

Unexplained National Differences in the Management of DCIS Revealed by Audit: the Sloane Project Experience

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on behalf of the Sloane Project Steering Group

www.sloaneproject.co.uk

The Sloane Project – Background and Aims

Background

- Uncertainties about natural history, invasive potential and optimal treatment
- Clinical trials have produced conflicting results

Aims

- To improve knowledge about the diagnosis, treatment and clinical outcomes of screen detected carcinoma in situ and atypical hyperplasias
- To enable patients and health care professionals to make more informed choices regarding treatment in the future

Named after the late
**Professor
John Sloane**



Radiology data collection form

- Includes background pattern, predominant radiological feature, size of lesion

Pathology data collection form

- Includes specimen type, nuclear grade, margin status, nodes taken and receptor status data

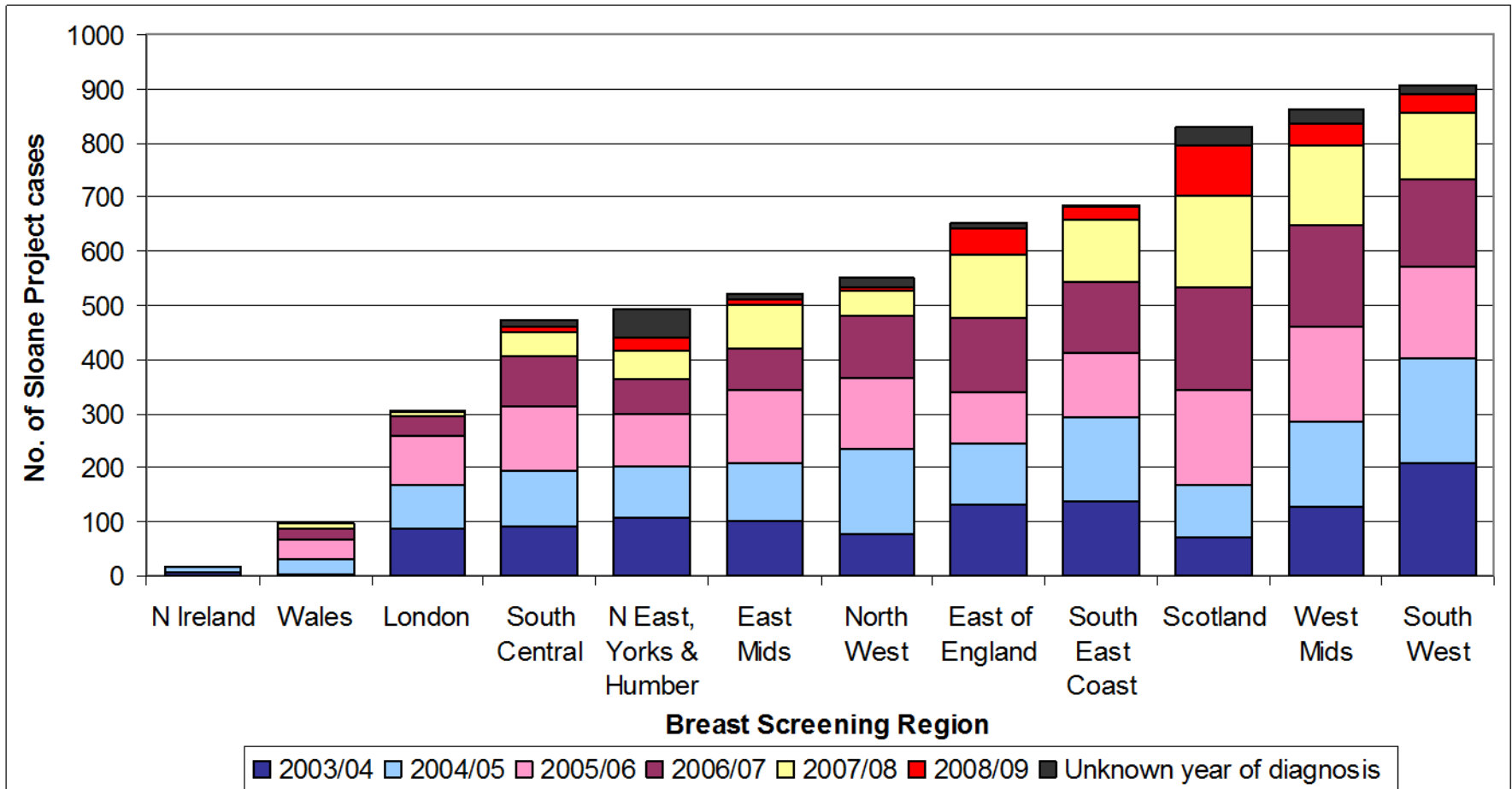
Treatment data collection form

- Includes number of ops, type of breast procedure, immediate breast reconstruction, axillary surgery, adjuvant treatment strategy, clinical trials entered

