

Waikato Breast Cancer Register

March 2010

Demographics - Population:

- Total New Waikato Breast Cancers Diagnosed 2005 – 2008 1072
- Total Patients Eligible for WBCR 1008
- Total Records Entered into WBCR (95% Consented) 998

Gender	Total	% of Patients
Female	938	99%
Male	3	1%
Age Group	Total	% of Patients
≤29	5	1%
30-39	44	5%
40-49	187	20%
50-59	259	28%
60-69	235	25%
70-79	130	14%
80+	81	7%

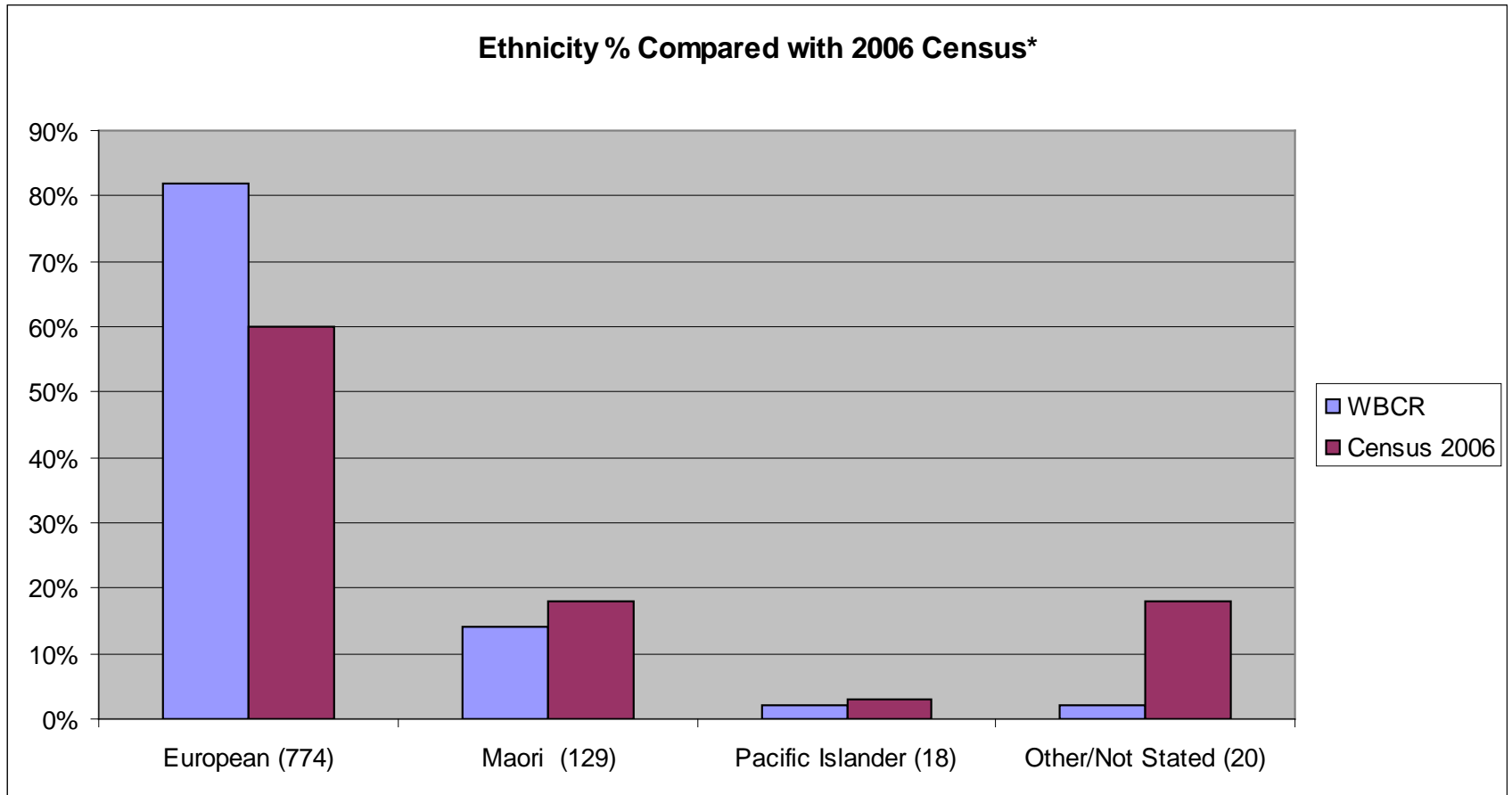
Age at Diagnosis:

- Patients Under 50 Years: 25%
- Patients Over 65 Years: 34%

Family History:

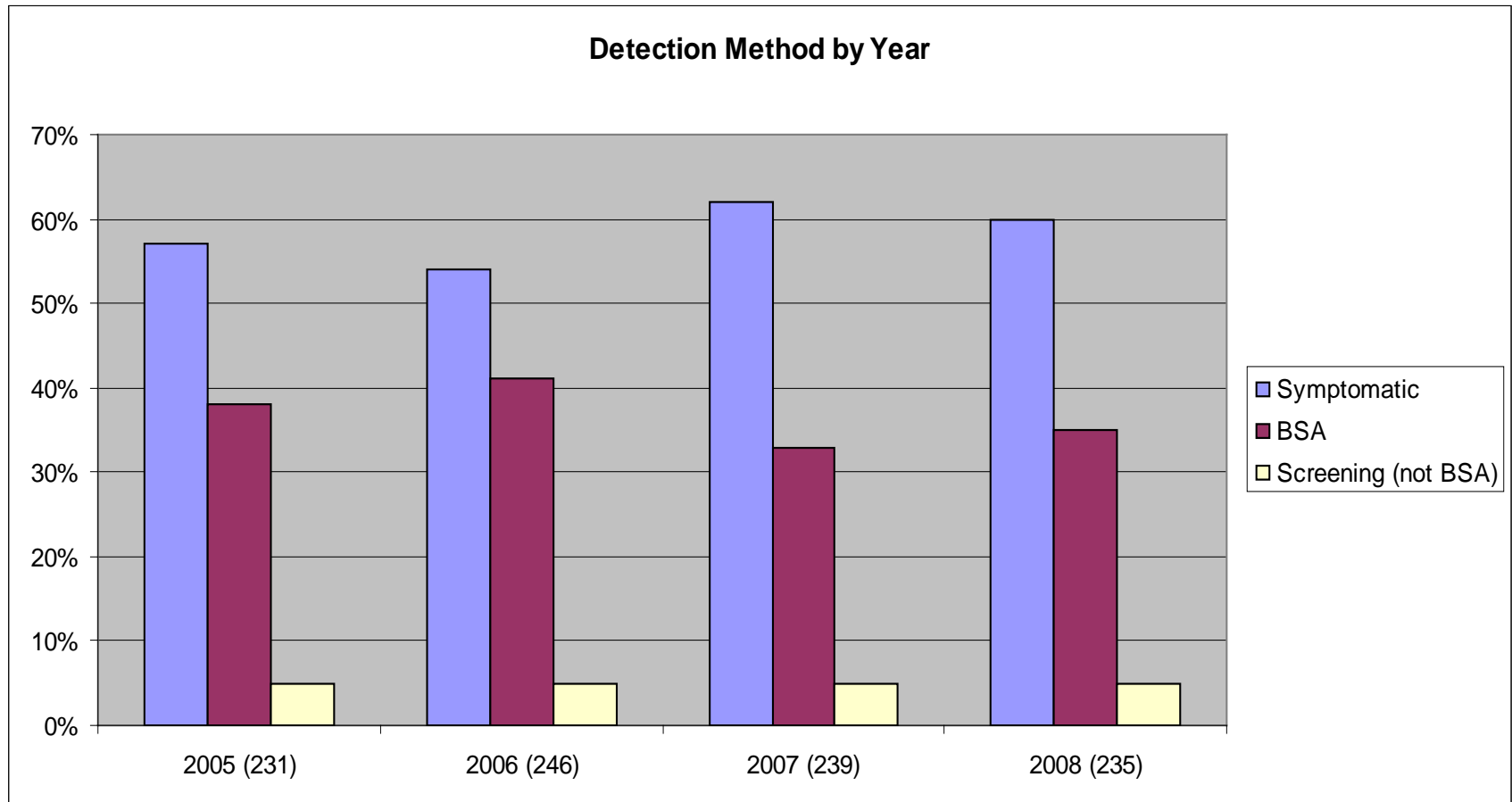
- A first degree relative with Breast Cancer was reported by 22% of Patients
- Of these, 20% reported more than one first degree relative

