



Guidance for the use of marker clips by BreastScreen Australia Screening and Assessment Services

Version Control

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Introduction

Marker clips (or tissue markers) allow localisation for certain procedures and correlation with imaging from other modalities.

Marker clips are not required for every biopsy. The Clinical Advisory Committee consider that informed consent is essential. A marker clip is often placed without the intention for it to be removed and may remain in situ. There are particular occasions where marker clips should be used.

Marker placement should be used in the following circumstances:

- marking the site of a lesion that has been totally or almost completely removed at needle biopsy or vacuum assisted biopsy (e.g. calcifications and small masses)
- confirmation of biopsy site if multiple lesions are present. When using vacuum assisted biopsy, it is recommended that a different shaped marker is used for each biopsied lesion and appropriately documented
- confirmation of the site of biopsy of an ill-defined lesion (e.g. mammographic architectural distortion)
- if future surgery and/or preoperative localisation is considered to be potentially difficult due to lesion conspicuity OR if preoperative localisation is likely to be carried out using a modality different from the biopsy modality
- local assessment team protocols, such as lesion mapping and for extensive areas
- for correlation across modalities for diagnostic reasons.

Post-biopsy imaging: lesion status and marker position

Post-biopsy imaging is required to confirm that the targeted lesion is still visible, or if a marker is deployed, the position of the marker relative to the targeted lesion. Written documentation of the post-biopsy imaging should occur. The serial number should be recorded in the client's file.

If a marker is deployed following stereotactic/tomographic vacuum assisted biopsy while the breast is compressed, it is possible that its placement may be proximal or distal to the actual site of the lesion.

After biopsy and deployment of a marker, CC and 90 degree lateral mammographic views at a minimum should be taken and compared with those images taken prior to the biopsy.

If a marker is deployed following ultrasound guided biopsy, post-marker deployment ultrasound image should be captured and 2-view post-marker mammography should also be performed.

Radiology report guidance

It is recommended that a radiology report of the Assessment states:

- the visibility of the target lesion/s following needle biopsy
- whether or not a tissue marker was deployed
- if a marker was deployed, the position of the marker relative to the target lesion/s and marker clip type.

This advice is clinical guidance for the BreastScreen Australia Program for consideration and suggested implementation within each jurisdiction.