Radiotherapy data collection form

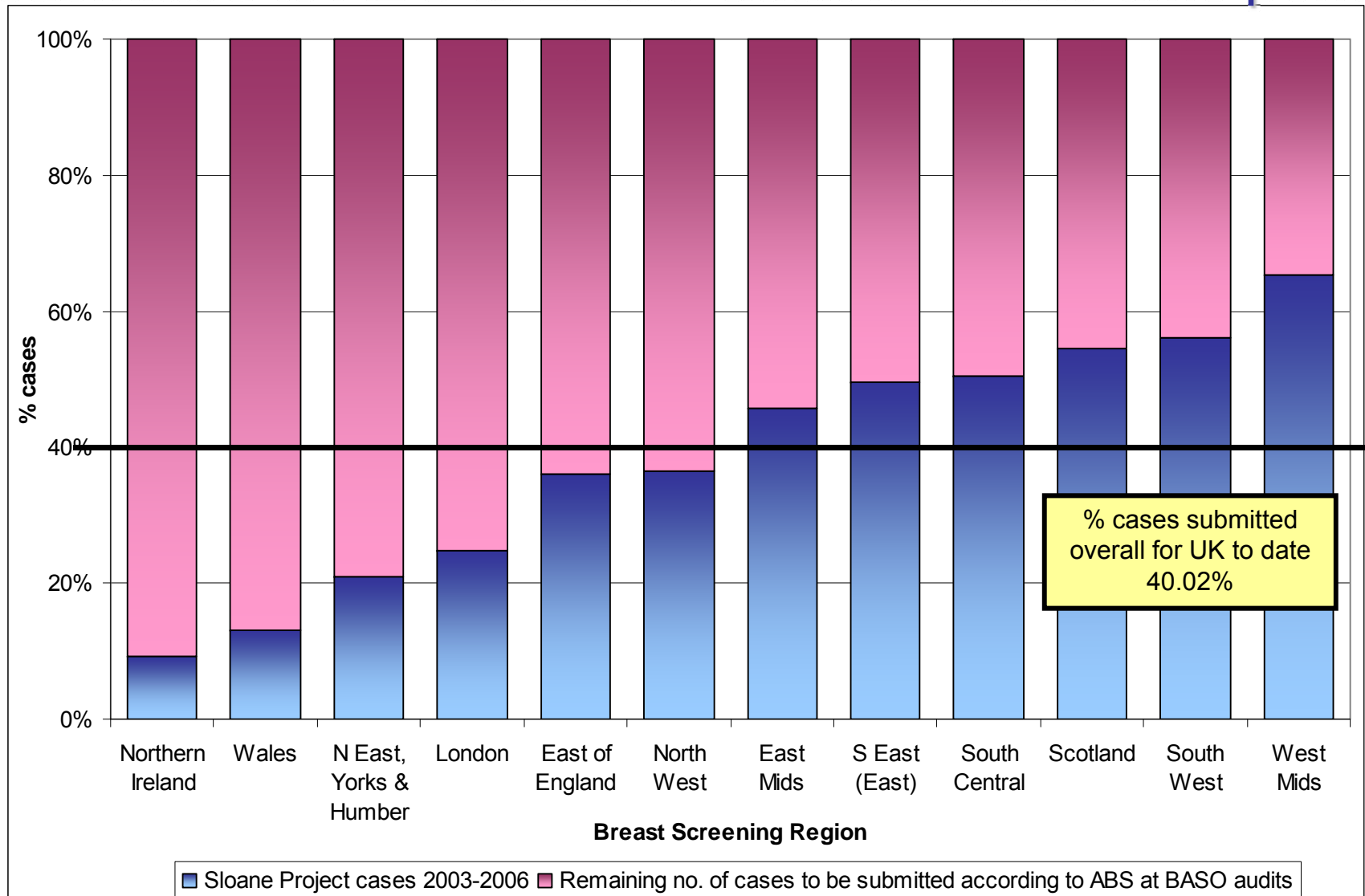
- Includes method of treatment (e.g. dose, length of treatment, fractionation regime) and boost
- Much of this information is not collected on the National Breast Screening System (NBSS) and most is not collected by UK cancer registries