Demographics - Ethnicity:



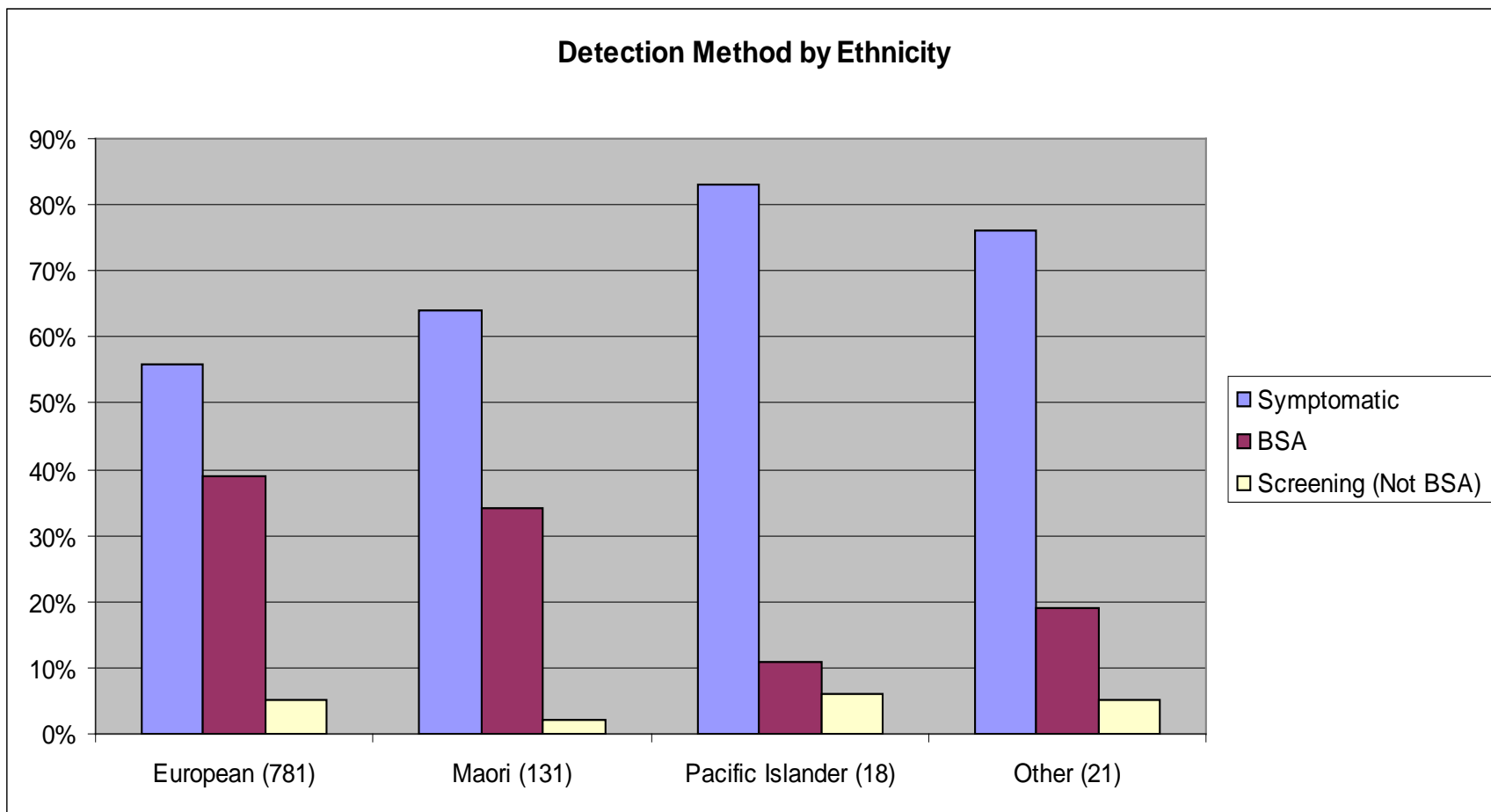
*2006 Census figures not age adjusted

Diagnosis – Clinical Presentation Method:

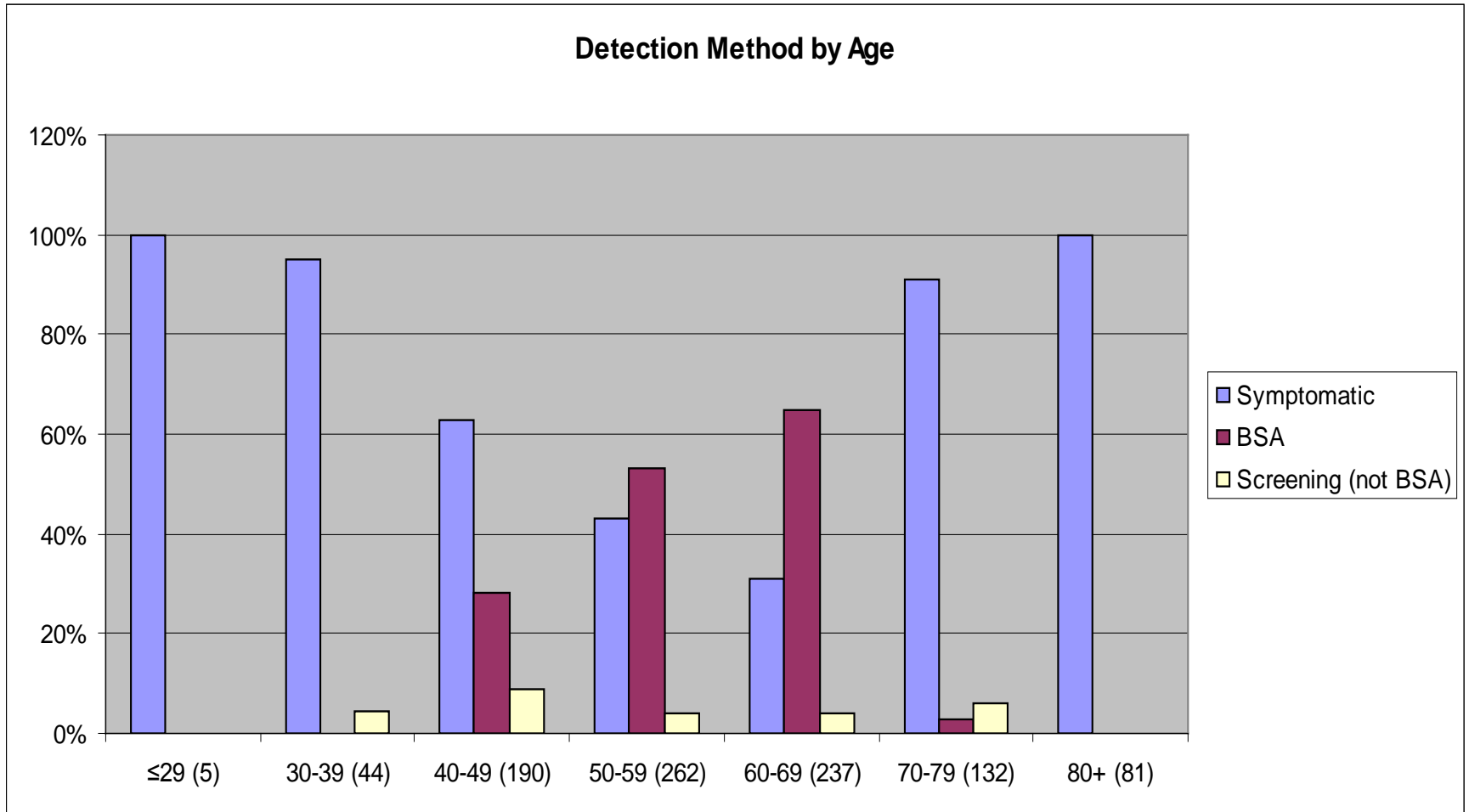


➤ 37% of Cancers were Screen Detected (42% if Non BSA Screening included)

Diagnosis – Clinical Presentation Method:



Diagnosis – Clinical Presentation Method

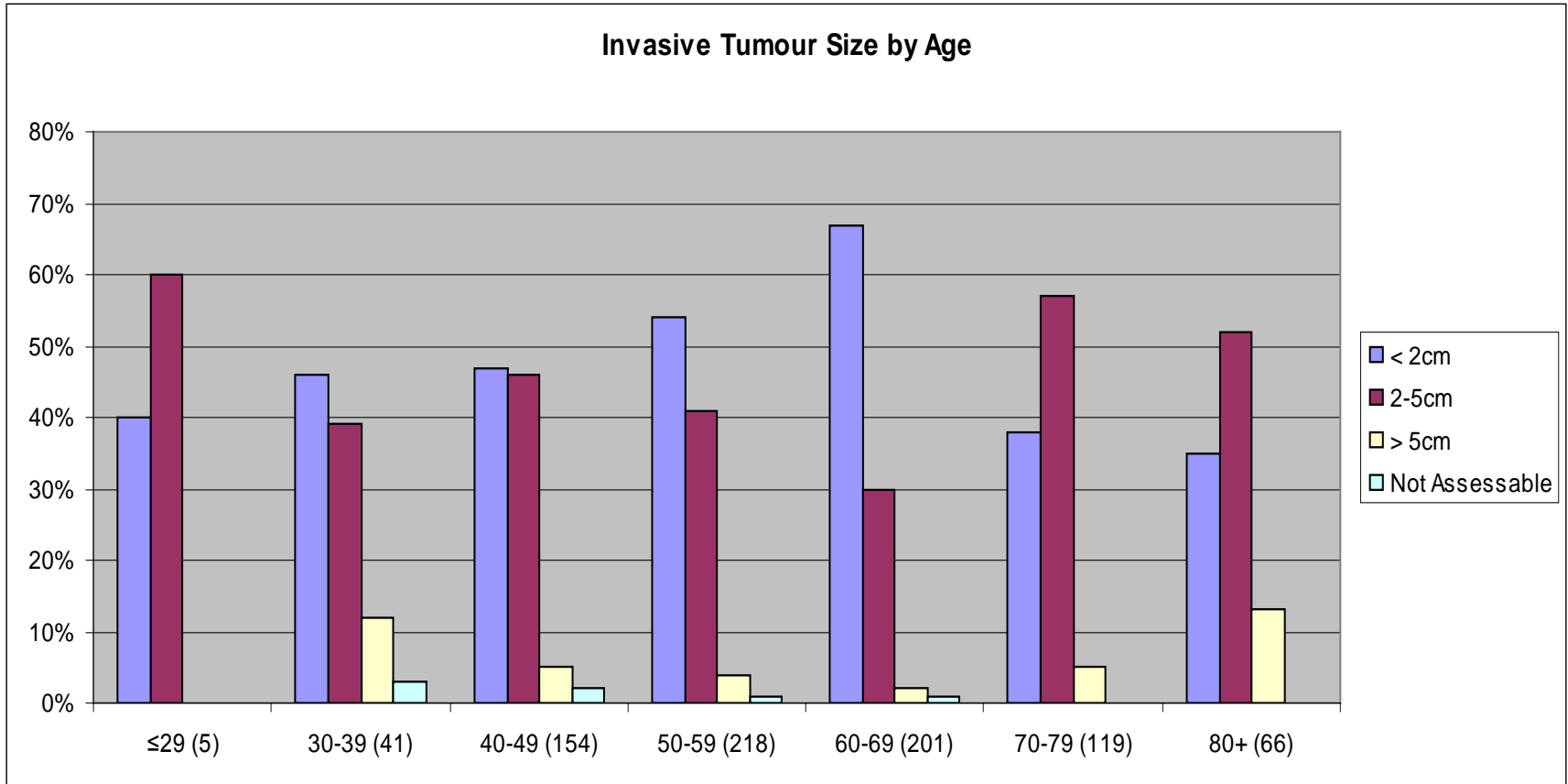


Prognostic Indicators – Tumour Size & Invasive Grade

Pathological Tumour Size	Total Cases	% Cases
T1 (<2cm)	427	44%
T2 (2-5cm)	299	31%
T3/T4 (>5cm)	72	7%
Tx/To (No Primary/Not Assessable)	46	5%
Tis	128	13%

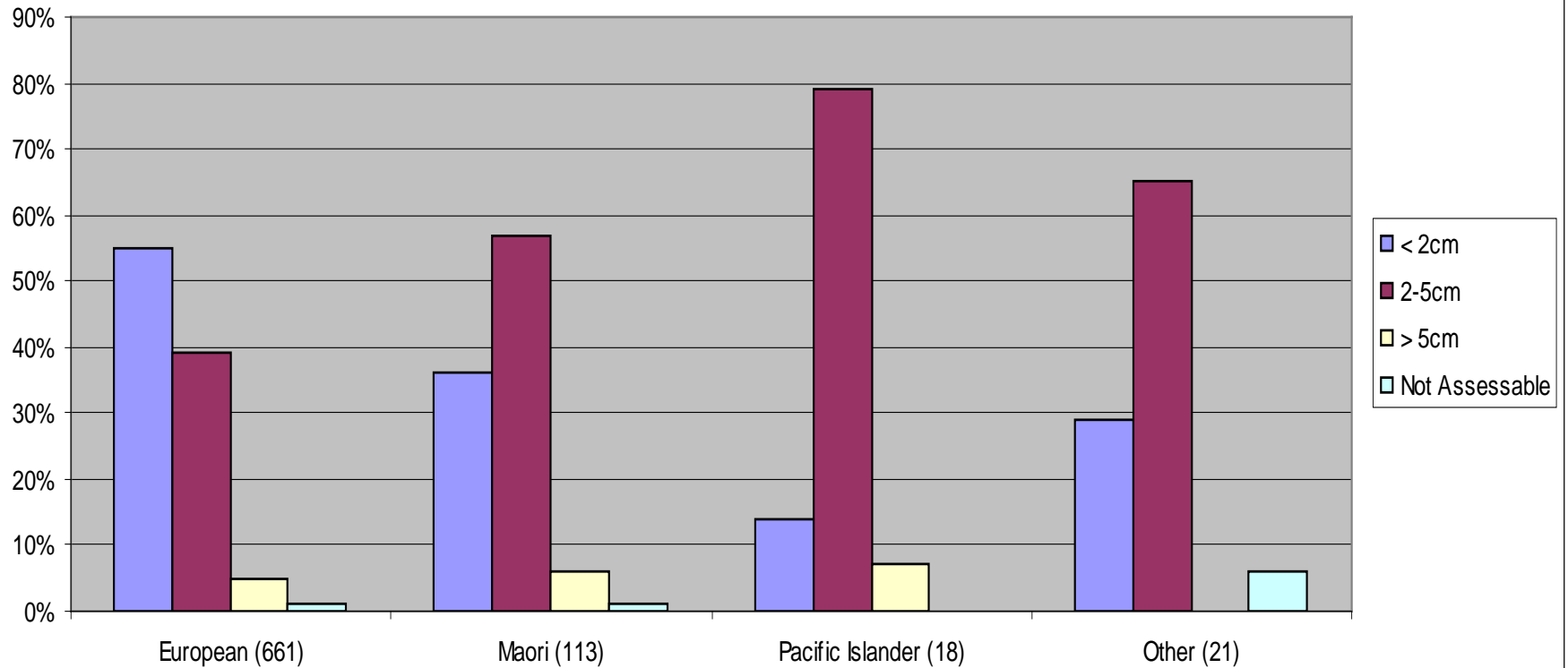
Invasive Cancer Grade	Total Cases	% Cases
Grade 1	217	28%
Grade 2	401	51%
Grade 3	167	21%

