Supplement: November 2022 NPQS Update.

The following changes have been made to the NPQS.

Page number	Standard number	Previous standard	Amended standard
iv, 96, 116	Abbreviation	BSANZ	BreastSurgANZ
Throughout document including removal of appendix 12 and 14		Computed Radiography (CR) units were previously allowed in the programme but is not currently.	Remove all references to CR
Throughout document	Reference to	Privacy Act 1993	Privacy Act 2020
iv	Abbreviations	.... **SNR** Signal to noise ratio **UDG** Undisciplinary Group	... **SNR** Signal to noise ratio **UDG** Uni-disciplinary Group **VAB** Vacuum-assisted biopsy **VAE** Vacuum-assisted excision
7		Scope BSA provides a national screening programme, which includes: • Promotion of screening • ..... • Screening mammography for eligible women • Multidisciplinary assessment for screened women, including clinical examination, ultrasound, percutaneous needle biopsy, open biopsy and pathology services •	Scope BSA provides a national screening programme, which includes: • Promotion of screening • ..... • Screening mammography for eligible women • Multidisciplinary assessment for screened women, including clinical examination, ultrasound, percutaneous needle biopsy, open surgical excision biopsy, vacuum-assisted excision and pathology services • ....

13	1.1	Criterion 1.1: The provider maximises the participation of women in the target age groups for screening and rescreening Elements 1.1.1 ≥70% of women aged 50–69 years participate in screening in the most recent 24-month period. 1.1.2 ≥75% of women aged 50–67 years who attend for their first screen within the programme are rescreened within 20 to 27 months. 1.1.3 Of women aged 50–67 years participating in their subsequent rescreens within the programme, ≥85% are rescreened within 20 to 27 months of their previous screening episode.	Criterion 1.1: The provider maximises the participation of women in the target age groups for screening and rescreening Elements 1.1.1 ≥70% of women aged 45–69 years participate in screening in the most recent 24-month period. 1.1.2 ≥75% of women aged 45–67 years who attend for their first screen within the programme are rescreened within 20 to 27 months. 1.1.3 Of women aged 45–67 years participating in their subsequent rescreens within the programme, ≥85% are rescreened within 20 to 27 months of their previous screening episode.
27	2.5.3	When sending information by text message or email, the provider representative must: • ensure that information is only sent in relation to non-clinical notifications, which may include appointment reminders, confirmation of appointments, and follow-up of missed appointments. • not send information relating to results or clinical information (pending NSU development of national policy).	When sending information by text message or email, the provider representative must: • ensure that information is only sent in relation to non-clinical notifications, which may include appointment reminders, confirmation of appointments, and follow-up of missed appointments or Return to Routine Screening outcome where consent has been obtained from the women prior. • not send information relating to results or clinical information.
29	3.2.4	…women requiring open surgical biopsy (level 3 assessment) have their operation performed within 20 working days of being notified of the need for this operation.	…women requiring level 3 assessment (that is open surgical excision biopsy or vacuum-assisted excision) will have their procedure performed within 20 working days of being notified of the need for this operation.
29	3.2.6	…written histology reports for percutaneous needle biopsy (level 2 assessment) and open biopsy (level 3 assessment) will be received by LPs within 5 working days of the pathology laboratory receiving the specimen.	Written histology reports for percutaneous needle biopsy (level 2 assessment) and open surgical excision biopsy or vacuum-assisted excision (level 3 assessment) will be received by LPs within 5 working days of the pathology laboratory receiving the specimen.
29	3.2.7	…women receive the results within five working days of their final percutaneous needle biopsy	…women receive the results within seven working days of their final percutaneous needle biopsy