Number of cases entered in each screening region (April 2003 to May 2009)



Total number of cases = 6,389

Sloane cases entered in each region (Apr 03- Mar 07) as % of non-invasive & micro-invasive cases submitted to ABS at BASO audit for same time period



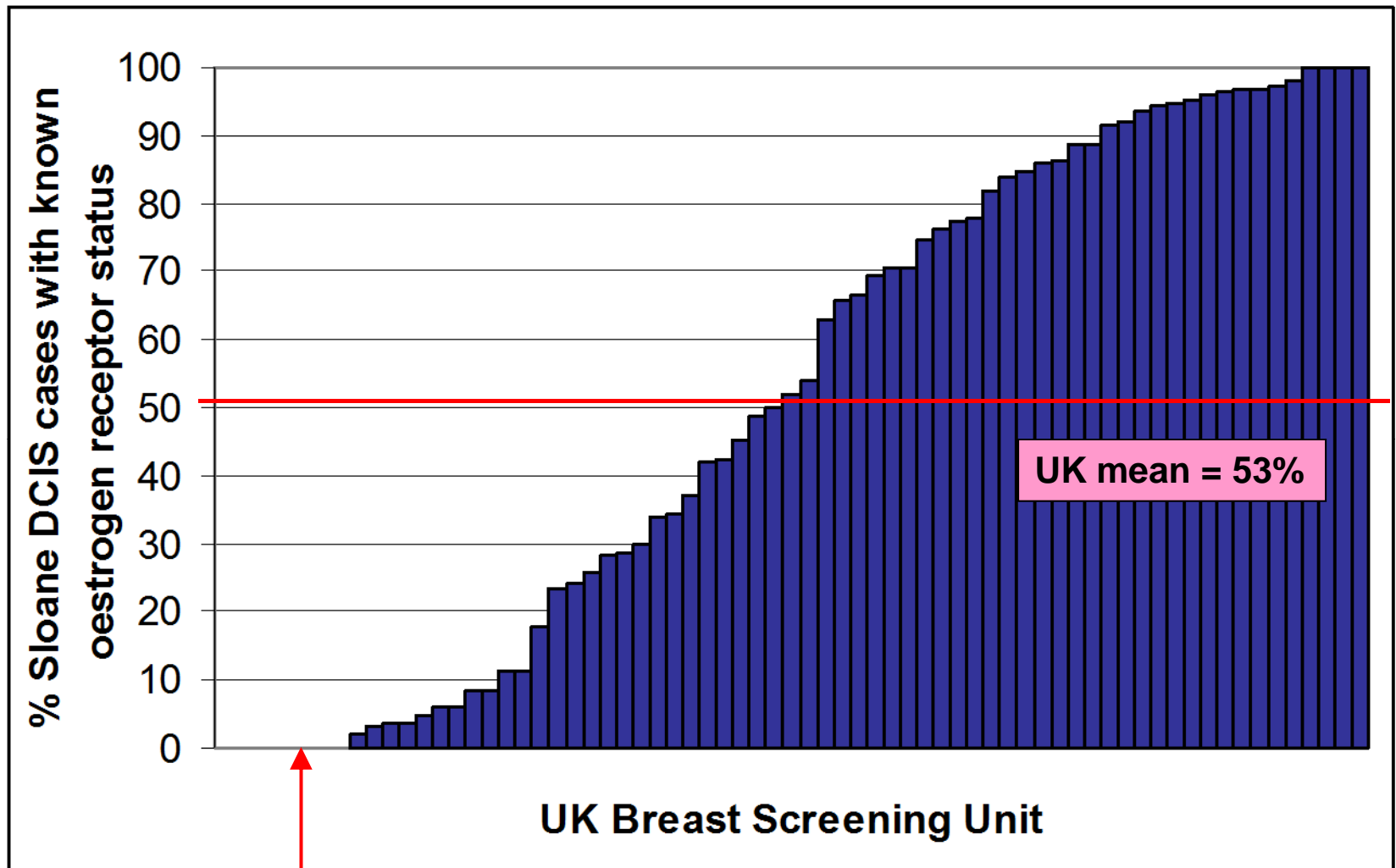
Variation in Pathology (3864 DCIS cases)