Prognostic Indicators – Tumour Size

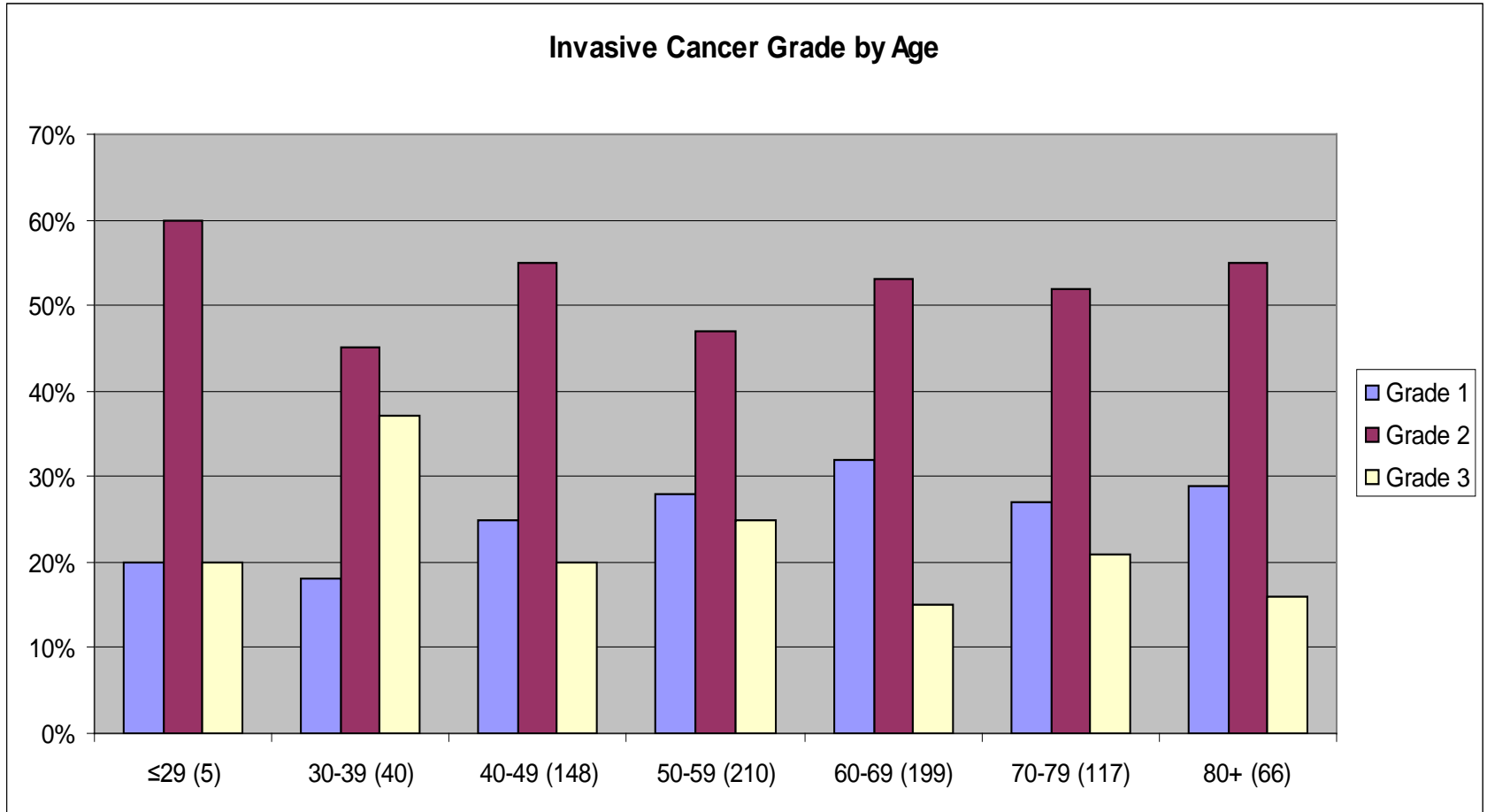


Prognostic Indicators – Tumour Size

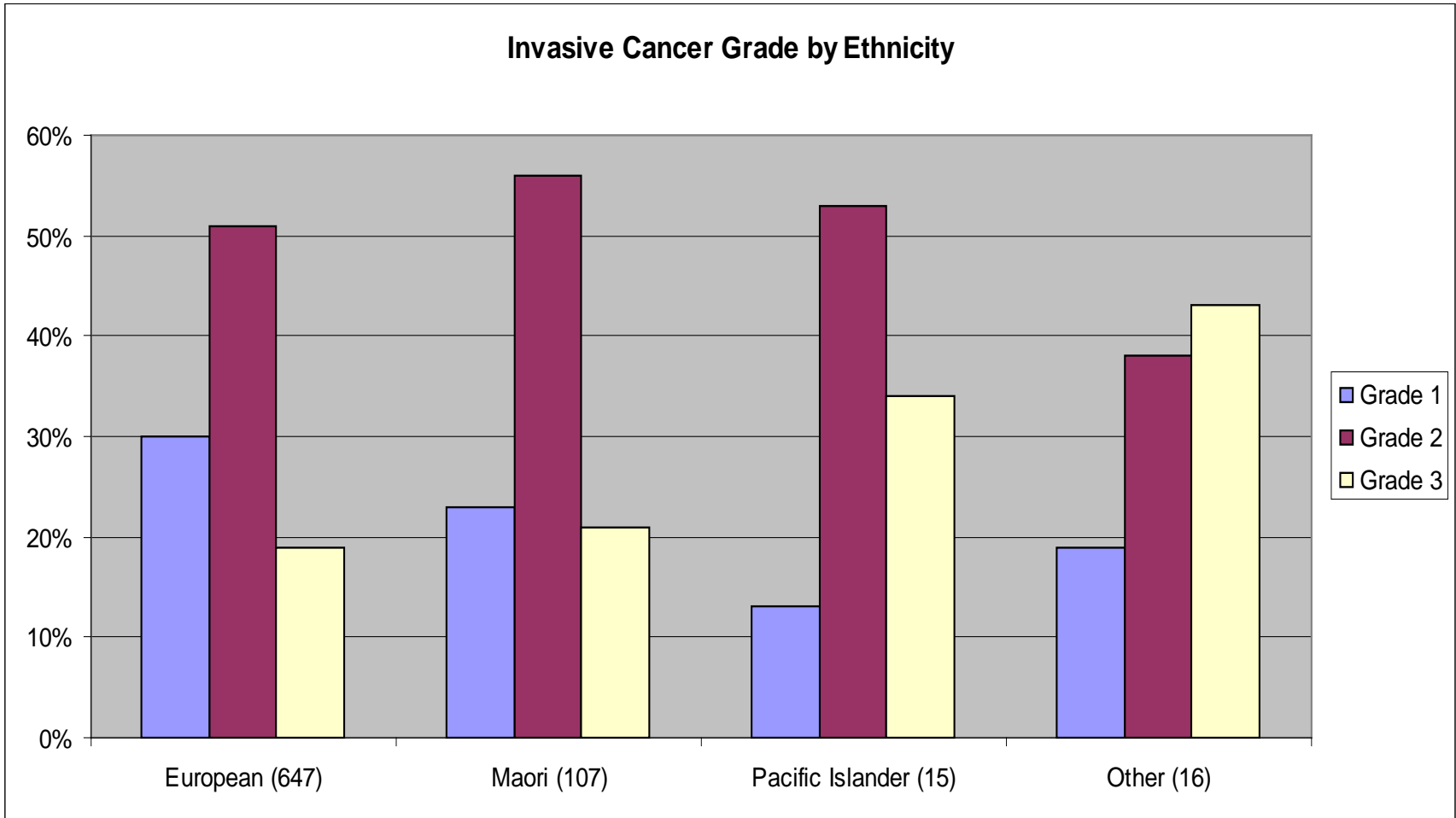
Invasive Tumour Size by Ethnicity



