The Board of Medicine ("Board") recently reviewed a case where a series of “dropped balls” by providers and the patient led to a lawsuit. The patient had a mammogram with worrisome calcifications leading to a benign stereotactic breast biopsy with a marker. She was advised to resume annual mammograms, but did not return a year later. Neither the radiology department nor the primary care provider documented any attempt to have the patient return for annual screening after she did not follow-up at one year. Three years later she did come back and had a mammogram that now showed a subtle mass at the previously marked biopsy site. The radiologist did not check the previous biopsy date and assumed the biopsy was very recent and that the biopsy and marker were for the subtle mass and not for calcifications only. The radiologist was, therefore, falsely assured that the mass was benign and suggested a follow-up in one year. When the patient did come back a year later for follow-up, the mass was now an obvious cancer … hence the lawsuit.

The Board felt all parties could have done better. The patient, who had had annual mammograms before the biopsy, should have known better, even with a negative biopsy, to come back a year later as directed. The primary care provider and the radiology department should have had a system in place with documentation to locate and remind the patient when she did not return for her mammogram one year later. Lastly, the radiologist who saw the subtle mass at the marked site should have gotten the story right by more carefully looking at the dates. The radiologist would have realized that the biopsy was three years prior and that it was calcifications only and not a mass. The radiologist would have then realized at that time that the patient had missed annual screening in the interval between the biopsy and his viewing.