Receptor Status	Positive	Negative	Not Known	Cut off for positivity used
Oestrogen Receptor Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Progesterone Receptor Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HER-2 Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

- Receptor status

- Known oestrogen receptor status 53.3% (77% positive)
- Known progesterone receptor status 33.4% (61% positive)
- Known Her-2 receptor status 7.5% (45% positive)

Variation in known oestrogen receptor status (DCIS cases) in each screening unit



8 units with ER status not known for any cases

Thomas J, et al. *The Breast Journal* 2008;14 (1): 33-38

Pathology – ER Status

- **Receptor status** of DCIS cases was reviewed along with the **cut off criteria** for negative/positive status-determination for those cases
- Findings suggested that a **wide range** of cut-off values are being applied in laboratories across the UK. Reporting practice was also **inconsistent** *within* laboratories
- There is a need to **standardise reporting** of receptor status and give clear guidance on scoring methodologies and cut-off points

Variation in Treatment

(3864 DCIS cases)

Surgical Procedure(s)
Total number of operations performed (If this figure is more than 2 please use separate form for operation 3 onwards)

Was there a pre-operative diagnosis of DCIS? Yes No

Operation 1
Date (dd/mm/yy)
Grade of surgeon performing operation

Operation 2
Date (dd/mm/yy)
Grade of surgeon performing operation

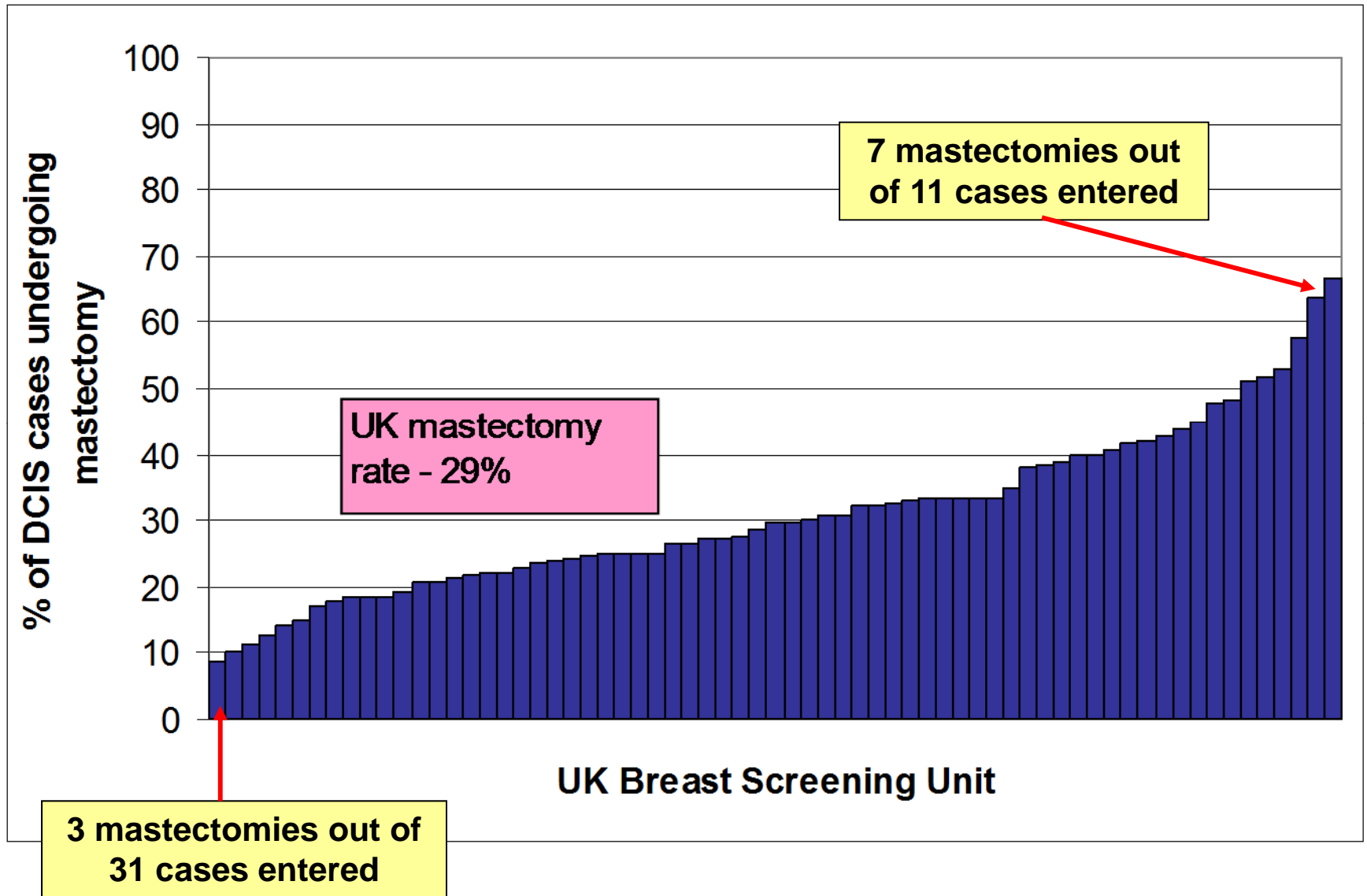
- Non-operative diagnosis of DCIS

Yes	83.5% (3,227)
No	13.7% (529)
Unknown	2.8% (108)

- Number of operations

1 op	71.5% (2,764)
2 or more ops	28.5% (1,100)

Variation in mastectomy rates in each screening unit (DCIS cases)



Treatment (3,227 cases with non-operative diagnosis of DCIS)

Axillary Procedures

Were axillary nodes taken? Yes No

If "Yes" which of the following procedures were carried out
(Tick all that apply - If more than 2 operations please use separate form): -

	Operation 1	Operation 2		Operation 1	Operation 2
Sentinel node procedure	<input type="checkbox"/>	<input type="checkbox"/>	Axillary node sample	<input type="checkbox"/>	<input type="checkbox"/>
			Axillary node clearance	<input type="checkbox"/>	<input type="checkbox"/>

- Axillary nodes taken?

Yes	28.8% (930)
No	70.3% (2267)
Unknown	0.9% (30)