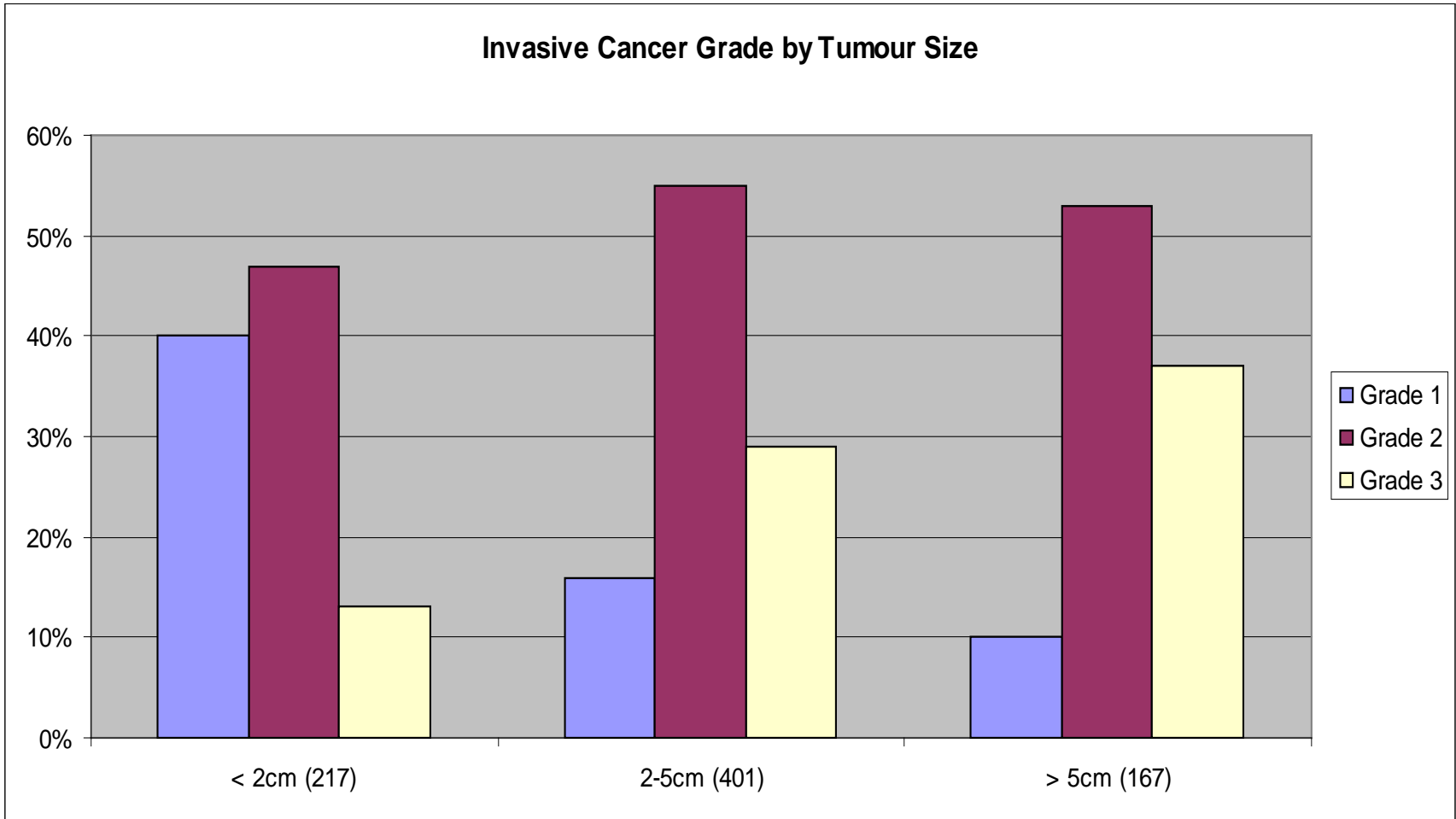
Prognostic Indicators – Cancer Grade



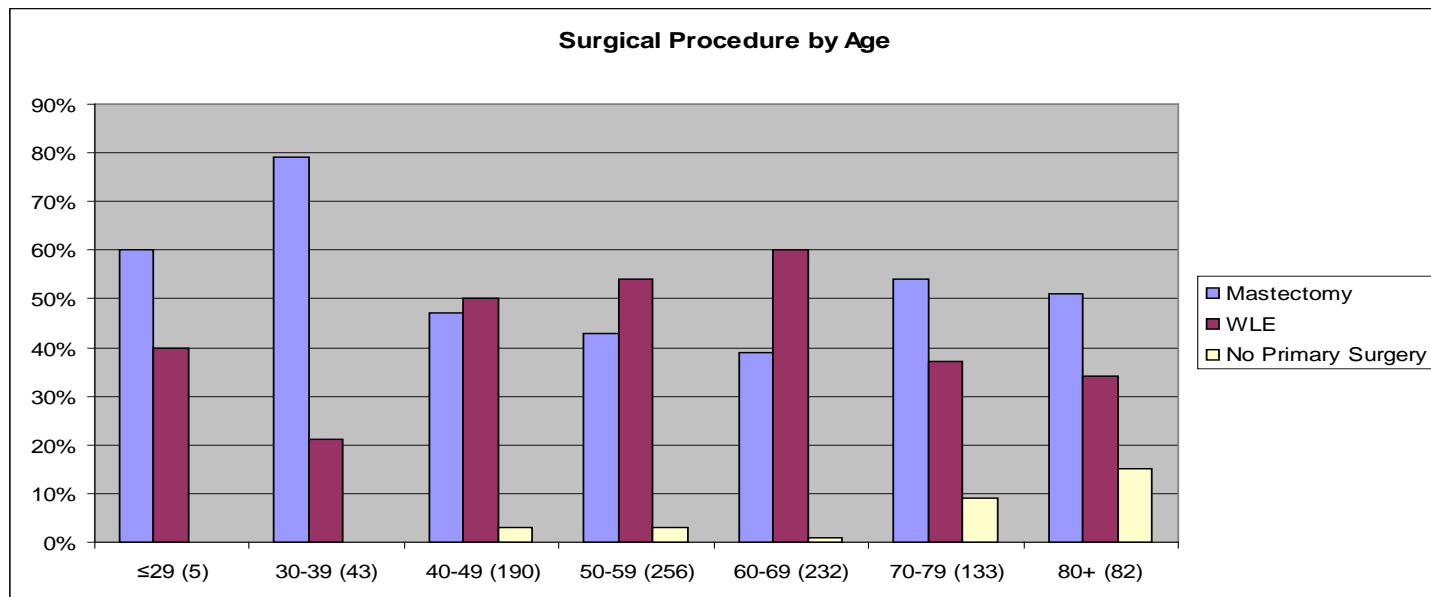
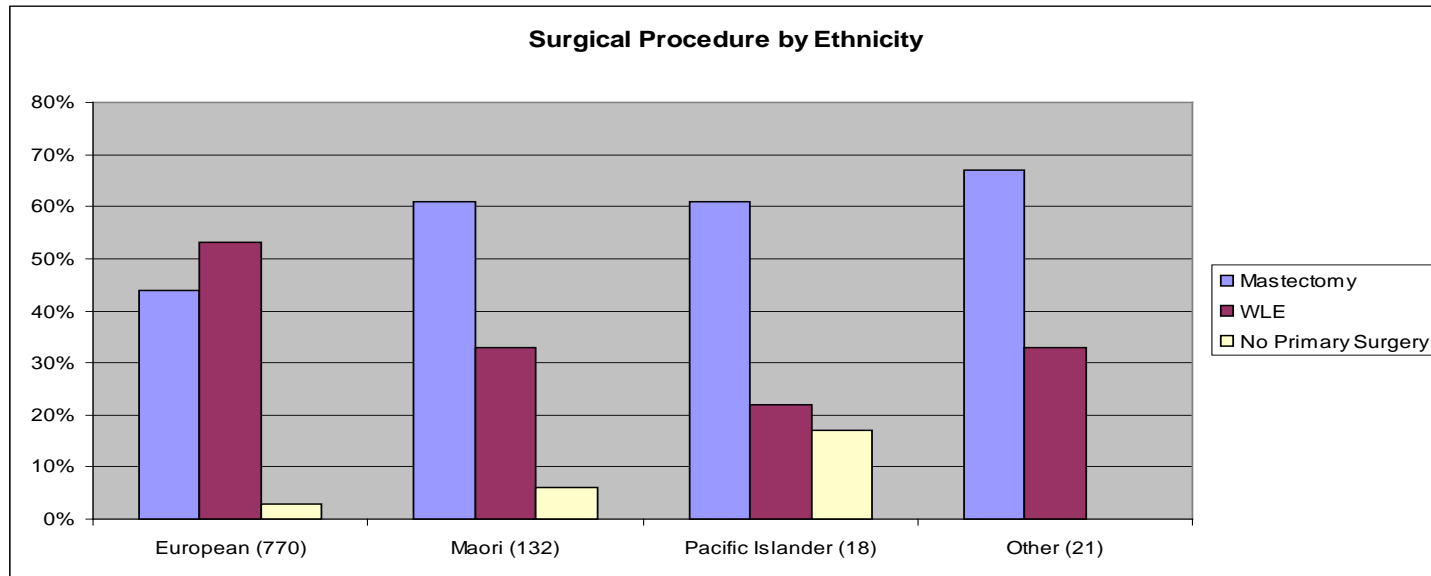
Prognostic Indicators – Cancer Grade



