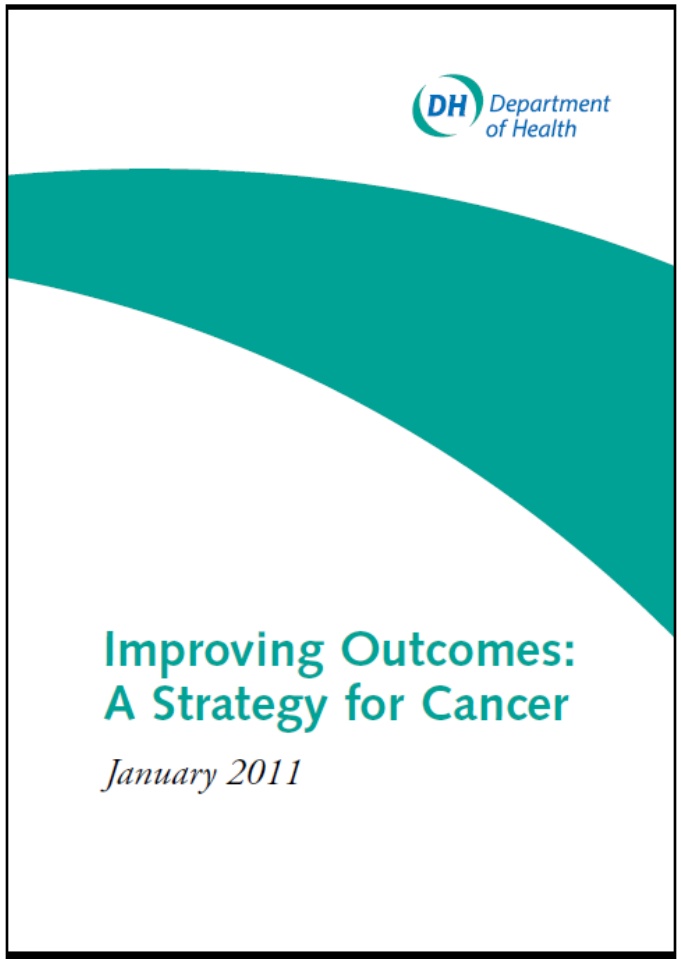
Breast Cancer Recurrence Project
May - November 2011

Martin Lee

Chair NCIN Breast SSCRG

Recurrent and Metastatic Breast Cancer



Point 2.10

During 2011/12 we will pilot the collection of data on recurrence/metastases on patients with breast cancer with the aim of undertaking full collection from April 2012.

The learning from this exercise will in time be applied to the collection of information on other forms of metastatic cancer

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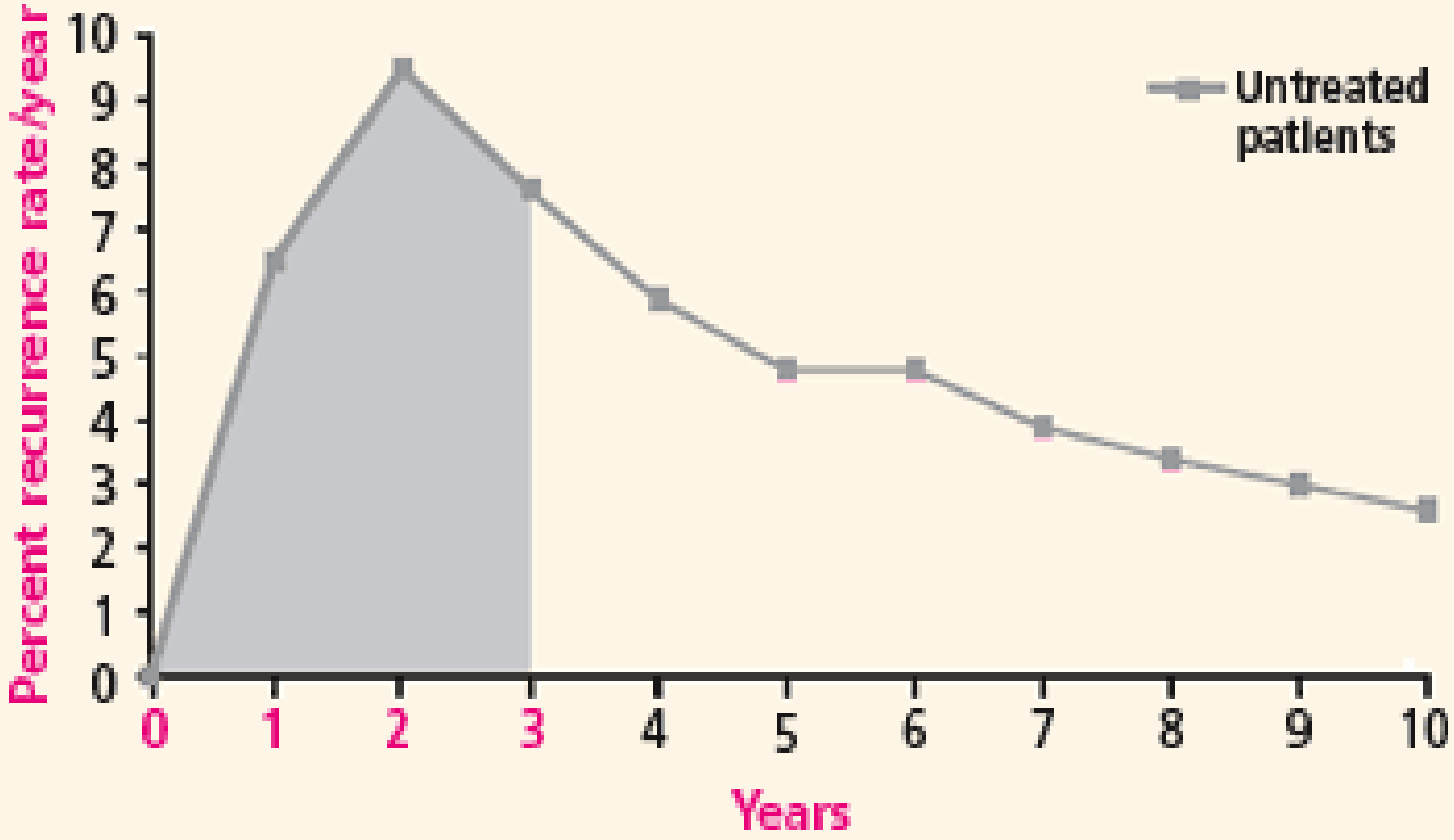
Why do we need better data on recurrence and metastasis?