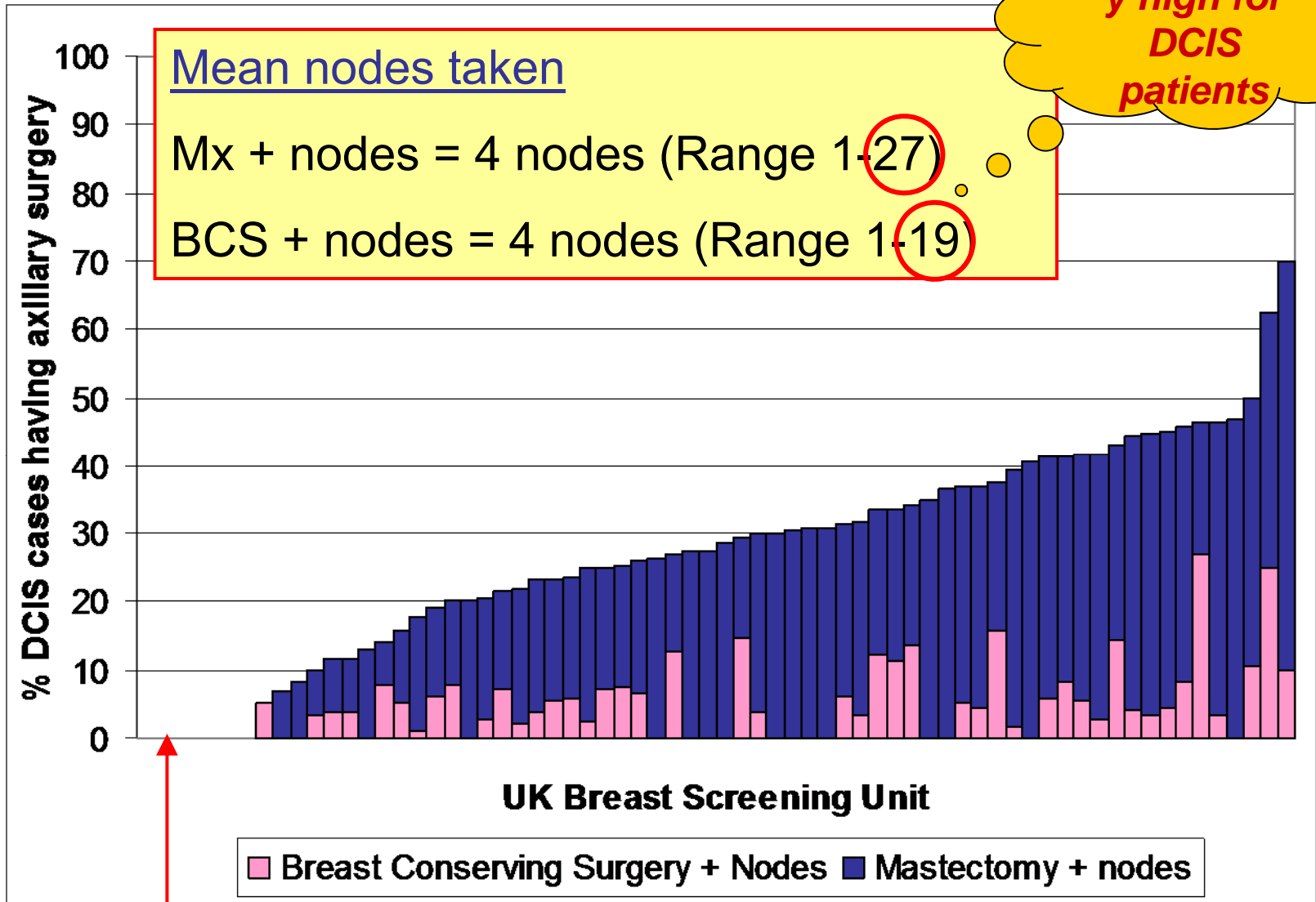
- Of the 930 Axillary procedures carried out: -

- 77.6% (722) were carried out with a mastectomy

***Process for managing outliers in breast cancer surgery;
The Royal Australasian College of Surgeons:
90% of DCIS patients should undergo no axillary surgery***

Variation in axillary surgery in each screening unit

Unacceptably high for DCIS patients



7 units did not take any nodes

Treatment (2,744 conservatively treated DCIS cases)

Did the management strategy include (Tick all that apply):