33	4.3	4.3.1 <10% of women aged 50–69 who attend for their first screen are recalled for assessment. 4.3.2 <5% of women aged 50–69 who attend for their second or subsequent screen are recalled for assessment. 4.3.3 The provider monitors the positive predictive value of the screening mammogram for women aged 50–69 for those who attend for their first screen. 4.3.4 The provider monitors the positive predictive value of the screening mammogram for women aged 50–69 for those who attend for their second or subsequent screens.	4.3.1 <10% of women aged 45–69 who attend for their first screen are recalled for assessment. 4.3.2 <5% of women aged 45–69 who attend for their second or subsequent screen are recalled for assessment. 4.3.3 The provider monitors the positive predictive value of the screening mammogram for women aged 45–69 for those who attend for their first screen. 4.3.4 The provider monitors the positive predictive value of the screening mammogram for women aged 45–69 for those who attend for their second or subsequent screens.
34	4.4.3	All women screened must have a breast history recorded...This should include: • Data and place... • Any family history of breast cancer • Previous breast surgery or treatment • Scars, moles....	All women screened must have a breast history recorded...This should include: • Data and place... • Previous breast surgery or treatment (note. Change of list order) • Any family history of breast cancer • Scars, moles....
38	5.1.1	The provider ensures that the multidisciplinary team involved in the assessment…. • Percutaneous needle biopsy • Pathology technique and interpretation….	The provider ensures that the multidisciplinary team involved in the assessment… • Percutaneous needle biopsy • vacuum-assisted excision (VAE) • Pathology technique and interpretation
38	5.1.2	The provider implements a protocol..... for all cases that underwent percutaneous needle biopsy or diagnostic excision biopsy.	The provider implements a protocol.... for all cases that underwent percutaneous needle biopsy or open surgical excision biopsy, or vacuum-assisted excision biopsy.
38	5.1.4	There is a local protocol for correlating treatment pathology slides with needle biopsy diagnosis and imaging at a multidisciplinary team meeting, and discordant results must be investigated.	There is a local protocol for correlating treatment pathology slides with percutaneous needle biopsy diagnosis and imaging at a multidisciplinary team meeting, and discordant results must be investigated.
39	5.2.1	…… -Level 2 assessment: clinical examination or percutaneous needle biopsy, as required -Level 3 assessment: diagnostic excision biopsy, as required	…… -Level 2 assessment: clinical examination or percutaneous needle biopsy, as required -Level 3 assessment: Diagnostic excision biopsy (either open surgical excision biopsy or vacuum-assisted excision), as required

40	5.3.2	For all specimens, the radiologist or surgeon provides full clinical information to the reporting pathologist, including: • The exact location of the lesion(s) • Mammographic/sonographic findings… • The findings of the clinical examination • The nature of the biopsy procedure…..	…. • The findings of the clinical examination • The nature of the biopsy procedure, whether percutaneous needle biopsy or vacuum-assisted biopsy…..
41	5.4.2 5.4.4	The provider ensures percutaneous needle biopsy specimens are processed as for a routine surgical biopsy. A minimum of three levels must be obtained from all core biopsies. Additional levels must be performed as required to try to achieve concordance. For diagnostic excision biopsies, unless there is a very definite correlation between the radiographic abnormality in the specimen radiograph and the macroscopic findings, additional radiography of the sliced specimen should be performed	The provider ensures percutaneous needle biopsy specimens are processed as for a routine surgical biopsy. A minimum of three levels must be obtained from all core percutaneous needle biopsy For open surgical excision biopsies or vacuum-assisted excision unless there is a very definite correlation between the radiographic abnormality in the specimen radiograph and the macroscopic findings, additional radiography of the sliced specimen should be performed
42	5.5	Provider minimises the number of open biopsies (level 3 assessment) performed for benign disease Elements 5.5.1 The number of open biopsies performed for benign disease is <=3.5 per 1000 women... 5.5.2 The number of open biopsies performed for benign disease is <=1.6 per 1000 women...	Provider minimises the number of open surgical excision biopsies (level 3 assessment) performed for benign disease Add a note under “Elements” as follows: 5.5.1 The number of open surgical excision biopsies.... 5.5.2 The number of open surgical excision biopsies...
43	5.6	The provider minimises the harms of open biopsies (level 3 assessment)	The provider minimises the harms of open surgical excision biopsies (level 3 assessment)
44	5.7.2	...Possible outcomes of the first assessment visit are: ….. • Percutaneous biopsy • Staged assessment • Open biopsy ….	...Possible outcomes of the first assessment visit are: ….. • Percutaneous biopsy • Staged assessment • Vacuum-assisted excision • Open surgical excision biopsy ….