Yearly risk of recurrence in early breast cancer



The New England Journal of Medicine

VOLUME 347 OCTOBER 17, 2002 NUMBER 16

TWENTY-YEAR FOLLOW-UP OF A RANDOMIZED STUDY COMPARING BREAST-CONSERVING SURGERY WITH RADICAL MASTECTOMY FOR EARLY BREAST CANCER

UMBERTO VERONESI, M.D., NATALE CASCINELLI, M.D., LUIGI MARIANI, M.D., MARCO GRECO, M.D., ROBERTO SACCOZZI, M.D., ALBERTO LUINI, M.D., MARISEL AGUILAR, M.D., AND ETTORE MARUBINI, PH.D.

Veronesi et al 2002

Survival

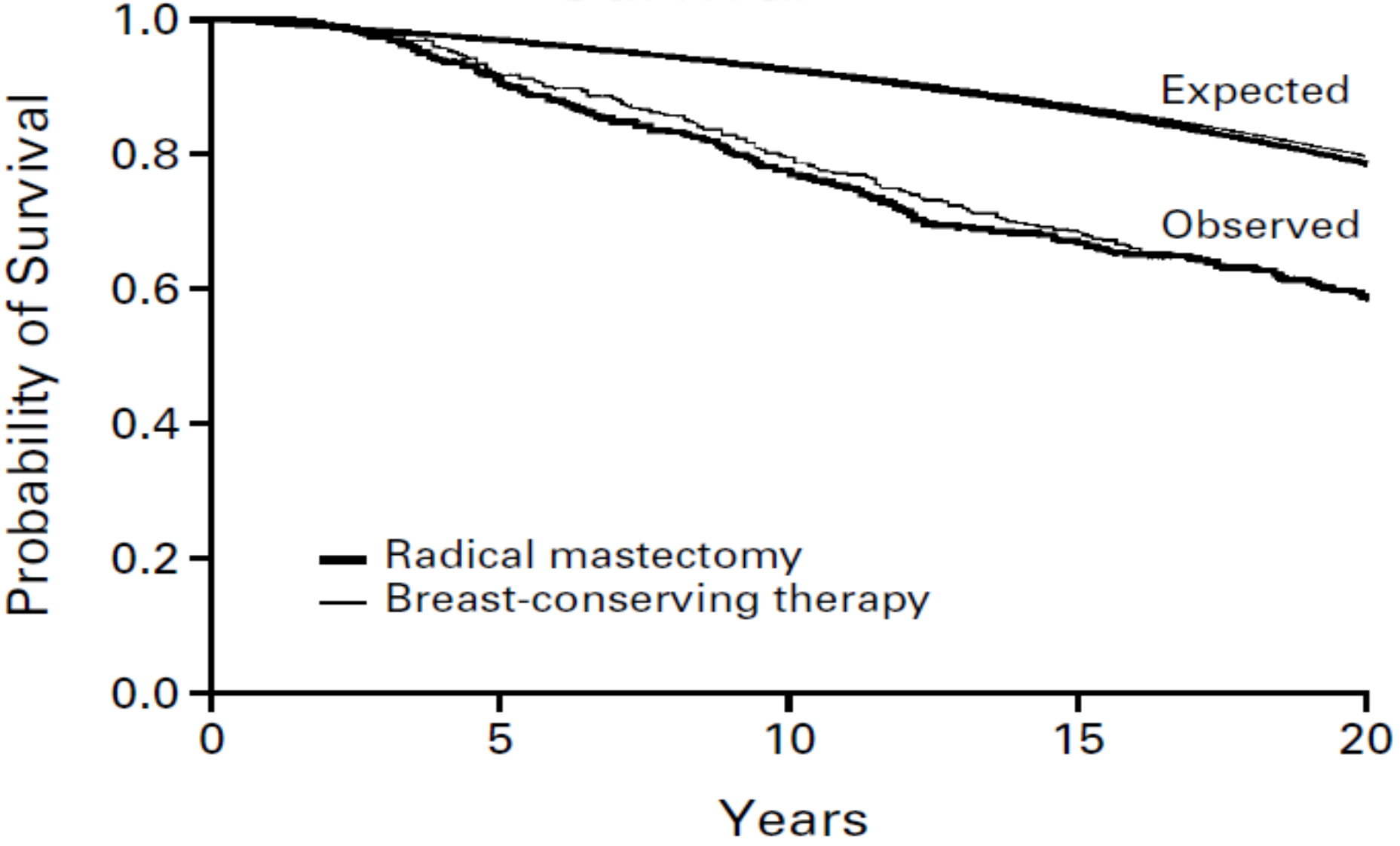


Figure 2. Kaplan–Meier Estimates of Survival after Radical Mastectomy or Breast-Conserving Therapy.