Radiotherapy Other therapy

Hormone Therapy No further adjuvant therapy

If management strategy included Hormone Therapy please indicate date started

Please indicate type of Hormone Therapy

Tamoxifen Other

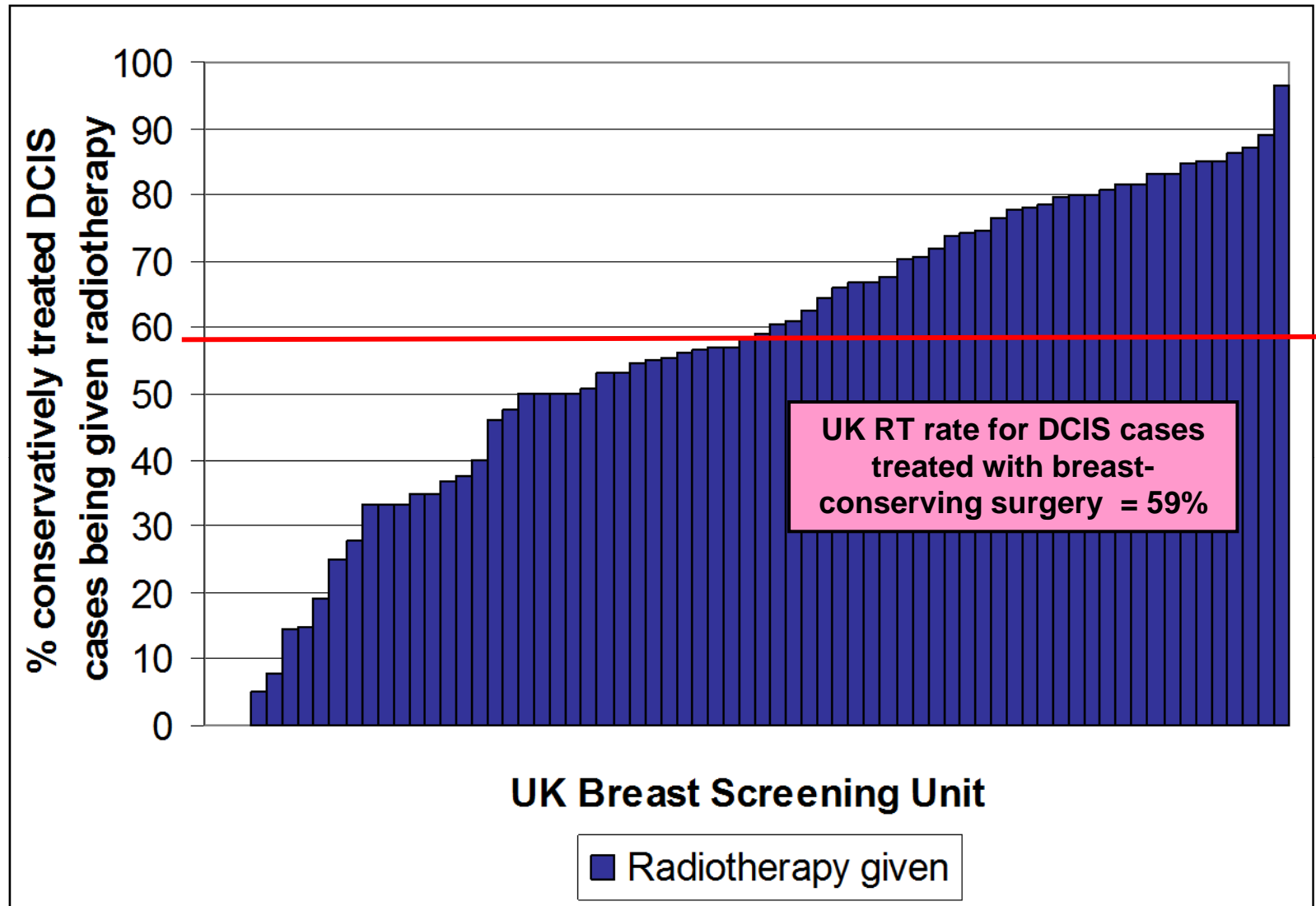
Aromatase Inhibitor..

- **Adjuvant therapy** (from treatment form)

