

1417 Post-Operative Breast Cancer Surveillance: The Crucial Role of Timing in Effective 'Track and Trace'

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Aim: The aim of this quality improvement project is to assess our centre's compliance to current NICE guidelines regarding annual mammogram follow-up for every breast cancer patient for 5 years and to elucidate any mechanisms that may optimise the efficiency of this surveillance process.

Method: We prospectively reviewed individual radiology requests following all wire-guided wide local excisions (WG-WLE), wide local excisions (WLE) and mastectomies undertaken at Bristol Breast Centre, a large tertiary referral centre, from January 2017-August 2020.

Results: Over the almost 4-year audit period, 1,885 operations were carried out. Specifically, 401 operations were performed from January 2017-June 2017, 677 from July 2017-January 2019 and 807 from February 2019-August 2020. Compliance to NICE guidelines was 95%, 100% and 95% from January 2017-June 2017, July 2017-January 2019 and February 2019-August 2020, respectively. Interestingly, compliance rates from February 2019-August 2020 varied according to the type of operation carried out; compliance was 97%, 94% and 91% for WG-WLE, WLE and mastectomy, respectively. This appears to result from the corresponding number of tardy radiological requests that were made following each of the three procedures. Specifically, the proportion of database requests filed in excess of one month post-operatively for each procedure type were 8%, 10% and 21% for WG-WLE, WLE and mastectomy, respectively.

Conclusions: Efficient annual mammographic surveillance depends on prompt post-operative radiological requests. Such database requests should ideally be enacted less than one month post-operatively. We suggest the adoption of an automatic electronic prompt could facilitate more effective post-operative mammogram surveillance.