Veronesi et al 2002

Recurrence

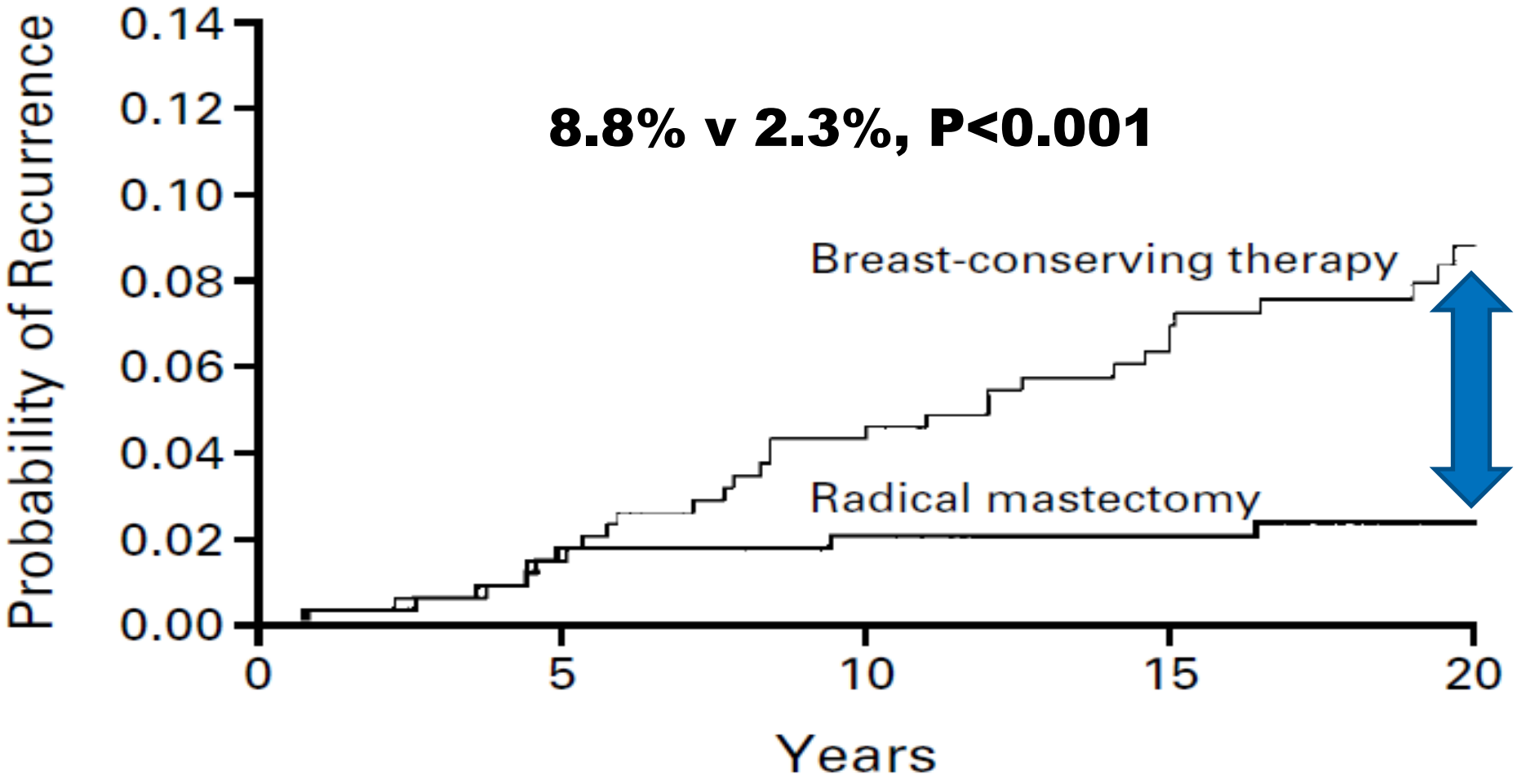