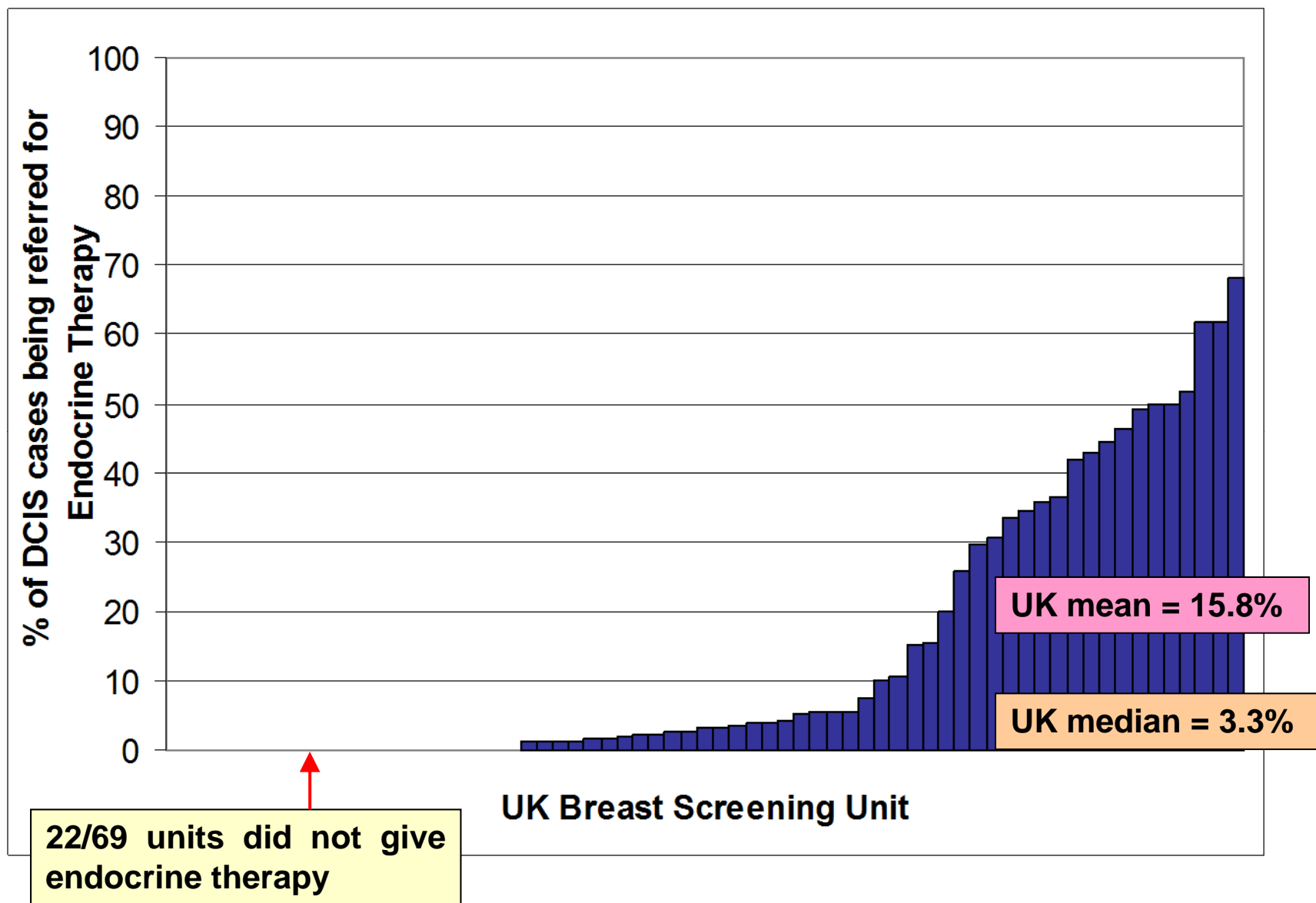
- Radiotherapy alone 46.50% (1,276)
- Radiotherapy & endocrine yherapy 12.57% (345)
- Endocrine therapy alone 7.03% (193)
- No adjuvant therapy 29.96% (822)
- Other therapy 0.11% (3)
- Unknown adjuvant therapy 3.83% (105)

59%

Variation in radiotherapy given to DCIS cases treated with breast conserving surgery

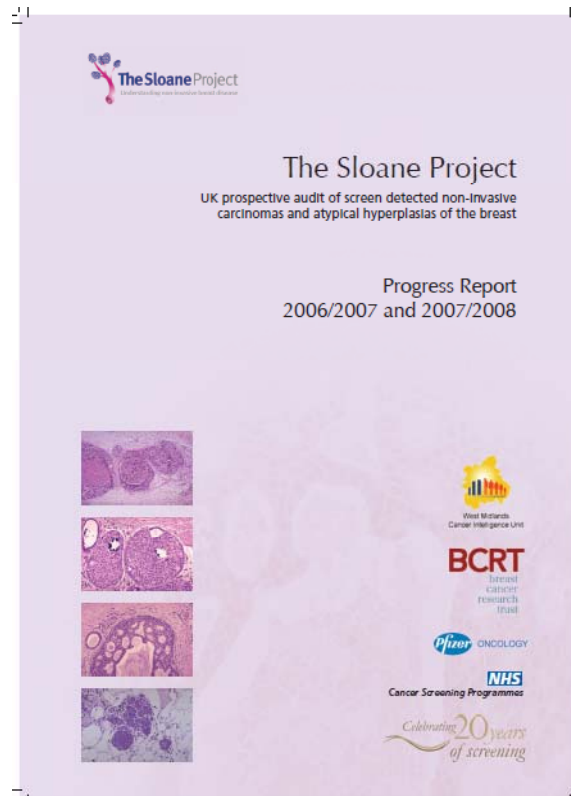


Variation in endocrine therapy given to DCIS cases in each screening unit



Current and future plans

- Further information and electronic copies of data forms and publication including the Sloane Project **Annual Reports** are available on the website (www.sloaneproject.co.uk)



- **Further funding required** to enable the continuation of the project and collection of diagnosis, treatment and follow-up data

If you would like further information regarding
any aspect of the Sloane Project please
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