

NAS Commentary and Handbook – Log of minor editorial changes.

Accreditation Document	Issue	Comments	Date editorial change made
NAS commentary	<ul style="list-style-type: none"> The numbering of the Measures under Criterion 1.2 on page 29 – 30 of the NAS commentary is incorrect. A typographical error has resulted in NAS Measure 1.2.1 (b) being renamed to NAS Measure 1.2.2, and NAS Measure 1.2.2 being renamed to NAS Measure 1.2.3 This has not affected the numbering in Appendix A. 	<p>The error on page 28 has been amended to reflect the correct numbering of NAS measures under Criterion 1.2. The correct numbering is:</p> <p>1.2.1 a) The Service and/or SCU monitors and reports participation of women aged 50–74 years from special groups and where rates are below that of the overall population, implements specific strategies to encourage their participation in screening. Consideration of equitable participation rates of at least the following groups is made: Indigenous, women from culturally and linguistically diverse, rural/remote and lower socioeconomic backgrounds.</p> <p>b) The Service and/or SCU monitors and reports participation of women aged 50–69 years from special groups and where rates are below that of the overall population, implements specific strategies to encourage their participation in screening. Consideration of equitable participation rates of at least the following groups is made: women from Indigenous, culturally and linguistically diverse, rural/remote and lower socioeconomic backgrounds.</p> <p>1.2.2 The Service and/or SCU monitors the proportion of all women in the Service who are screened and recalled for assessment, aged 40–49 years and 75 years and over.</p> <p>NAS measure 1.2.3 does not exist.</p>	23 December 2015
NAS commentary	<ul style="list-style-type: none"> The numbering of the measures under criterion 3.1 in Appendix A on page 124 is incorrect. On page 124 of the NAS Commentary (Appendix A), 	<p>The error on page 124 has been amended to reflect the correct numbering of NAS measures under Criterion 1.2. The correct numbering is:</p> <p>3.1.1 <5% of all percutaneous needle biopsies of malignant breast lesions are classified as benign or inadequate/insufficient.</p> <p>3.1.2 a) 0% of benign lesions assessed by percutaneous needle biopsy have a false positive cancer diagnosis, when the definitive needle biopsy result is</p>	23 December 2015

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	<p>A typographical error has resulted NAS Measures 3.1.2 (a) and 3.1.2 (b) being changed to NAS Measures 3.1.2 and 3.1.3 (creating an extra Measure) – this has also resulted in NAS Measures 3.1.3 – 3.1.8 being renumbered 3.1.4 – 3.1.9.</p> <ul style="list-style-type: none"> Note that in the body of the NAS Commentary the NAS Measure 3.1.2 numbering is consistent with that in the September 2014 approved NAS Measures. 	<p>achieved after performance of the final needle biopsy at an assessment episode(s). A false positive FNA which is followed by a true negative core biopsy, prior to recommendation for surgery or treatment, is not considered to be a false positive “percutaneous needle biopsy” for the purpose of this standard.</p> <p>b) Where part a) is not met, a root cause analysis on 100% of false positive cancer diagnoses is conducted by the Service and/or SCU.</p> <p>3.1.3 The absolute sensitivity of a diagnosis of breast cancer based on percutaneous needle biopsy is >90%.</p> <p>3.1.4 ≤0.35% of women who attend for their first screening episode are found not to have invasive breast cancer or DCIS after diagnostic open biopsy.</p> <p>3.1.5 ≤0.16% of women who attend for their second or subsequent screening episode are found not to have invasive breast cancer or DCIS after diagnostic open biopsy.</p> <p>3.1.6 All women with impalpable lesions undergoing excision have specimen imaging recorded.</p> <p>3.1.7 ≥95% of all lesions are correctly identified at first excision</p> <p>3.1.8 a) ≥ 85% of invasive breast cancers or DCIS are diagnosed without the need for excision. b) Where part a) is not met, the Service and/or SCU provides the proportion of breast cancers that are diagnosed as invasive and DCIS without the need for excision.</p> <p>Measure 3.19 does not exist</p>	
NAS Commentary	<p>Interval Cancer definition</p> <ul style="list-style-type: none"> It has been identified that the definition of an interval cancer differs between the BSA Data Dictionary and the NAS Commentary. These differences may mean that the definition of 	<p>Some aspects of the definition of some interval cancers were revised in the NAS Commentary to ensure these data would be collected consistently across jurisdictions in line with the BSA data dictionary and regardless of whether the interval cancer was detected through BreastScreen Australia or outside the program.</p> <p>This includes providing definitions for interval cancers detected at early review and early rescreen, and removing cancers diagnosed in women who fail to attend for their assessment from the definition of interval cancers. These small changes to the definition will affect only a small proportion of interval cancers,</p>	8 April 2016

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	<p>an interval cancer is interpreted differently.</p>	<p>but should make the definition of interval cancer more consistent and less open to interpretation.</p> <p>The BSA Data Dictionary and NAS commentary definitions are now matching – changes have been made to the following pages of the NAS Commentary:</p> <ul style="list-style-type: none"> • definition of early rescreen added into the glossary on page 10; • definition of interval cancers invasive and non-invasive amended in the glossary, page 12; and • commentary on interval invasive cancers has been amended to align with the BSA Data Dictionary, page 48. 	
<p>NAS Commentary</p>	<ul style="list-style-type: none"> • The SCoS has approved the <i>Guidelines for Investigation of Possible False Positive Needle Biopsy Diagnoses of Breast Malignancy in BSA Accredited Services</i> for inclusion into the NAS Commentary 	<p>A reference to the guidelines has been added into the commentary on page 69.</p> <p>The guidelines have been included into the commentary in a new appendix – Appendix I – on page 184.</p>	<p>8 April 2016</p>