

Guidance for NHS Breast Screening Services

Interim clinical guidance: management of VAB and excisions

10 11 2021 Version 0.2

The previous guidance relating to the national shortage in supply of needles for vacuum assisted biopsies and excisions released in July 2021 has been updated to reflect the current shortage reported in November 2021.

The interim clinical advice is:

- if units are using 1st line VAB for microcalcifications and affected by the needle shortages, they should revert to 14G stereo-core biopsies
- there will be a learning curve to begin with, but prior to VAB, many units had calcium retrieval rates ranging from 85% to the mid 90%. Consequently, the substitution of 14G biopsies should be a viable solution
- the application specialists in BD, Hologic and Mammotome can be contacted for further support if required. They can help to make sure the system is set up for stereo-core biopsies.
- any neighbouring Trusts that still perform 1st line stereo-core biopsies could be approached for advice and support if needed
- the majority of VAE will be for R3 lesions resulting in B3 so the number of R4/5 B3 (the group which the multidisciplinary team may consider surgical excision) will be very small. In these cases, it is reasonable to have the discussion with the patient regarding waiting for VAE for a few months or proceeding to surgical excision. For the rest of the B3s, it may be reasonable to await VAE assuming supply does resume.

If services have further queries about the clinical guidance please contact the breast screening programme team via england.phs7apmo@nhs.net

