

FDA Meeting
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Interventional Procedures Related to Breast Disease

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Historical Notes

- Screening mammography for early detection of breast cancer in the United States was first reported in 1960s and on a larger scale in late 1970s and began to be widely applied in mid-'80s. The suspicious lesions were wire-localized by radiologists and removed by surgeons for diagnosis.
- In 1985, I introduced the Stereotactic needle biopsy technique into the United States from Sweden. It gained acceptance first by radiologists and later by surgeons in mid-90s.
- Breast ultrasound for diagnosis and intervention was also popularized among surgical community by Dr. Staren (surgeon) in mid-90s.

Historical Notes

- In 1997, ACS, on behest of its Fellows, initiated an instructional course in image-guided (stereotactic and ultrasound) breast biopsy for surgeons. The ACS courses headed by myself and Dr. Staren were given at the annual meetings of the College. They are still attended by surgeons who either practice this procedure independently or in collaboration with radiologists.
- In the earlier phases of this program, the course participants were issued a certificate by the College verifying their attendance.

Historical Notes

- In the late '90s, a set of guidelines was jointly created by ACR and ACS to enable surgeons apply for Breast Biopsy Accreditation Program*. I believe it is a reasonably comprehensive program, addressing all aspects of the procedure.

Comments

- The practice of surgery, including the breast procedures, is increasingly image-dependent.
- Safety of the patient and accuracy of the procedure for correct *diagnosis* are paramount.
- Image-guided *treatment* of breast tumors is also on the horizon.

Comments

- In the author's opinion, the current Stereotactic Breast Biopsy Accreditation Program is adequate for the practicing surgeons and should serve the primary goals of patient safety and disease diagnosis.
- However it is not popular with surgeons and radiologists.

Comments

- Personally, I believe that the problem should be addressed by the Residency Review Committee. Image-guided breast biopsy and therapy should become part of the residency training program. This is a rapidly evolving field for which the trainees should be given instructions and be later tested by the Board of Surgery.