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)

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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.
- 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 1. Retrospective national collation of 2003 Oncologist/Haematologist NRASP data: **Current Options** Involvement: 3889 women treated with SRT up to 11/2003 Questionnaire study to Annual list of patients due to commence examine acceptance of the screening directed to: · Screening results and BC details collated process, regarding RT fields 1. NHSBSP central office and risk of BC In particular A Swerdlow (ICR, Sutton) 2.10 regional QA units or 80 screening units after geographical verification 2. Retrospective identification of eligible women treated 12/2003 - 03/2009 **Future Options Proposal:** search of cancer centre oncology data management systems. RT field data CENTRAL NATIONAL DATABASE (NWCIS) Direct feed of patient details at inclusion onto the database to NHSBSP 'Next Test extracted from case notes if not recorded on Due Date' system. system. Inclusivity assessed by cross-checking Women treated with patient list against HES-linked Registry data. Direct linkage to national centralised SRT for HL <36 years NHSBSP database. **Test:** Above **s**earch in NW region (Christie, Clatterbridge and Preston). HES-linked NWCIS requiring BC screening database. HL patients 'flagged' to remain as an identifiable high risk sub-group within the NHSBSP: Patient consent options: 1. Opt out (preferred) 3. Prospective identification of eligible • To facilitate data collection women through RTDS, 04/2009 onwards letter to all patients informing entry onto database and plan for future screening. through additional high risk (HL) page to KC62 return. Proposal:annual search of RTDS returns. Eligible women to be added to the national Written information plus telephone To prospectively examine the database. contact. validity of the screening protocol in Opportunity to discuss with oncology Test: Search of the April RTDS returns view of recent changes in RT requested from the National team to assess practice. completeness of data (RT field) for patient Opt in (less desirable) identification. referral by oncologist/haematologist for inclusion onto database only when written informed consent obtained.

Conclusions:

- 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.

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