53	6.5.1	The provider has available the diagnostic equipment to perform: • A complete mammographic work-up • Breast ultrasound examinations • Percutaneous needle biopsy	The provider has available the diagnostic equipment to perform: • A complete mammographic work-up • Breast ultrasound examinations • Percutaneous needle biopsy The provider may choose to provide the diagnostic equipment to perform: • Vacuum-assisted biopsy • Vacuum-assisted excision
	6.5.13	A reporting workstation must have two high-specification, high-resolution displays mounted adjacent to each other in portrait orientation and must: • have a minimum of 5 megapixel quality (2500 x 2000 pixels) • be used with low ambient lighting (<40lux) • be calibrated to the DICOM Grayscale Standard Display Function, Part 14, including the quality control display (MRT) and image review display (radiologist) • be capable of ≥300 cd/m2 luminance (existing displays) or ≥450 cd/m2 luminance (new displays).	A reporting workstation must have high-specification, high-resolution medical displays arranged suitably for clinical use by the reader and with no reflected highlights on the screen(s): • single or dual monitor display suitable for mammographic viewing, 4096 x 2160 pixel or higher. • where a single display is used to view paired images it will be tested in the same way as a pair of displays. • pixel size of about 0.2 mm. • be used with low ambient lighting (<40 lux). • be calibrated to the DICOM 3.14 Grayscale Standard Display Function[1] plus or minus 10%. This applies to all displays used clinically including the quality control display (MIT) and image review display (radiologist). • be adjusted to ≥300 $cd.m^{-2}$ maximum luminance (existing displays) or ≥450 $cd.m^{-2}$ luminance (new displays) and a minimum between 1 and 1.2 cd.m-2
55	6.6.4	Addition of vacuum-assisted technologies	Where vacuum-assisted technologies are employed, it is expected that this equipment will meet the equivalent standards and that the provider complies with quality assurance protocols appropriate to these technologies

57	6.7.1	BSA providers ensure that: • all new technologies considered for use within the programme are identified using a pro forma, which is submitted to the National Screening Unit for consideration by the relevant Ministry of Health committee • the service establishes a robust process in conjunction with the National Screening Unit to review and subsequently approve the use of new technologies • the introduction of interventional procedures is strictly controlled and undertaken after an appropriate period of training, and the development and implementation of appropriate policies and protocols • monitoring and evaluation of new technologies is undertaken and reported to the National Screening Unit.	BSA providers ensure that: • Any new technologies or medical devices for use within the BSA programme must meet contemporary Medsafe requirements for medical devices and must comply with the requirements set out in the Medicines (Database of Medical devices) Regulations 2003, the Medicines Act 1981 and the Medicines Regulations 1984 • BSA also requires any new technology or medical device to meet approval standards set by at least one of the following regulatory bodies: the United States Food and Drug Administration; the Australian Therapeutic Goods Administration, or the European Union Conformitè Europëenne marking system. • the introduction of interventional procedures is strictly controlled and undertaken after an appropriate period of training, and the development and implementation of appropriate policies and protocols • monitoring and evaluation of new technologies is undertaken and reported to the National Screening Unit.
78	8.9.2	The Lead MIT is responsible for the clinical performance of the following within their region: • all BSA MITs • the designated QC MIT (if other than a BSA MIT).	The Lead MIT is responsible for the clinical performance of the following within their region: • all BSA MITs (including ensuring the quality for those working on fixed term and locum basis) • the designated QC MIT (if other than a BSA MIT).
90	8.16.9	All MRTs involved in BSA (except Lead MRTs) must be performing no less than 1000 mammograms per year, or 80 per month within BSA.	All permanently employed MRT's involved in BSA (except lead MRT's) must be performing no less than 1000 mammograms per year, or 80 per month within BSA