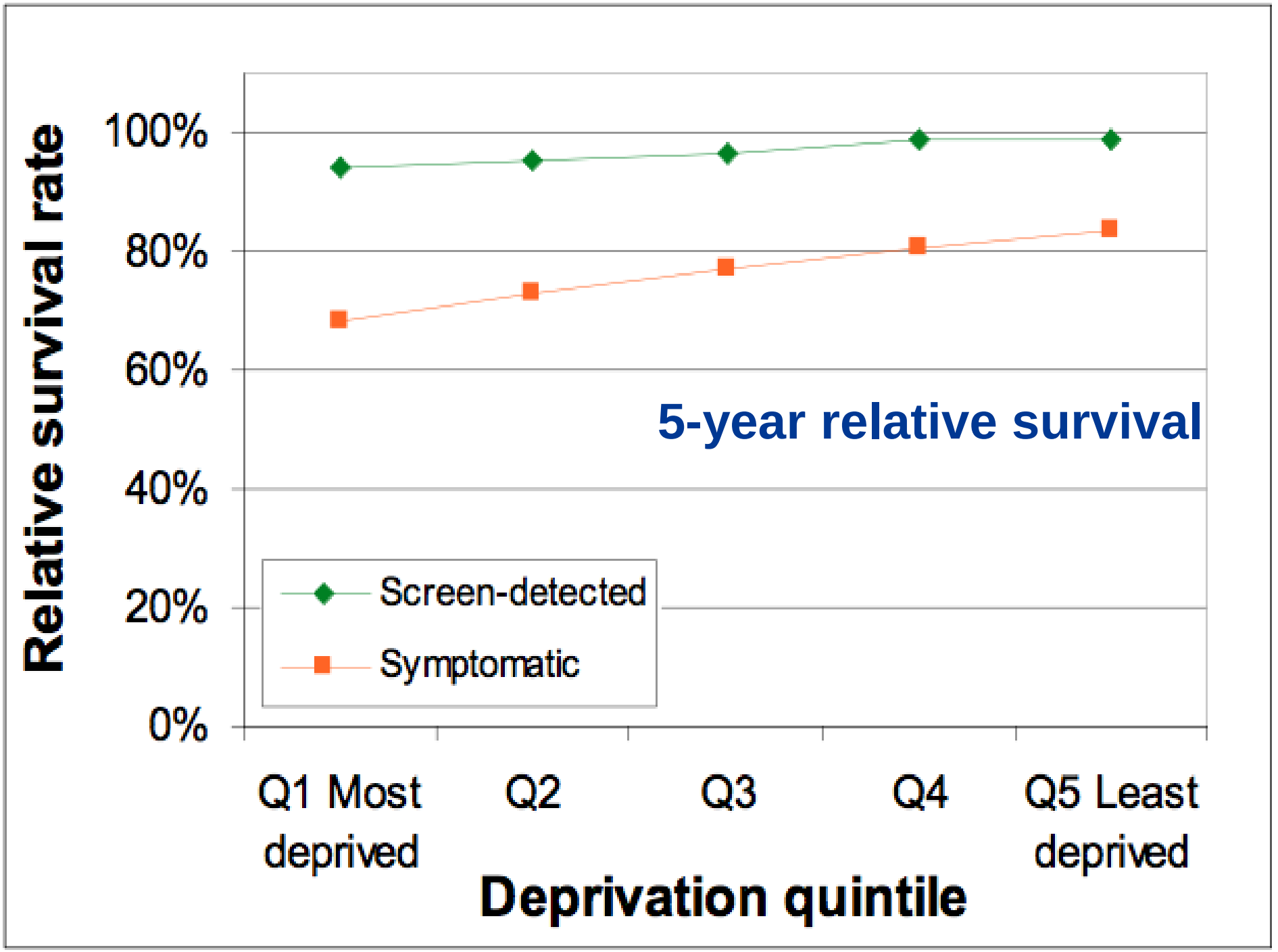
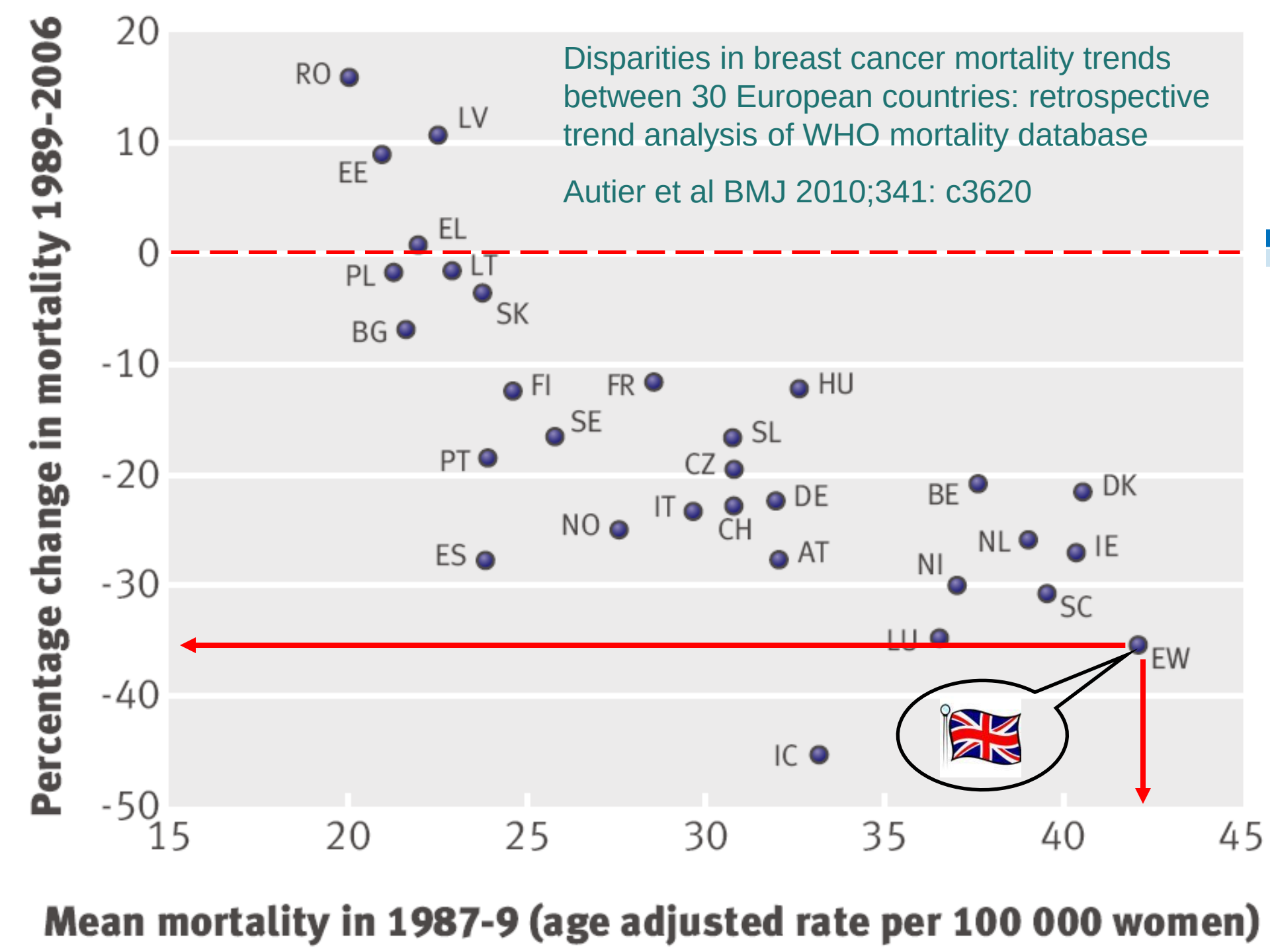


