# Partial breast radiotherapy after wide local excision for breast carcinoma

**Descriptor:**

This audit will assess whether patients treated with partial breast radiotherapy at our institution are being treated according to criteria set out by the IMPORT LOW protocol and GEC-ESTRO recommendations [1,2].

**Background:**

The UK IMPORT LOW trial comparing whole breast radiotherapy and partial breast radiotherapy after wide local excision for breast carcinoma closed at the end of 2010 after randomising 2018 patients. There are few results from randomised trials to guide the clinician in selecting patients for partial breast radiotherapy. Differing guidelines for patient selection are used by the IMPORT LOW protocol and GEC-ESTRO recommendations [1,2].

## The Cycle

**The standard:**

1. The IMPORT LOW inclusion criteria for partial breast radiotherapy include age = 50; tumour size = 3.0 cm; invasive adenocarcinoma (excluding lobular); pN0 or pN1 [2]

2. The GEC-ESTRO group recommends 3 categories guiding patient selection for partial breast radiotherapy: low-risk group (good candidates), intermediate-risk group, and high-risk group. We have used the low-risk group criteria which include age > 50; tumour size = 3.0 cm; invasive adenocarcinoma (excluding lobular); pN0; no neoadjuvant chemotherapy; clear surgical margins; unicentric; unifocal [1]

**Target:**

• 95% of patients age = 50

• 95% with tumour size = 3.0 cm

• 100% invasive adenocarcinoma (excluding lobular)

• 100% pN0 or pN1

• 100% no neoadjuvant chemotherapy

• 100% clear surgical margins

• 100% unicentric and unifocal

## Assess local practice

**Indicators:**

1. Proportion of patients age = 50

2. Proportion with tumour size = 3.0 cm

3. Proportion of invasive adenocarcinoma (excluding lobular)

4. Proportion pN0 or pN1

5. Proportion with no neoadjuvant chemotherapy

6. Proportion with clear surgical margins

7. Proportion unicentric and unifocal

**Data items to be collected:**

1. Histology type – ductal, papillary, mixed papillary + ductal, tubular, adenosquamous, mucinous

2. Histology grade – 1, 2, or 3

3. Receptor status – ER positive or ER negative

4. Breast site – right, left or bilateral

5. Age at radiotherapy – range, mean, median

6. Stage – T1N0, T1N1, T2N0, or T2N1

**Suggested number:**

All patients treated with partial breast radiotherapy outside of a clinical trial by one clinician in a 1-year time period.

**Suggestions for change if target not met:**

1. Identify reasons for lack of compliance with the target

2. Discuss this at departmental meeting if there is a variation in practice

3. Re-audit in 12 months time

**Resources:**

1. Personnel: Clinical director, audit lead, clinical oncologist

2. Time: 12 hours to check records, review information and prepare report

**References:**

1. GEC-ESTRO recommendations, Polgar et al, Radiotherapy and Oncology 94 (2010) 264-273
2. IMPORT LOW protocol 2009

**Editor's comments:**

This is an audit of partial breast radiotherapy and compliance with IMPORT LOW protocol and GEC-ESTRO recommendations. The time taken to collect the data is suitable for a trainee to undertake. After a 5 -10 year period an audit of local recurrence patterns in this patient population could be undertaken.

**Submitted by:**

Dr. Priya Sumra, 24 March 2013

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