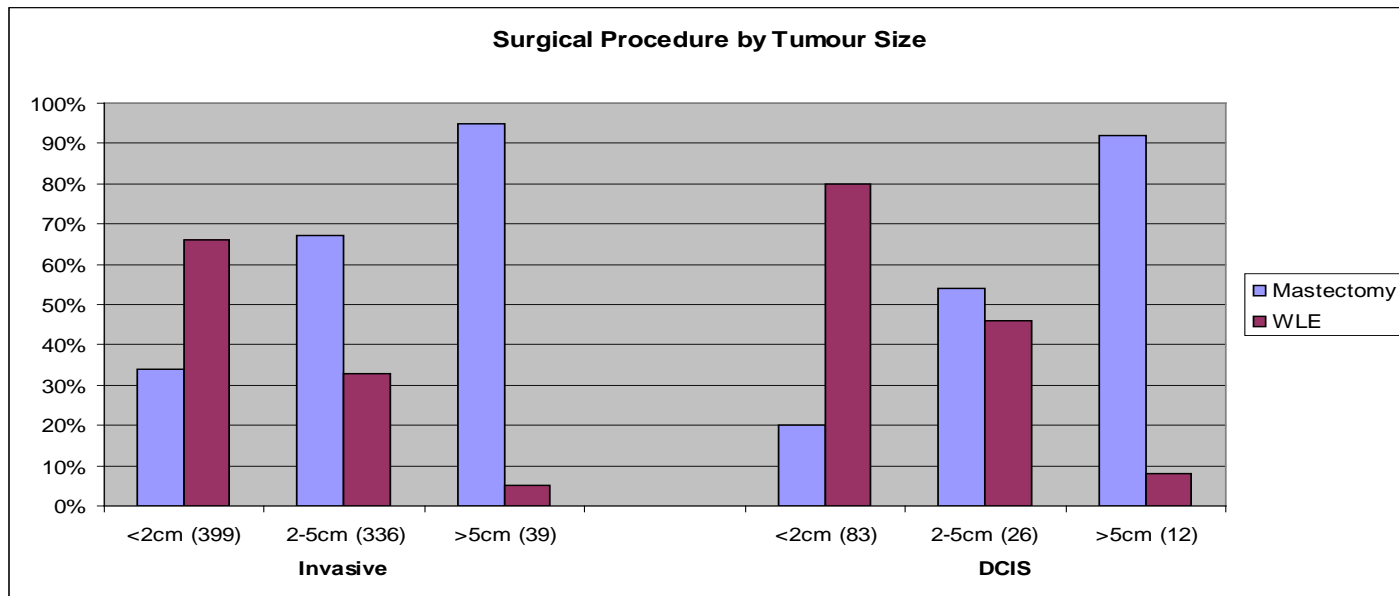
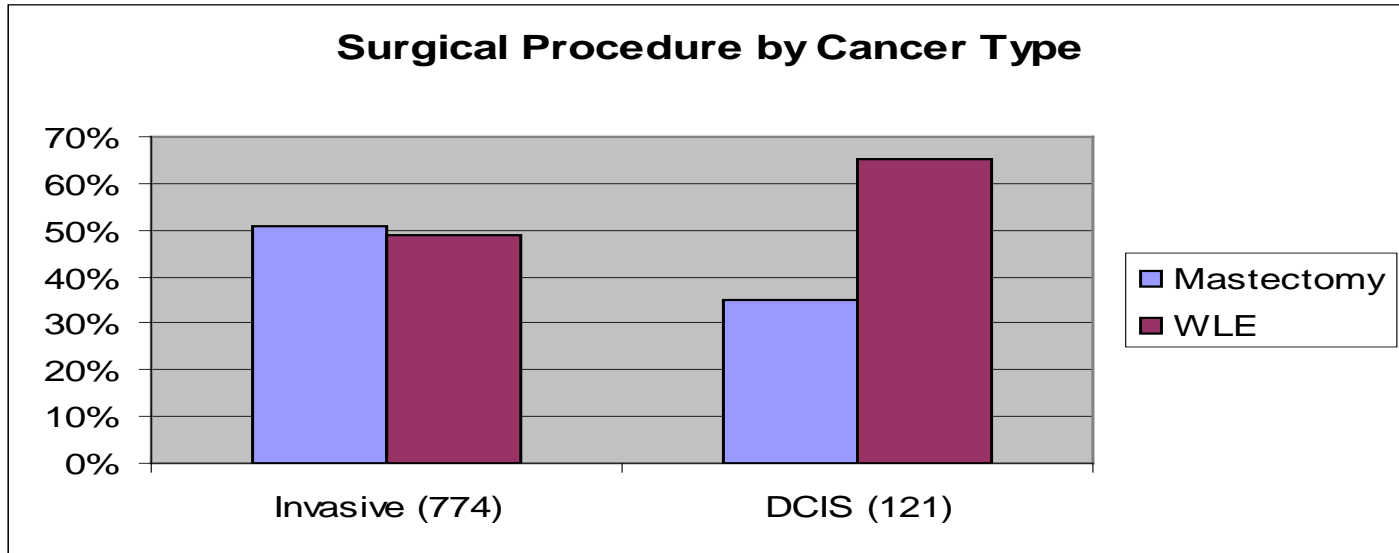
Prognostic Indicators – Cancer Grade



Surgical Treatment



Surgical Treatment



Pathology – Cancer Type

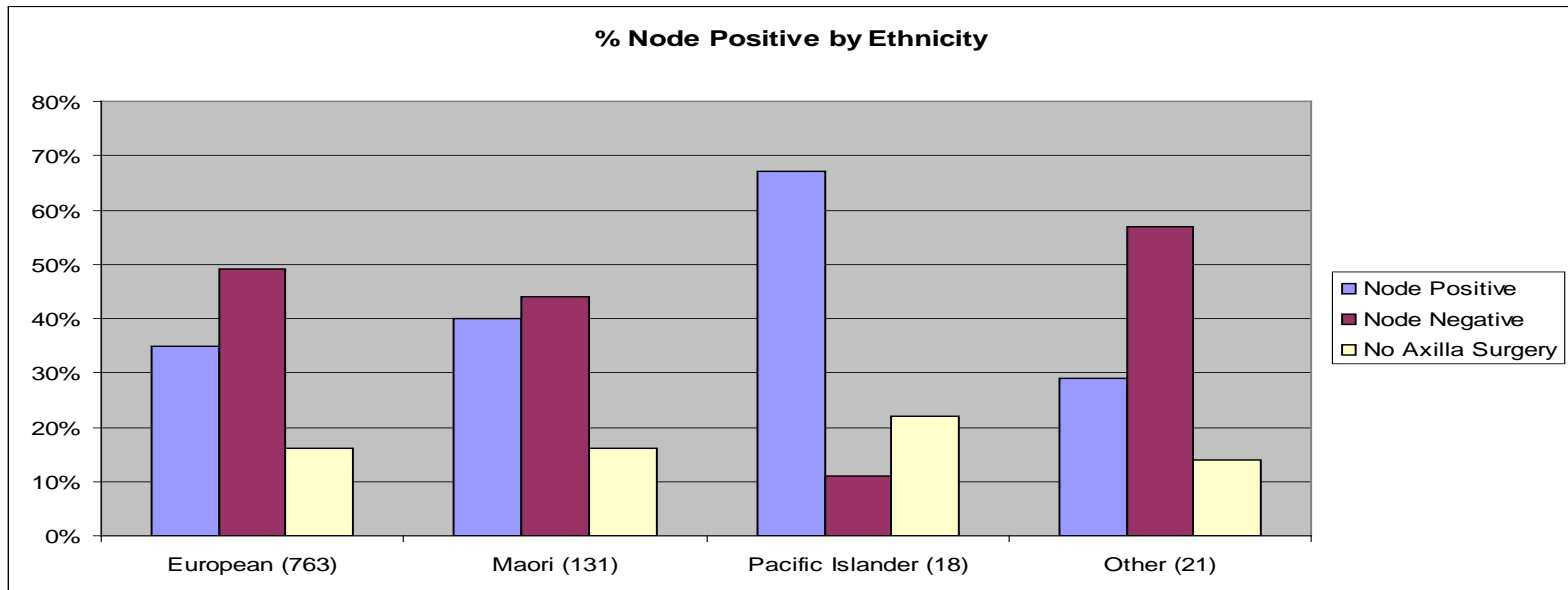
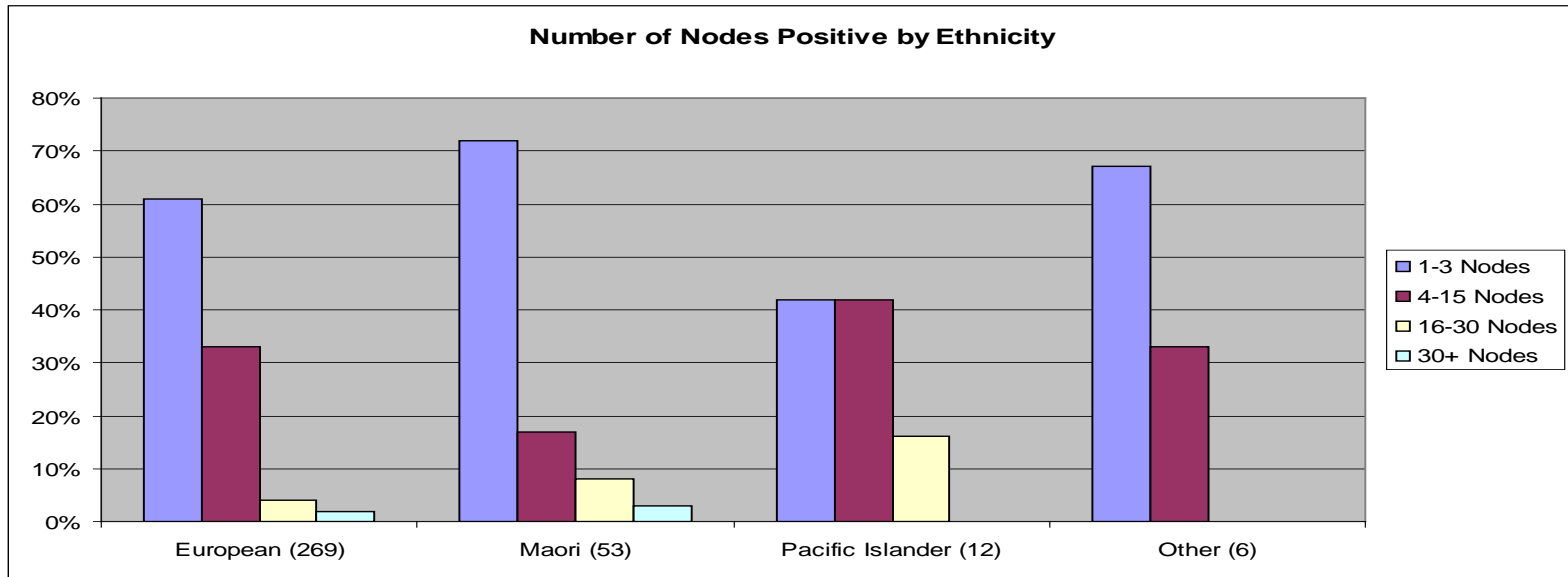
Cancer Type		# Cases	% Cases
Invasive	Infiltrating Ductal - NST	638	82%
	Lobular	76	10%
	Mucinous	17	2%
	Tubular	8	1%
	Other	35	5%
	Invasive Total	774	85%
Insitu	DCIS Alone	121	99%
	Not Assessable	7	0.7%
	Insitu/Not Assess Total	128	15%