Figure 1. Crude Cumulative Incidence of Local Recurrences after Radical Mastectomy and Recurrences in the Same Breast after Breast-Conserving Therapy.


Relative survival rate
100%
80%
60%
40%
20%
0%
5-year relative survival
Screen-detected
Symptomatic
Q1 Most deprived
Q2
Q3
Q4
Q5 Least deprived
Deprivation quintile


Disparities in breast cancer mortality trends between 30 European countries: retrospective trend analysis of WHO mortality database
Autier et al BMJ 2010;341: c3620
Percentage change in mortality 1989-2006
Mean mortality in 1987-9 (age adjusted rate per 100 000 women)
20
10
0
-10
-20
-30
-40
-50
15
20
25
30
35
40
45
RO
LV
EE
EL
PL
LT
SK
BG
FI
FR
HU
SE
SL
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International cancer benchmarking project

Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995-2007 - colorectal, lung, breast and ovarian

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- Relative survival improved for all four cancers in all jurisdictions, but was
  - persistently higher in Australia, Canada, and Sweden; intermediate in Norway
  - and lower in Denmark, England, Northern Ireland, and Wales, particularly in the first year after diagnosis and for patients 65 years and older
- International differences narrowed at all ages for breast cancer
  - from ~9% to 5% at 1 year and from ~14% to 8% at 5 years
  - (but: less or not at all for the other cancers)

Demonstrating an impact on overall outcomes and patient experience

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- 0.25 million living women in the UK have had breast cancer
- Opportunity for public health gain
- Match international standards
- For the individual: recurrence is both distressing and life-threatening

An Issue of Quality!

