

PILOT STUDY TO LINK THE RADIOTHERAPY DATASET (RTDS) AND NHS BREAST SCREENING PROGRAMME (NHSBSP) TO ENHANCE SCREENING OUTCOMES FOR WOMEN AT INCREASED RISK OF BREAST CANCER (BC) AFTER SUPRADIAPHRAGMATIC RADIOTHERAPY (SRT) FOR HODGKIN LYMPHOMA (HL).

(or, **IMPROVING THE IMPACT OF BREAST SCREENING IN HODGKIN SURVIVORS**)

SJ Howell¹, N Stones³, S Raynor², JA Radford^{1,3}.

¹The Christie NHS Foundation Trust, ²Northwest Cancer Intelligence Service and ³The University of Manchester, Manchester, UK

BACKGROUND:

- Women receiving SRT to treat HL at a young age are at increased relative risk of BC in later life.
- A national notification, risk assessment and screening programme (NRASP) was launched by the DoH in 2003.
- Assessment of the NRASP in the Greater Manchester and Cheshire Cancer Network demonstrated:
 1. BCs diagnosed in women enrolled in the NRASP were detected at an earlier stage than those in women not enrolled.
 2. Patient identification, notification and screening result retrieval processes were laborious and prone to error.
 3. Contact was confirmed for only 69% of eligible women and screening results retrieved for only 81% of those referred.
- Reliable prospective identification of this group of high risk women is desirable and the newly mandated RTDS should be the appropriate vehicle to achieve this.
- A centralised national database derived from RTDS returns and 'linked' to the NHSBSP would enhance patient capture and provide a mechanism of prospective evaluation of this intensive screening strategy.

AIMS:

1. Assess the feasibility of a comprehensive centralised national database for HL survivors treated with SRT.
2. Explore the issues around the linkage of this database to the NHSBSP.

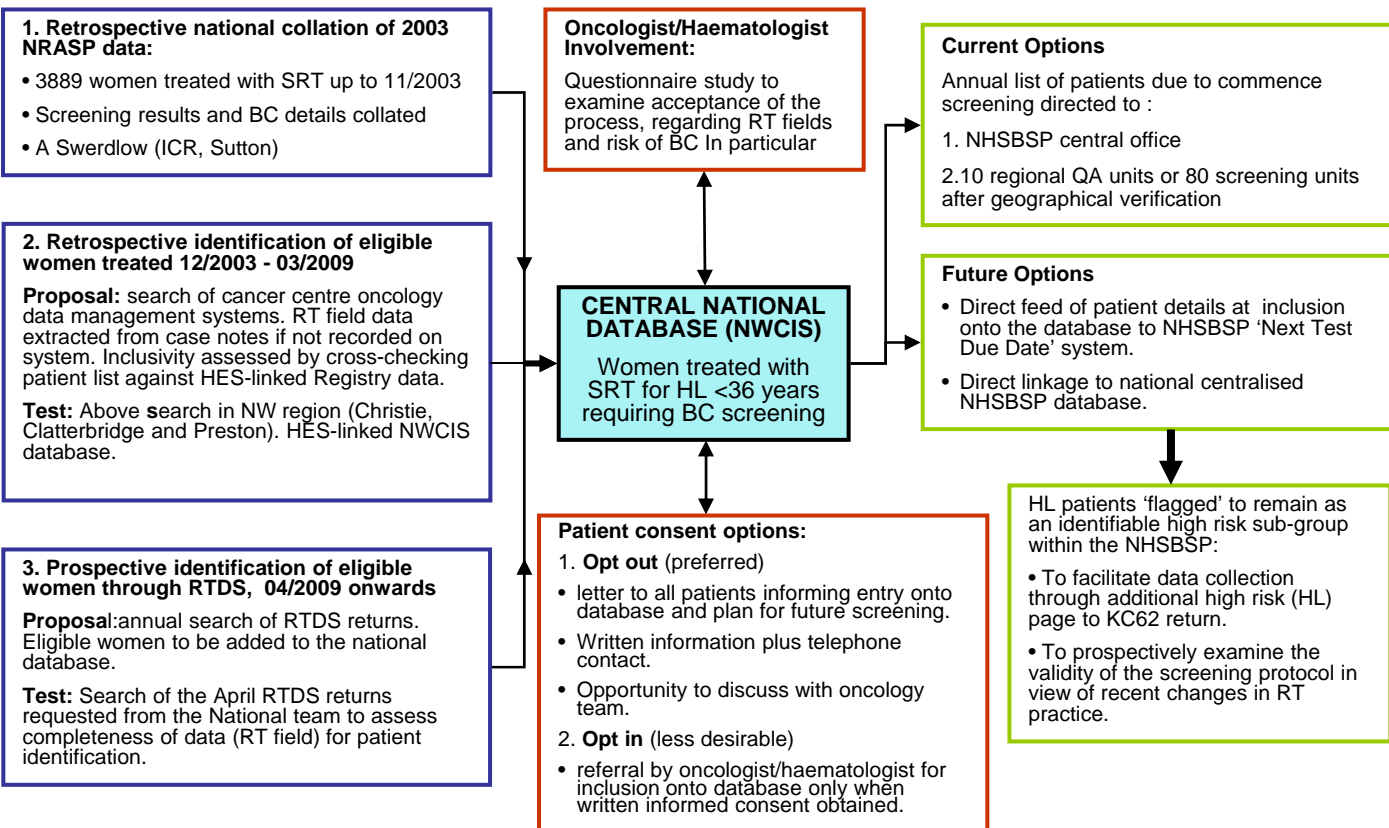
FUNDING SOURCE:

NCIN for a 3 month pilot study.

Methods: DATABASE GENERATION

CONSENT/APPROVAL

LINKAGE TO NHSBSP



Conclusions:

1. Discussions with key stakeholders suggest that the formation of a central database of women treated with SRT for HL and at high risk of BC is feasible.
2. Data for one of the two retrospective populations have already been collated.
3. Strategies to identify patients treated after 2003 and prospectively will be tested. If successful they will be rolled out nationally.
4. Issues around patient consent and professional approval will be addressed.
5. The integration of the database with the NHSBSP should optimise and simplify referral of this high risk sub-group and also provide a robust mechanism for assessing the relative risk of BC and efficacy of the screening programme.

Acknowledgements: We are very grateful for funding from the NCIN (Chris Carrigan) and helpful discussion with : Julietta Patnick (NHSBSP), Lars Holmberg (High risk groups in NHSBSP task force), Anthony Swerdlow (NRASP) and Helen Forbes (RTDS).