## O-61.   The 2003/04 ABS at BASO audit

Lawrence G, Kearins O, Cheung S, Davis H, Bishop H, Bristol J, Kissin M, Patnick J, Reed J, Sauven P, Wallis M, Wheaton M. *West Midlands Cancer Intelligence Unit, Birmingham & Association of Breast Surgeons*

The 2003/04 ABS at BASO audit included 13,290 cancers detected by the UK NHSBSP between 1 April 2003 and 31 March 2004. Overall, 93% of cancers were diagnosed pre-operatively. 96% of invasive cancers and 81% of non-invasive cancers had a pre-operative diagnosis. All regions and all but 1 unit met the new 80% minimum standard for pre-operative diagnosis.

In 22% of cancers with a B5a (non-invasive) pre-operative diagnosis, invasive disease was found at surgery (regional ranges 12%-36%). Conversely, only 95 cases (1%) with a B5b (invasive) pre-operative diagnosis were found to have non-invasive or micro-invasive cancer after surgery. 2,777 diagnostic open biopsies were performed during the period, of which 34% (952 cases) were malignant. 84% of women who had diagnostic surgery had their open biopsy within 2 months of assessment. 94% of women with a pre-operative diagnosis had their therapeutic surgery within 2 months. The overall median waits were 33 and 28 days respectively.

Overall, 13% of invasive cancers and 18% of non-invasive cancers underwent more than one surgical operation. Invasive cancers with a B5a (non-invasive) pre-operative diagnosis had the highest repeat operation rate (47%).

Data will be presented on the performance of the regional breast screening services against national standards and current best practice.

## O-62.   Results from the breast cancer clinica outcome measures (BCCOM) project: year 1 (2002 data)

Lawrence GM, Lagord C, Kearins O, Bishop H, Monypenny I, Bates T. *West Midland Cancer Intelligence Unit, Birmingham & Association of Breast Surgeons*

The BCCOM Project aims to set up routine methods to support the effective and confidential collection and analysis of data relating to UK symptomatic breast cancer patients and to use the data collected to develop outcome measures and monitor performance against the recently published symptomatic breast cancer treatment guidelines[1].

In collaboration with the cancer registries an agreed dataset for cancers diagnosed 1st Jan 2002–31st Dec 2002 was sent to UK ABS at BASO registered surgeons who had agreed to participate in the audit for validation. Surgeons were encouraged to check their own data but could submit data unchecked into the main audit.

Data were received from 130 ABS at BASO registered surgeons and 7 non registered surgeons contributing a total of 11,609 cases. 52 surgeons checked or partly checked their data (4286 cases, 37%). The overall data quality was good for all data items apart from ER, PgR and HER2 status and TNM stage. 92.6% cases were invasive. 95% of cases had a histological diagnosis of cancer. 37% of cases underwent a mastectomy, 42% had breast conserving surgery, 12% had no surgery and for 9% of cases the type of operation was unknown. Between

surgeons the mastectomy rate varied from 17.5% (caseload of 57 cases) to 77.1% (caseload of 70 cases). Further analysis will be undertaken to examine the relationship between this rate and total number of cases seen and case mix. Overall, 54% of cases had hormone therapy, 59% had chemotherapy and 63% had radiotherapy. The proportion of cases undergoing chemotherapy and radiotherapy decreased with age while the proportion of cases having hormone therapy increased.

**Reference:** 1 Guidelines for the management of symptomatic breast disease. EJSO (2005) 31, SI-S21.

## O-63.   How Carlisle made the BASO database clinician friendly

Barker P, Dyson P, Williams M. *Cumberland Royal Infirmary, Carlisle*

The activities of our breast team are recorded in the BASO database (v3.0.3 for Access2000/XP). This database launched about 10 years ago is extremely comprehensive in content and comes with many reporting tools. However it is notoriously difficult for clinicians to calculate survival or recurrence free statistics selected against operation type or prognostic group. In North Cumbria with a population of 330,000 there have been referred 10031 patients over 10 years including 1066 cancer patients. There have been 1776 operations, 1896 pathology summaries and 74 patients with local or regional recurrence at follow up visits

A simple toolkit has been developed in Microsoft Excel using Visual Basic from which an external query is able to produce outcome information useful to clinicians. A description of the method, user interface and analysis options will be demonstrated together with the software environment, speed of the analysis and the presentation options. Local and regional recurrence rates as well as relative survival rates can also be produced according to Nottingham Prognostic Index (NPI) and other parameters.

| NPI | Actuarial survival rates | |
|---|---|---|
| | 5 year | 10 year |
| Excellent | 100 | 100 |
| Good | 91 | 80 |
| Moderate I | 87 | 68 |
| Moderate II | 79 | 59 |
| Poor | 57 | 42 |

On a mid range PC running Windows XP a family of NPI survival curves can be produced in about 45 sec.

## O-64.   Post mastectomy radiotherapy index

Haba Y, Wishart GC, O'Neill A, Wilson C. *Addenbrookes Hospital, Cambridge*

International consensus supports the routine use of adjuvant chest wall radiotherapy (CWRT) after mastectomy and systemic therapy for Invasive Breast Carcinoma at high risk of loco-regional recurrence LRR (tumours ≥5cm in diameter or with 4 or more histologically involved axillary nodes (Recht et al, 1998)). The value of CWRT in women at intermediate