Recurrent and Metastatic Breast Cancer Project

- 18 MDTs – BCCOM/BSP collaborators
- Pilot – May to end November
- All patients diagnosed with rec/mets
- Pilot online data capture
- Aim:
  - No new data capture processes
  - Via ‘Cancer Waits’ & ‘MDT’ returns (link to new treatment)
  - Challenge – align ‘data’ processes to clinical practice

Recurrent/Metastatic Breast Cancer Pilot - MDM Role

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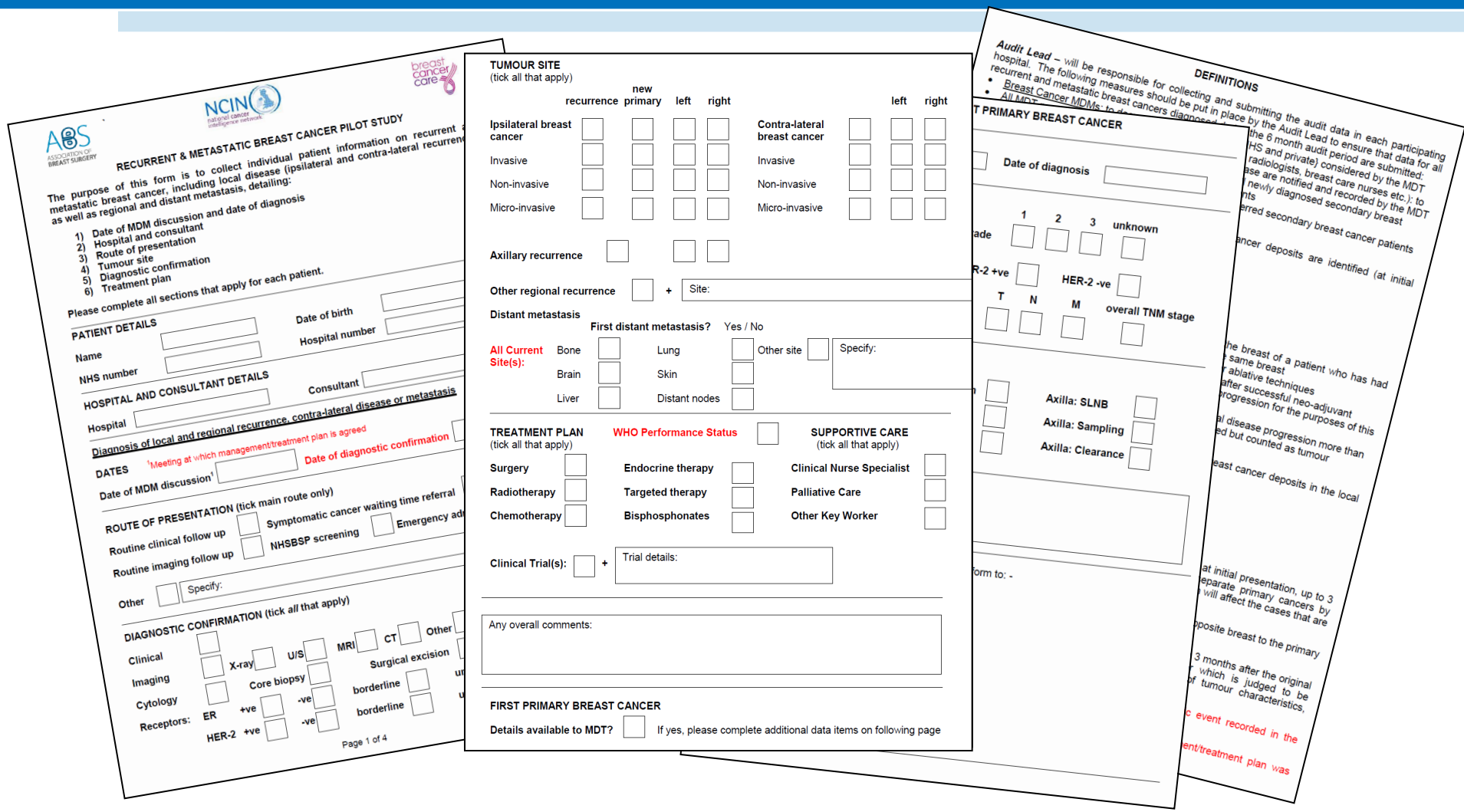

RECURRENT & METASTATIC BREAST CANCER PILOT STUDY

The purpose of this form is to collect individual patient information on recurrent metastatic breast cancer, including local disease (ipsilateral and contra-lateral recurrence as well as regional and distant metastasis, detailing:

1) Date of MDM discussion and date of diagnosis
2) Hospital and consultant
3) Route of presentation
4) Tumour site
5) Diagnostic confirmation
6) Treatment plan

Please complete all sections that apply for each patient.