Invasive Cancer – Hormone Receptor Status

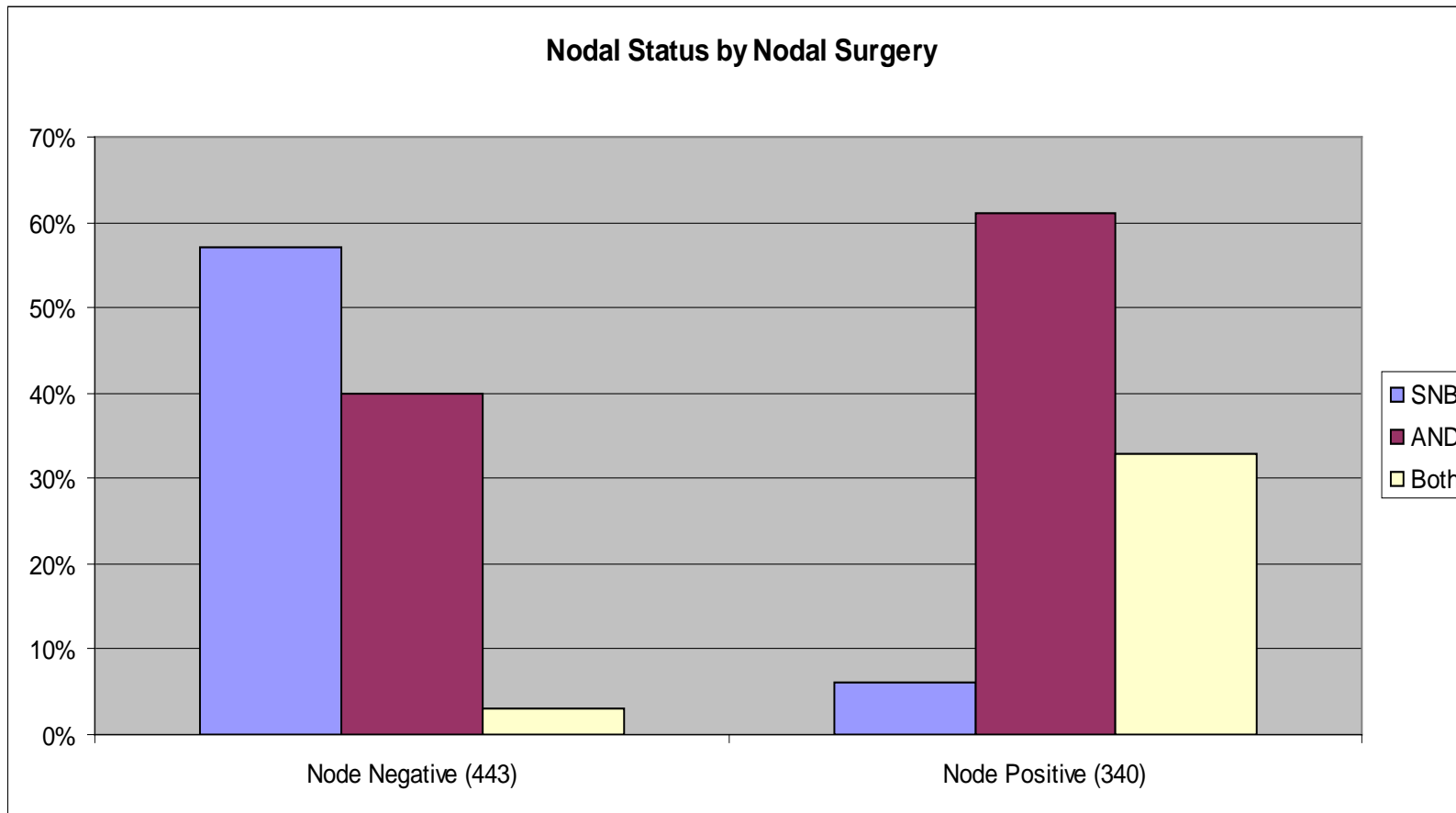
Hormone Receptor Status	# Patients	%
ER + PR +	503	63%
ER + PR -	120	15%
ER + No PR Done	62	8%
ER - PR +	6	1%
ER - PR -	104	12%
ER - No PR Done	9	1%
Totals	804	100%

IHC HER2 Status	Result	# Patients	%
IHC HER2 +++	Positive	85	10%
IHC HER2 Nil Staining	Negative	306	38%
IHC HER2 +	Negative	125	16%
IHC HER2 ++	Equivocal-no FISH	99	12%
FISH HER2 Amplified (+ve)	Positive	52	7%
FISH HER2 Normal (-ve)	Negative	130	16%
FISH HER2 Equivocal	Equivocal	1	1%
Totals		798	100%

