Impact of ABUS Implementation on Workflow in a Small Breast Center

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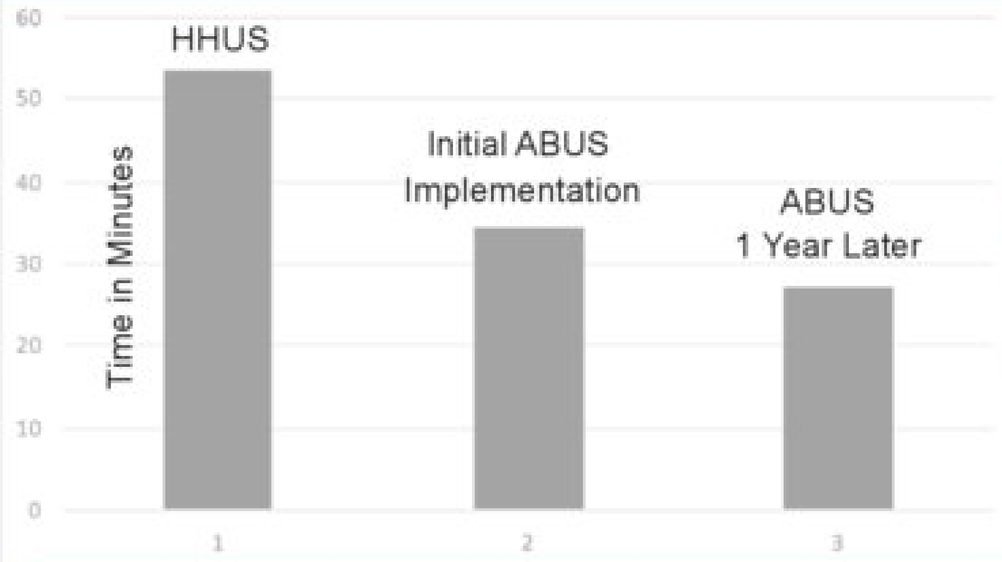
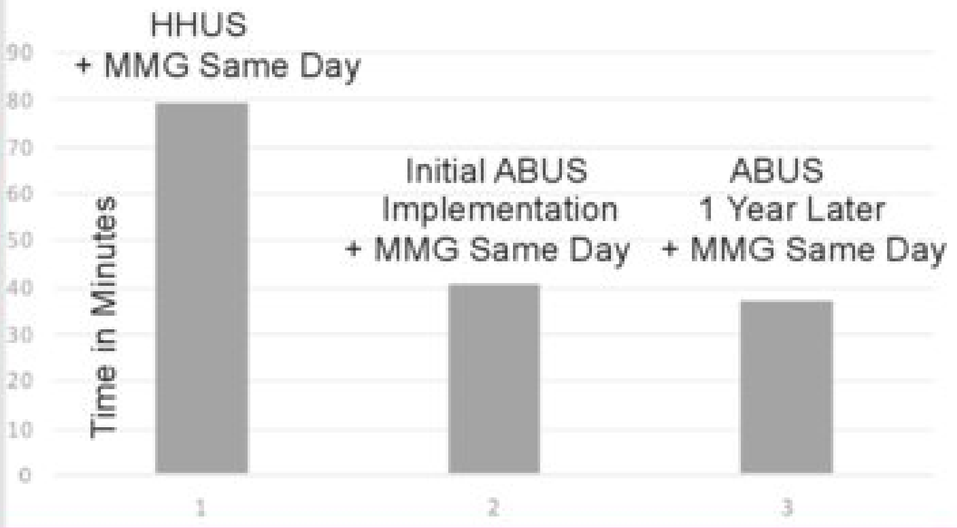
PURPOSE: Describe implementation experience with GE Invenia ABUS in center previously performing HHUS for Dense patients (Category C or D).

METHODS: Patients screened with ABUS during the first six months of implementation were analyzed for time in center and compared to prior HHUS times. In addition recall rates and biopsy pathology were analyzed. Finally, an additional comparison one year later was performed.



Decrease in Time at 1 Year:
ABUS: 49%
ABUS + MMG: 53%

Recall Rate:
Initial 6 Months: 34%
At One Year: 7.2%



RECALL RATE: In the initial six months an average of 34% of patients were recalled for either Technical Repeat or BIRAD 0 Findings. Recall rates were higher when time in center was lowest, supporting a learning curve of image quality awareness by technicians. One year later: Recall Rate 7.2%.

PATHOLOGY (Initial 6 Months):

- **11 Biopsies Recommended; 10 Performed**
- **2 CIS (1 ALH/LCIS, 1 DCIS)**
- **2 Invasive CA (I Ductal, 1 Lobular)**
- **6 Benign, PPV 40%**

PRODUCTIVITY ANALYSIS: A busy center could image an additional 7.8 patients per day with ABUS compared to HHUS, generating an additional $334,755 in revenue annually (average Medicare reimbursement $165.24).

LESSONS LEARNED: Training a limited number of technicians and providing same day reads will improve initial implementation. We highly recommend a Radiologist and Technician champion. In general, patients are very receptive to new technology and time saved.

Investigator Sponsored Research, Recipient GE ABUS Call for Proposals