Left _____ Year _____

2. NO Have you had BREAST CANCER? If yes, did have a:
 Mastectomy? _____
 Right _____ Left _____ Year _____
 Lumpectomy? _____
 Right _____ Left _____ Year 1990

3. NO Do you have BREAST IMPLANTS? If yes, when _____

4. NO Have you had any SILICONE INJECTIONS to the breast?

5. NO Have you had BREAST AUGMENTATION OR REDUCTIONS? (Mammoplasty)?

6. NO Have you had a previous mammogram at another institution?
 If yes, are you able to bring your films with you? _____

7. NO Is this a six month follow-up, for previous mammographic findings?

8. NO Have you breast fed within the last 4 to 6 months?

9. NO Have you had any breast surgeries for benign conditions in the last five years? If yes, have you had a mammogram at the Joyce Eisenh Keefer Breast Center since then?
 Right _____ Left _____ Year _____

10. NO Have you had a needle aspiration of your breast?

Current

NEW Problems with ACA

Reasons for Diagnostic Procedures:

- Breast Lump
- Abnormal Mammogram
- Nipple Abnormality
- Possible rupture of implants
- History of breast cancer date: _____
- Other DENSITY

Reasons for DEXA study:

- Osteoporosis
- Hormone therapy
- Family history of osteoporosis
- other _____

Comments: ① Family hx breast
Mother & sister

Areas of "Clinical Concern" must be indicated

↑ density is definite masses

NEW Problems with ACA

Reasons for Diagnostic Procedures:

- Nipple Abnormality
- Possible rupture of implants
- History of breast cancer date: _____
- Other _____

Reasons for DEXA study:

- other _____

Comments:
fibrotic breasts i.e. more
discrete nodularity (R)
~12-1 o'clock

Areas of "Clinical Concern" must be indicated