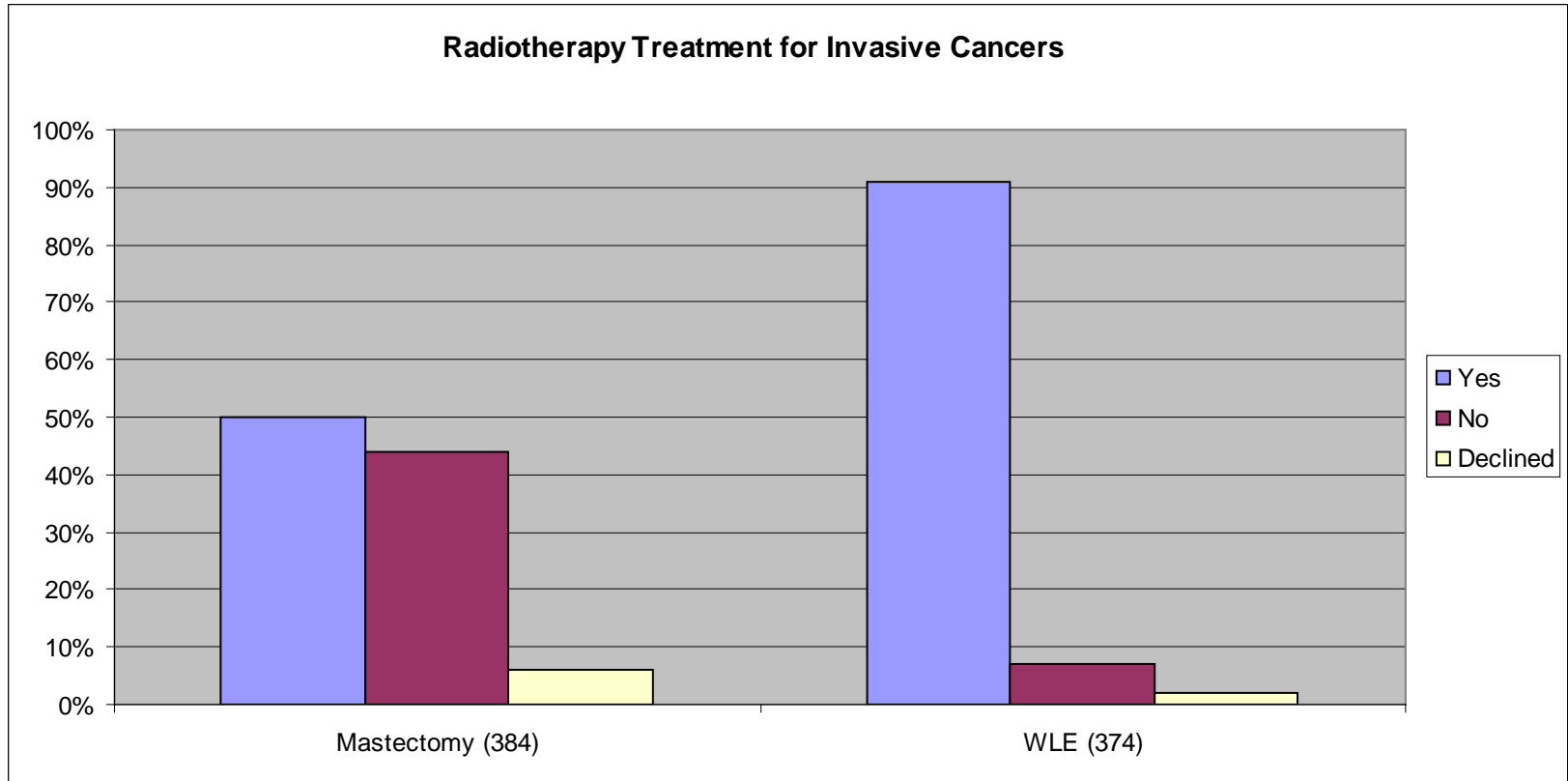
Node Positivity by Ethnicity



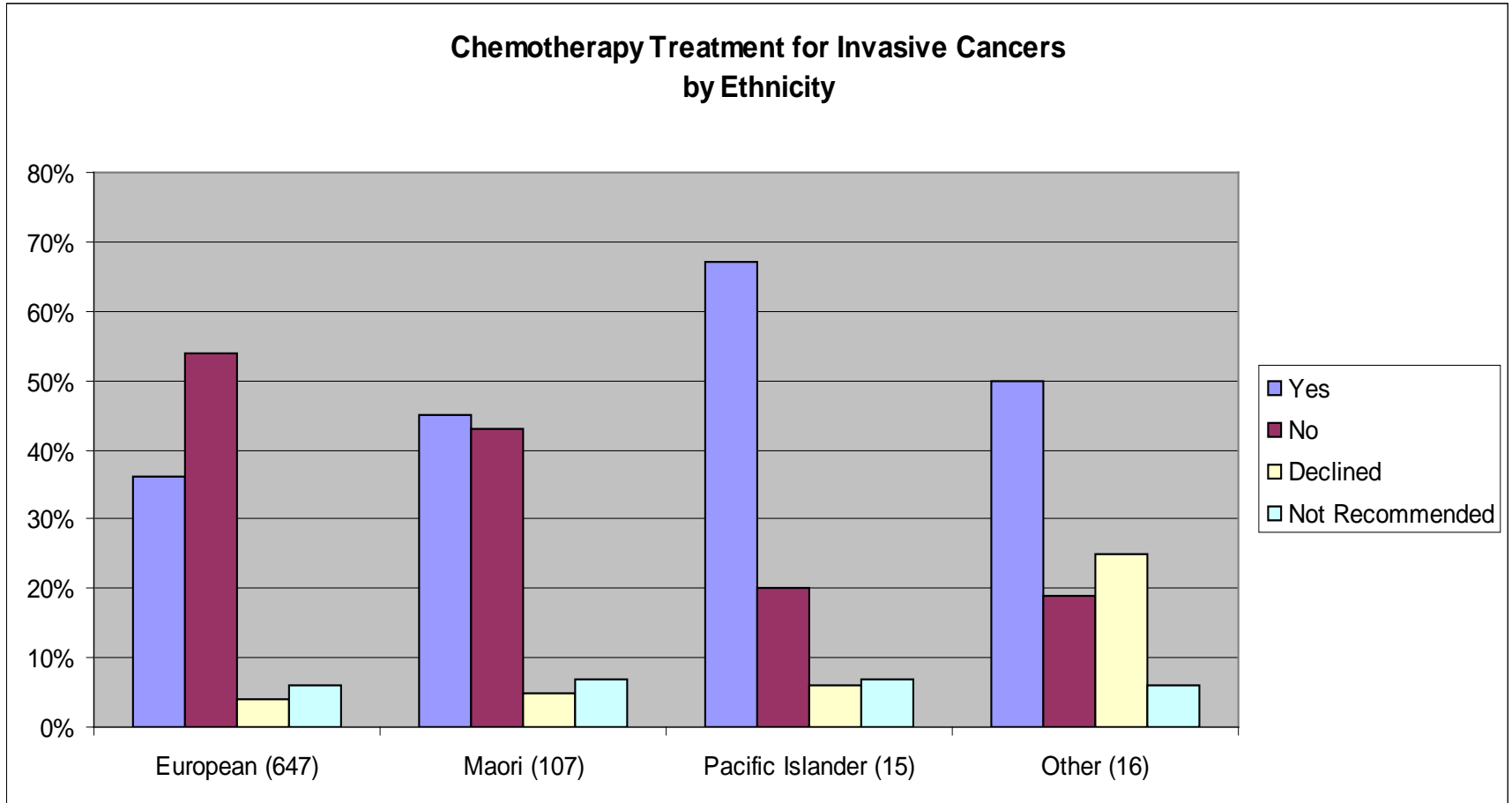
Nodal Status by Nodal Surgery



Adjuvant Therapy - Radiotherapy



Adjuvant Therapy - Chemotherapy



Areas to Progress

- **Master (National) data dictionary** – needed to standardise data entry across regions
- **Inter-regional communication-** teleconferencing has commenced, and emailing/cc'ing between all regions by data teams
- **Difficulties of consent for deceased cases** – audit group - an important clinical group because have had worst outcome. ? an inter-regional issue

Features of Waikato Breast Cancer Register

- Eligible for WBCR if new cancer post 2005, includes 2nd primary, excludes recurrence local or distant
- Eligible for WBCR if residing in the Waikato region at time of diagnosis (even if surgery or work up done out of area)
- Under resourced in early years resulting in incomplete data
- In last 2 years, robust systems implemented to avoid this problem, improved documentation, relationships with clinicians, consent, audit of data entry and clean- up of 2005-7 data.
- WBCR staff attend weekly MDT meetings
- WBCR staff attend other cancer/breast care related meetings
- Additional data fields collected (up to 300/case) eg:
 - LCIS cases
 - Breast cancer risk data and presentation info
 - Sentinel node biopsy audit
 - Source of mortality data

Features of Waikato Breast Cancer Register

- Women consented on entry to specialist work-up
- 95% consented and entered
 - 30 deceased before consent gained
 - 20 declined
 - 2 consent not sought – moved overseas, no forwarding address
 - 2 uncertain – still chasing consent clarification
- Online entry to RACS Breast Audit within 2 months of surgery (enables early check of missing data)
- Virtually 100% complete data for last 2 years
- Entry into WBCR at 6-8 months post surgery by different person
 - Double data entry a form of data audit
 - One in five cases and all complex cases audited
- Real time feed back to clinician, both data problems and increasingly data queries
- WBCR now supervised by Executive Group including representatives from radiation and medical oncology, surgery, pathology, Maori, and population health/Clinical School

WBCR Ethos

- **Quality data-** minimise missing data, question discordant data, mitigate human error, provide support & regular feedback
- **Complete data** - setting expectations, actively supporting clinicians to provide complete data, minimise duplication of competing needs (Admin, BSA, RACS...)
- **Facilitate win-win relationships** within the users/clinicians supporting the breast cancer care pathway
- **Increase use** and promotion of the Register

WBCR team would like to express their sincere thanks to:

- The ABCSG for their development of the database and ongoing support
- The New Zealand Breast Cancer Foundation for their funding support (Aug 2007- Aug 2010)