PATIENT DETAILS
Name
NHS number
Date of birth
Hospital number

HOSPITAL AND CONSULTANT DETAILS
Hospital
Consultant

Diagnosis of local and regional recurrence, contra-lateral disease or metastasis

DATES
Date of MDM discussion[1] (Meeting at which management/treatment plan is agreed)
Date of diagnostic confirmation

ROUTE OF PRESENTATION (tick main route only)
Routine clinical follow up
Routine imaging follow up
Symptomatic cancer waiting time referral
NHSBSP screening
Emergency ad
Other
Specify:

DIAGNOSTIC CONFIRMATION (tick *all* that apply)
Clinical
Imaging
Cytology
Receptors: ER +ve -ve HER-2 +ve -ve
X-ray
U/S
MRI
CT
Other
Core biopsy
Surgical excision
borderline
borderline

Page 1 of 4

TUMOUR SITE
(tick all that apply)

	recurrence	new primary	left	right		left	right
Ipsilateral breast cancer					Contra-lateral breast cancer		
Invasive					Invasive		
Non-invasive					Non-invasive		
Micro-invasive					Micro-invasive		
Axillary recurrence							

Other regional recurrence + Site:

Distant metastasis
First distant metastasis? Yes / No

All Current Site(s): Bone, Brain, Liver, Lung, Skin, Distant nodes, Other site, Specify:

TREATMENT PLAN
(tick all that apply)
Surgery
Radiotherapy
Chemotherapy

WHO Performance Status

SUPPORTIVE CARE
(tick all that apply)
Endocrine therapy
Targeted therapy
Bisphosphonates
Clinical Nurse Specialist
Palliative Care
Other Key Worker

Clinical Trial(s): + Trial details:

Any overall comments:

FIRST PRIMARY BREAST CANCER
Details available to MDT? If yes, please complete additional data items on following page

T PRIMARY BREAST CANCER
Date of diagnosis
1 2 3 unknown
ade
R-2 +ve
HER-2 -ve
T N M overall TNM stage
Axilla: SLNB
Axilla: Sampling
Axilla: Clearance
form to: -

DEFINITIONS

Audit Lead – will be responsible for collecting and submitting the audit data in each participating hospital. The following measures should be put in place by the Audit Lead to ensure that data for all recurrent and metastatic breast cancers diagnose
- Breast Cancer MDMs: to d
- All MDT

the 6 month audit period are submitted:
HS and private) considered by the MDT
radiologists, breast care nurses etc.): to
ase are notified and recorded by the MDT
newly diagnosed secondary breast
nts
erred secondary breast cancer patients
ancer deposits are identified (at initial
he breast of a patient who has had
same breast
ablative techniques
after successful neo-adjuvant
progression for the purposes of this
al disease progression more than
ed but counted as tumour
east cancer deposits in the local
at initial presentation, up to 3
eparate primary cancers by
will affect the cases that are
posite breast to the primary
3 months after the original
which is judged to be
of tumour characteristics,
c event recorded in the
ent/treatment plan was

Recurrent and Metastatic Breast Cancer Pilot Sites

Bucks	Luton
Cambridge	North Tees
Coventry	Royal Berkshire
Derby	Royal Marsden
East Sussex	Sheffield
Guildford	Southend
Hereford	Swindon
Leeds	Winchester
Liverpool	Worcester

What are the Issues for your service?

- How much do we want outcomes data?
- Is this a realistic vision and approach?
- Are patients referred back to you?
  - Or direct to local oncologists?
- Can all be discussed at MDTs?
- Can we easily link data processes to clinical practice?

RECURRENT & METASTATIC BREAST CANCER PILOT STUDY

The purpose of this form is to collect individual patient information on recurrent and metastatic breast cancer, including local disease (ipsilateral and contra-lateral recurrences) as well as regional and distant metastasis, detailing:

1) Date of MDM discussion and date of diagnosis
2) Hospital and consultant
3) Route of presentation
4) Tumour site
5) Diagnostic confirmation
6) Treatment plan

Please complete all sections that apply for each patient.

