

## 148 (PB-055) Poster - Implementing the UK NICE guidance (NG101), the safe omission of breast radiotherapy – a regional service evaluation (abstract only)

ROBERTS, Neill and MACINNES, E

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Implementing the UK NICE Guidance (NG101)- The Safe Omission of Breast Radiotherapy – A Regional Service Evaluation

Neill Roberts, St James's University Hospital, Leeds, UK. Emma Macinnes, St James's University Hospital, Leeds, UK.

Keywords: Radiotherapy, Treatment omission, Low risk breast cancer.

Background- In response to data from several RCTs, in 2018 the UK National Institute for Health & Care Excellence (NICE) updated its guidance on the safe omission of post-operative radiotherapy for certain low risk cohorts of breast cancer patient as defined by: their age, pathology and immunohistochemical profile (IHC). As well as strict patient selection criteria, the guidance also stipulates how this recommendation should be discussed with the patient to inform their treatment decision. Since this time all Cancer Units across the West Yorkshire region have aimed to deliver this change.

Materials & Methods- The aim of the evaluation was to establish any practice variation across the region and explore how the guidance had been implemented in each unit, with the intention of improving practice and thereby patient care. A retrospective data trawl of the local patient record system was performed for patients meeting the NICE eligibility criteria for omission of radiotherapy who had their first definitive treatment between Jan-June 2022. The initial data trawl by each Cancer Unit was followed up by individual patient level data queries undertaken by the Clinical Oncologist at each unit.

Results – 50 patients met the eligibility criteria for omission of radiotherapy across the region which represents 29% of the total referral population for adjuvant breast radiotherapy in this age group. Only 17% of this total (30 patients) actually omitted treatment. There was a wide range in the proportion of eligible patients omitting treatment across the units from 25% - 77%. Differences were also seen in multi-disciplinary team meeting (MDTM) recording terminology of the treatment decision and the specialty of healthcare practitioner having the 'discussion' with the patient. 100% of patients omitting radiotherapy commenced endocrine treatment.

Conclusion: All Units across the West Yorkshire region are omitting radiotherapy for NICE NG101 eligible patients. Variation exists in the implementation of this guideline between Units which could impact on the proportion of eligible patients omitting radiotherapy regionally. Recommendations have been made to improve consistency in practice across the region.