90	8.18.3	Prior to commencing unsupervised assessment, radiologists must satisfy the Clinical Director that they are competent in the following: • ... • Performing invasive procedures available in their assessment clinic	Prior to commencing unsupervised assessment, radiologists must satisfy the Clinical Director that they are competent in the following; • Performing invasive procedures available in their assessment clinic • Where vacuum-assisted technologies are offered, those radiologists employed to provide either vacuum-assisted biopsies or vacuum-assisted excisions must satisfy the Clinical Director that they are competent in these procedures.
93	8.18.7	BSA radiologists must: attend at least 15 meetings or 60% (whichever is greater) of clinical multidisciplinary review meetings, using video conferencing if necessary	BSA radiologists must: attend at least 30 screening multidisciplinary review meetings a year (using video conferencing if necessary). Or pro-rata if a radiologist is working a part year**.**
97	Glossary	Assessment-Level 2: clinical examination and diagnostic needle biopsy, as required Assessment-Level 3: open excision biopsy, as required	Assessment-Level 2: Clinical examination and diagnostic percutaneous needle biopsy as required Assessment-Level 3: diagnostic excision biopsy, either open surgical excision biopsy or vacuum-assisted excision, as required
99	Glossary	Core needle biopsy Sampling of breast tissue with a needle to obtain a tiny cylinder of tissue for examination by a pathologist.	Percutaneous core needle biopsy Sampling of breast tissue with a needle to obtain a sample of tissue for examination by a pathologist.
100	Glossary	Diagnostic open biopsy A surgical biopsy recommended for diagnostic purposes.	Diagnostic open surgical excision biopsy A surgical biopsy recommended for diagnostic purposes.
105	Glossary	Open biopsy rate The percentage of screened women who undergo open biopsy procedures. This is calculated as: the number of screened women who undergo open biopsy procedures, divided by the total number of women screened.	Open surgical excision biopsy rate The percentage of screened women who undergo open surgical excision biopsy procedures. This is calculated as: the number of screened women who undergo open surgical excision biopsy procedures, divided by the total number of women screened.
105	Glossary	Open diagnostic biopsy Surgery performed under a local or general anaesthetic in which a sample of tissue is removed to be examined by a pathologist.	Open surgical excision biopsy. Surgery performed under a local or general anaesthetic in which a sample of tissue is removed to be examined by a pathologist.

109	Glossary	Unscreened women... Value Of Interest Look-Up Table (VOI LUT)...	Unscreened women... Vacuum-assisted excision Removal of a lesion or an imaging abnormality with the aim of excising the lesion of concern. May be used as an alternative to an open surgical excision. Value Of Interest Look-Up Table (VOI LUT)...
120	Appendix 2 throughout		Removal of fax
129	Appendix 8	Mammography image acquisition subsystems must: • be approved by the Food and Drug Administration	Mammography image acquisition subsystems must: • be approved by MedSafe
195	Appendix 20	(Table for synoptic reporting): Source of pathology data: 1=cytology... 3=Large core/suciont biopsy	(Table for synoptic reporting): Source of pathology data: 1=cytology 2= standard core (non-vacuum) 3= vacuum-assisted biopsy 4= vacuum-assisted excision 5= open surgical excision 6= autopsy U= unavailable/unknown/unsure **Note. In the original, Mammatome and ABBI are brand names for ultrasound-guided vacuum-assisted devices. All trademarks should be removed.**
200	Appendix 22	(Table for radiologist accreditation): Observed/competency • Ultrasound • Guided biopsy • Stereotactic core biopsy • Localisation for open biopsy	(Table for radiologist accreditation): Observed/competency • Ultrasound • Ultrasound guided biopsy • Mammographic guided biopsy • Localisation for open biopsy Additional competencies where appropriate • Vacuum-assisted excision

207	Appendix 22	Application for Accreditation to work in the BSA programme: Radiologist	Form updated.
208	Appendix 23	Core biopsy quality assurance Suggested thresholds for core biopsy performance are shown in Table X.1. These figures will obviously depend on sampling techniques and the experience and care of the clinician...	Core biopsy quality assurance Change to percutaneous needle biopsy wherever core biopsy is stated as the table is not referring to vacuum-assisted. **For vacuum-assisted biopsy, future targets will be informed by formal monitoring and evaluation of the use of vacuum-assisted techniques within BSA.**