

## UK PROSPECTIVE AUDIT OF SCREEN DETECTED NON-INVASIVE CARCINOMAS AND ATYPICAL HYPERPLASIAS OF THE BREAST

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### BACKGROUND AND AIMS

The Sloane Project (named after the late Professor John Sloane) was set up to audit the present situation in the UK regarding the management of screen-detected non-invasive breast cancer and atypical hyperplasias and to develop guidelines for optimal radiological assessment, pathological handling and reporting (including the features of greatest prognostic and clinical importance), surgical treatment and application of adjuvant therapy.

Data are collected using specifically designed proformas of which there are four, and all UK National Health Service Breast Screening Programme (NHSBSP) breast screening units are encouraged to participate. Currently 82% of the UK Breast Screening Units are participating (a list of participating units and number of cases submitted by each can be found on the website [www.sloaneproject.org.uk](http://www.sloaneproject.org.uk)).

### DATA COLLECTION FORMS



#### Radiology Form

Includes

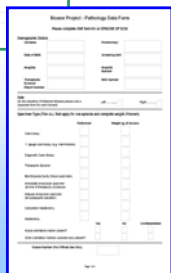
- Background pattern
- Predominant radiological feature
- Size of lesion
- Breast volume
- Type of microcalcification.



#### Treatment Form

Includes

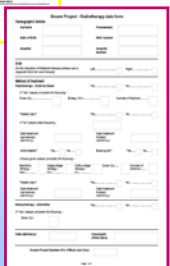
- Non-operative diagnosis
- Number of operations
- Operation type
- Axillary surgery
- Immediate breast reconstruction
- Adjuvant treatment strategy



#### Pathology Form

Includes

- Nuclear grade
- Growth pattern
- Margin status
- Nodes taken
- Receptor status data
- Size
- Histology



#### Radiotherapy Form

Includes

- Dose
- Length of treatment
- Fractionation regime
- Boost

### ELIGIBILITY CRITERIA

Patients are eligible to be entered if:

- They have ductal carcinoma *in situ* (DCIS), lobular *in situ* neoplasia (LISN), atypical ductal hyperplasia (ADH) *and*
- Their disease was screen-detected within the UK NHS Breast Screening Programme (NHSBSP) *and*
- Their disease is non-invasive or micro-invasive.

### ETHICS COMMITTEE APPROVAL

Local Ethics Committee approval is not required to participate in the Sloane Project as it is an NHSBSP audit.

The Patient Information Advisory group (PIAG) (now replaced by the National Information Governance Board for Health and Social Care (NIGB)) has approved the use of patient identifiable data by the NHSBSP to improve the quality of the service delivered. As part of its application the NHSBSP stated that patient identifiable information is required because 'patients need to be tracked across organisations' (e.g. from surgery to radiotherapy centre) and [this] 'information will be used to evaluate the programme'.

In order to ensure that women attending for screening are aware of this transfer of information for programme monitoring purposes, all women are sent a leaflet called "Breast Screening – The Facts". This leaflet states that the 'woman's records need to be viewed by other staff in the health service to assist in offering a quality service'. By agreeing to be screened the woman is therefore consenting to this review.

### FOLLOW UP DATA

- Follow up data are an essential part of the Sloane Project. Follow up data are required on all patients but we are specifically requesting data from those patients diagnosed in 2003/04 and 2004/05.
- For participating units we provide a list of cases for whom we require follow-up information and ask "Has the patient had a recurrence?" and "Date of last clinical or mammographic follow-up".
- If a recurrence is identified a more detailed recurrence form needs to be completed. We are able to source vital status from the National Summary Care Record.

### DATA ANALYSES AND PUBLISHED DATA

- Data collection commenced in April 2003 and to date, 7,055 cases have been recorded. The following papers have been published utilising Sloane Project data:
- Evans A, et al. Mammographic bi-dimensional product: a powerful predictor of successful excision of ductal carcinoma *in situ*. *Clinical Radiology* 2007; 62: 787-791
- Dodwell D, et al. Radiotherapy following breast-conserving surgery for screen-detected ductal carcinoma *in situ* (DCIS): Indications and utilisation in the UK: Findings from the Sloane Project. *British Journal of Cancer* 2007; 97: 725-729
- Thomas J, et al. Implications of Inconsistent Measurement of ER Status in Non-Invasive Breast Cancer: A Study of 1,684 Cases from the Sloane Project *The Breast Journal* Volume 14, Number 1, January/February 2008, pp. 33-38(6)
- Maxwell A J, et al. Follow-up for screen-detected ductal carcinoma *in situ*: Results of a survey of UK centres participating in the Sloane Project. *European Journal of Surgical Oncology (EJSO)*, 2009; 35: 1055-1059

For further information please visit the Sloane Project website [www.sloaneproject.co.uk](http://www.sloaneproject.co.uk) or contact Karen Clements, Sloane Project Manager at [karen.clements@wmciu.nhs.uk](mailto:karen.clements@wmciu.nhs.uk)

### SUMMARY

- Data collected so far by the Sloane Project show that breast cancer professionals in the UK do not agree on the optimal management of DCIS. Preliminary findings show that a coherent approach to the management of DCIS is clearly needed.
- The Sloane Project will continue to collect data on the outcome of women who are receiving a wide range of treatments and as such will conclusively define optimal treatments given the radiological and pathological features.