PATIENT DETAILS

Name | Date of birth

NHS number | Hospital number

HOSPITAL AND CONSULTANT DETAILS

Hospital | Consultant

Diagnosis of local and regional recurrence, contra-lateral disease or metastasis

DATES [1]Meeting at which management/treatment plan is agreed

Date of MDM discussion[1] | Date of diagnostic confirmation

ROUTE OF PRESENTATION (tick main route only)

Routine clinical follow up | Symptomatic cancer waiting time referral

Routine imaging follow up | NHSBSP screening | Emergency admission

Other | Specify:

DIAGNOSTIC CONFIRMATION (tick *all* that apply)

Clinical

Imaging | X-ray | U/S | MRI | CT | Other

Cytology | Core biopsy | Surgical excision

Receptors: ER +ve | -ve | borderline | unknown

HER-2 +ve | -ve | borderline | unknown

TUMOUR SITE
(tick all that apply)

	recurrence	new primary	left	right		left	right
Ipsilateral breast cancer					Contra-lateral breast cancer		
Invasive					Invasive		
Non-invasive					Non-invasive		
Micro-invasive					Micro-invasive		

Axillary recurrence | | |

Other regional recurrence | + | Site:

Distant metastasis

First distant metastasis? Yes / No

All Current Site(s): Bone | Lung | Other site | Specify:

Brain | Skin

Liver | Distant nodes

TREATMENT PLAN
(tick all that apply)

Surgery | Radiotherapy | Chemotherapy

Endocrine therapy | Targeted therapy | Bisphosphonates

WHO Performance Status

SUPPORTIVE CARE
(tick all that apply)

Clinical Nurse Specialist | Palliative Care | Other Key Worker

Clinical Trial(s): | + | Trial details:

Any overall comments:

FIRST PRIMARY BREAST CANCER

Details available to MDT? If yes, please complete additional data items on following page

DETAILS OF FIRST PRIMARY BREAST CANCER

Hospital of diagnosis _____ **Date of diagnosis** _____

TUMOUR DETAILS

	left	right	bilateral		1	2	3	unknown
Laterality	☐	☐	☐	**Grade**	☐	☐	☐	☐

ER +ve ☐ **ER -ve** ☐ **HER-2 +ve** ☐ **HER-2 -ve** ☐

		T	N	M	overall TNM stage
NPI score _____	**TNM stage**	☐	☐	☐	☐

PREVIOUS TREATMENT
(tick all that apply)

Mastectomy	☐	**Breast conservation**	☐	**Axilla: SLNB**	☐
Radiotherapy	☐	**Endocrine therapy**	☐	**Axilla: Sampling**	☐
Chemotherapy	☐	**Targeted therapy**	☐	**Axilla: Clearance**	☐

Comments:

Thank you for your help. Please return the completed form to: -

DEFINITIONS

Audit Lead – will be responsible for collecting and submitting the audit data in each participating hospital. The following measures should be put in place by the Audit Lead to ensure that data for all recurrent and metastatic breast cancers diagnosed during the 6 month audit period are submitted:

- Breast Cancer MDMs: to document all such patients {NHS and private} considered by the MDT
- All MDT members (surgeons, oncologists, pathologists, radiologists, breast care nurses etc.): to ensure that all patients with recurrent or metastatic disease are notified and recorded by the MDT
- Clinical and Medical Oncologists: to notify to the MDT all newly diagnosed secondary breast cancer patients under their care as outpatients or inpatients
- Macmillan nurses/palliative care team: to notify newly referred secondary breast cancer patients who were not subjected to MDT discussion

Metastatic breast cancer – distant sites where breast cancer deposits are identified (at initial diagnosis or subsequently)

- distant nodes
  - cervical
  - contralateral axillary
  - contralateral internal mammary
  - other distant nodes
- other organs and tissues (excluding the breast)

Local breast recurrence – a subsequent cancer occurring in the breast of a patient who has had definitive treatment, usually including a surgical procedure, on the same breast

- includes tumours initially treated by vacuum assisted biopsy or ablative techniques
- includes tumours where surgical excision was not undertaken after successful neo-adjuvant therapy. These cases will be recorded but counted as tumour progression for the purposes of this study.
- includes patients on primary endocrine therapy with verified local disease progression more than 12 months after the initial diagnosis. These cases will be recorded but counted as tumour progression for the purposes of this study.

Regional recurrence – subsequent presentation with metastatic breast cancer deposits in the local lymph nodes on the same side as the primary cancer i.e.

- ipsilateral:
  - axillary nodes
  - infraclavicular (subclavicular) nodes
  - internal mammary nodes
  - intra-mammary nodes
  - supraclavicular nodes

Bilateral breast cancer – cancers occurring in both breast diagnosed at initial presentation, up to 3 months from the first diagnosis (N.B. These will be registered as separate primary cancers by registries independent of the date of diagnosis of the two tumours, which will affect the cases that are included in the contra-lateral breast cancer definition).

Contra-lateral breast cancer – a subsequent cancer diagnosed in the opposite breast to the primary breast cancer more than 3 months after the first cancer was diagnosed.

New primary breast cancer – an ipsilateral tumour diagnosed more than 3 months after the original primary breast cancer which is either in a different quadrant and/or which is judged to be 'histopathologically different' to the original primary cancer in terms of tumour characteristics, including morphology and/or receptor status.

Date of diagnostic confirmation – the date that the earliest diagnostic event recorded in the Diagnostic Confirmation section took place.

Date of MDM discussion – the date of the MDM where the management/treatment plan was agreed.