

# A SURVEY OF UK BREAST SURGEONS AND RADIOLOGISTS TO DETERMINE CURRENT MAMMOGRAPHY SURVEILLANCE PRACTICE AFTER TREATMENT FOR PRIMARY BREAST CANCER

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## BACKGROUND

There is considerable debate about the optimal organisation of a surveillance mammography service following breast cancer treatment in the UK. The number of different guidelines produced by various professional groups and policy makers reflects this. The optimal frequency and duration of surveillance mammography is unclear, leading to variation in follow-up protocols.

**Table 1 Comparison of guidelines for the surveillance of women who have received treatment for primary breast cancer**

Organisation	Clinical follow-up	Mammography	Comments
BASO	5 yr FU	1-2 yearly for 10yrs	High risk or active treatment then more frequent or until finished treatment
SIGN	Pragmatic – indefinite	1-2 yearly	
NICE	Up to 3yrs FU	No recommendation	
RCR Breast Group		1-2 yearly	
COG, DoH		1yr for 5yrs and then 2yr	

## OBJECTIVES

The main aim of our survey was to describe the variation in current mammography surveillance practice.

## METHODS

A web-based, anonymous survey of members of the Association of Breast Surgery (ABS) at the British Association of Surgical Oncology (BASO) (n=569) and Royal College of Radiology (RCR) Breast Group (n=479). Participants were invited to complete the survey via an email based web-link sent by membership administrators.

## RESULTS

We received 184 responses, giving us a response rate of 18%, from 106 NHS Trusts throughout Britain. Of the 184, 64 (35%) of those who responded indicated their speciality as radiology, 118 (64%) indicated their speciality as surgery, and 2 respondents (1%) indicated their speciality as other. Fifty percent (92/184) respondents practice in units which care for > 300 newly diagnosed cases of breast cancer per year.

The majority of respondents 157 (85%) initiate surveillance mammography (SM) at 12 months after completion of surgery. 135 (75%) of respondents conduct SM annually following breast conserving surgery. Following mastectomy, the majority conduct SM annually (99 (54%), or biennially (55 (29%). See Table 2

**Table 2 Frequency of Surveillance Mammography after breast conservation and after mastectomy**

Frequency of surveillance mammography	After breast conservation		After mastectomy	
	Number of respondents	Number of respondents (%)	Number of respondents	Number of respondents (%)
Annual	135	(75)	99	(54)
18 monthly	11	(6)	17	(9)
2 yearly	21	(11)	55	(30)
3 yearly	0	0	5	(3)
Other frequencies	15	(8)	8	(4)

Most respondents stated that they do discharge from clinical follow up (148, 80%) and the majority discharge at 5 years (85, 57%) or 10 years (29, 20%). The majority of respondents stated that they discharge their patients from surveillance mammography follow up (137, 74%) and they do this in the main at either at 5 years (43, 31%) or 10 years (66, 48%) (see Table 3). Around 53% (97) stated that if eligible they transfer/discharge patients into the National Breast Screening programme for mammography.

**Table 3 Number of years post surgery to discharge from follow up**

Years	Clinical follow up		Surveillance mammography follow up	
	Number of respondents (%)	Number of respondents (%)	Number of respondents (%)	Number of respondents (%)
	(N=148)	(N=148)	(N=137)	(N=137)
< 5 years	14 (9)	n* (9)	1 (1)	n** (1)
5 years	85 (57)	85 (57)	44 (32)	44 (32)
>5 years and <10 years	2 (1)	2 (1)	10 (7)	10 (7)
10 years	29 (20)	29 (20)	66 (48)	66 (48)
>10 years	0 (0)	0 (0)	1 (1)	1 (1)
Variable	6 (4)	6 (4)	7 (5)	7 (5)

\*12 missing responses \*\*9 missing responses

47% (87) of respondents stated that they vary the frequency and/or duration of surveillance mammography by factors such as age and family history.

Around 18% of respondents followed the pattern of initiation of SM at 12 months post surgery, annual SM, with discharge at 5 yrs (32/184); and 24% followed the pattern of initiation of SM at 12 months post surgery, annual SM, with discharge at 10 yrs (45/184) for breast conserving surgery. There were over 20 variations around the combinations of initiation, frequency, duration of/discharge from mammography surveillance after treatment for breast cancer.

## CONCLUSIONS

Whilst common patterns in surveillance mammography practice exist there is considerable variation in the way surveillance is organised.

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