Mammography: Achieving lower recall rates

According to the American College of Radiology (ACR), for every 1,000 women who have a screening mammogram, 100 of them will be called back for additional imaging, and the majority of those cases (61) will turn out to be cleared. Five of those 1,000 will ultimately be diagnosed with breast cancer after further testing, according to the ACR. This data, also supported by other published materials, suggests that a 10% recall rate should serve as providers’ target recall rate.

Advances in breast imaging technology are creating alternatives for primary and secondary screening exams. Currently, the industry-wide transition to digital breast tomosynthesis (DBT), a technology proven to reduce screening recall rates, has become a major leveraging force clinicians are utilizing to reduce their recall rates in keeping with the national target. Leading experts in breast imaging came together in our Expert Forum to discuss, debate and share ideas on moving the needle in the pursuit of excellence in breast health.

Achieving optimal recall rates was an especially hot topic of conversation among the panelists in light of the increasing number of patients participating in breast cancer screening exams under the Affordable Care Act, which mandated coverage of mammograms for breast cancer screening, as was each clinician’s transition to DBT. While all the panelists agreed that keeping recall rates at or under the 10% national average is ideal, notable discussion ensued surrounding the influences behind each panelists actual and ideal rates, and how they strive to make that number even lower.

In an ideal world, improving cancer detection with imaging technology alone would facilitate the reduction of recall rates in breast cancer screening, but there are many factors, both clinical and operational, that influence the recall rate. The patient’s age, breast density and cancer history make up some of clinical factors. Operationally, the availability of the patient’s prior exams, pairing the patient with best imaging resource, the staff’s learning curve to transition to 100% DBT acquisition and reading workflows, and finally, sensitivity to the patients’ insurance coverage are all some of the operational variables that are affecting the current situation.

Several panel members weighed in about their facility’s goals to get their average recall rates at or consistently below 10%. These included Nina S. Vincoff, MD, Chief of Breast Imaging, Northwell Health Physician Partners, and Erin I. Neuschler, MD, Assistant Professor of Radiology and Director of Clinical Research, Department of Breast Imaging, Northwestern University, Feinberg School of Medicine, as well as Georgia G. Spear, Director of the Clinical Breast MRI Program, and Clinical Assistant Professor of Radiology in the Department of Breast Imaging, North-Shore University Health System.

Dr. Vincoff explained the situation at her facility, “We are just not there right now. Our true recall rate is somewhere between 10% and 15%, depending on the office, and some of that variability actually depends on things like how accessible prior mammograms are, and that varies for us from office to office.”

She also explained that, as it should be, clinicians prioritize patient care, but, “In terms of what we’re doing to get our recall rate down, I think most people don’t realize what their recall rate is unless you tell them, and most radiologists are surprised to find out what their recall is. People tend to think their recall rate is either lower or higher than what it actually is, and so we let everybody know what their recall rate is on a quarterly basis. I think just knowing that sometimes can be very helpful. Keeping that information top of mind has been very effective for us.”

“Our goal is similar,” Dr. Neuschler added, “to get it under 10%, and I think as
we move to 100% DBT, actually, within basically the last month every patient is now getting a digital breast tomosynthesis as their screening, we can achieve that.” In Illinois recent legislation was passed mandating insurance provide coverage for tomosynthesis, which serves to help Dr. Neuschler’s group achieve its goal.

In addition to monitoring the overall recall rate, Dr. Neuschler’s group is developing a system of in-depth case analysis to better understand recalled cases. “We have a program that is being developed in our department for each individual radiologist to log into a program and look at what cases that they have called back and sort of have real-time feedback,” she said.

Dr. Spear also weighed in on the topic of keeping recall rates at or under the national average, “Our institutional callback rate is less than 10%, and our radiologists are notified through an internal quality audit … . We find out exactly where our callback rate lies, and then we know how to handle that appropriately. We are currently between 5% and 10%, with 13 radiologists that are dedicated breast imagers at our center, and we fall in that range. And hopefully we’ll keep it that way even with tomosynthesis increasingly utilized at our center.”

Administrative variables such patients’ varying coverage for tomosynthesis were also discussed as affecting our panelists’ recall rates. “Initially, there was quite a bit of confusion,” Dr. Neuschler explained. “We had this evolving situation where patients could choose to opt out [of DBT] because they weren’t sure if it would be covered or not. And then actually within the last month, the hospital decided that even if the insurance company was not paying that they would comp the cost of the additional, if there was additional cost of tomosynthesis.”

From the patient’s perspective, the panel members agreed, keeping recall rates down can only serve to subdue patients’ anxiety, uncertainty and sleepless nights.

From discussing approaches to reducing recall rates, debating the screening guideline recommendations to sharing ideas on improving breast cancer detection and clinical operations, panelists agreed that though their paths may be different, the goal is the same—saving lives.

Panel Participants
- Sarah Conway, MD, President, Delphi Radiology Associates Consulting
- Erin I. Neuschler, MD, Assistant Professor of Radiology and Director of Clinical Research, Department of Breast Imaging, Northwestern University
- William R. Poller, MD, FACR, Director, Division of Breast Imaging, Allegheny Health Network System
- Georgia G. Spear, MD, Director of the Clinical Breast MRI Program, and Clinical Assistant Professor of Radiology in the Department of Breast Imaging, NorthShore University Health System
- Nina S. Vincoff, MD, Chief, Division of Breast Imaging, Northwell Health
- Joseph P. Russo, MD, Senior Chief, Mammography, St. Luke’s University Hospital System

REFERENCES