Fred Hutch Cancer Center

Breast Cancer Recurrence – ODS Approach

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Breast Case 1

2019 Dx Left breast lobular carcinoma

- C504-2; 8520/3; Dx Date 5/2019
- SEER Summary Stage 3 (regional LN involvement) at diagnosis
- Treatment:
  - 8/2019 Lt breast lumpectomy, followed by Lt mastectomy w/ALND
  - Subsequent chemo, rads and Arimidex

- Analytic Hospital abstract received 10/2024:
  - Date 1st Recurr: 3/2024
  - Type 1st Recurr: 55 (Dist recur of inv tumor, bone)
  - Abstract documents 3/2024 PET w/signif progression of now widespread sclerotic osseous lesions c/w mets.

Breast Case 1

Registrar approach

Using pathology as the main source to identify recurrence, the following were identified:

- 6/2023 Rt Iliac bone bx: negative. Clin info: Hx stage IV breast cancer
- 4/2024 Lt iliac crest bx: metastatic carcinoma, c/w breast primary

Chart review process:

1. Reviewed Onc note around 6/2023 negative bx as there was statement of Stage IV breast cancer and pt had only regional LN involvement at dx. No definitive statement of mets or Stage IV disease and no statement regarding disease status.
2. 4/2024 Onc note (just prior to positive bone bx): Onc history on initial dx/tx for 2019 Lt breast ca dx stated. Pt has bone lesions, liver lesions, lung lesion, pleural nodule with summary of imaging info through 9/2023 with statement that 9/2023 bone scan was suspicious for metastasis and 3/2024 PET showed progression of now widespread sclerotic lesions in skeleton c/w mets.

Breast Case 1

Registrar approach (continued)

3. 9/2023 Bone Scan report IMP: Diffuse multifocal skeletal metastatic disease.
4. 10/2023 Onc note: 8/2023 PET w/ numerous sclerotic lesions throughout skeleton. Clin eval not definitely c/w mets, rec bone scan and consider re-bx of lesion. 9/2023 bone scan susp for mets. 9/2023 reviewed at tumor board w/radiology, id'd lesion most suitable for bx. A/P: Here for 3rd opinion re: lesions on imaging, which are concerning but not definitive for malignancy.
5. 3/2024 PET: Interval signif progression of now widespread sclerotic osseous lesions, c/w mets.
6. 4/2024 Lt iliac crest bx: metastatic carcinoma c/w breast primary.

Registrar coding

- Date 1st Recurrence: 3/2024 (per PET) Note: never found statement of disease-free status prior to this
- Type of 1st Recurr: 55 (Dist Recur, bone)

  Agrees with hospital registrar coding

Breast Case 2

2022 Dx of Rt breast ductal carcinoma

- C504-1, 8500/3, Dx Date 4/2022
- SEER Summary Stage 1 (localized)
- Treatment:
  - 6/2022 Rt simple mastectomy with SLN bx
  - Given comorbidities generally decreased QOL if she proceeds w/chemo and agreed to surveillance
  - ER/PR/HER2 negative (no hormonal tx)

- Analytic Hospital abstracts received (from single FAC):
  - 11/2022: Type 1st Recur = 00 (No recurrence/in remission)
  - 8/2024: Date 1st Recurr: 2/2024; Type 1st Recurr: 25 (Recur adj tissue/organs and reg LN). Abstract w/no text documenting recurrence.

Breast Case 2

Registrar approach

Using pathology as the main source to identify recurrence, the following were identified:

- 3/2024 Rt axillary LN bx: Metastatic high grade carcinoma. ER/PR/HER2 negative.
- 3/2024 Rt breast, low axilla/chest wall mass bx: Positive for invasive carcinoma. Comment: Carcinoma infiltrates fibrous stroma. No uninvolved breast parenchyma or LN parenchyma is identified. The prior ipsilateral invasive carcinoma of the breast is noted, finding most c/w involvement by the same process.

Chart review process:

1. Reviewed Onc note around 3/2024 positive Rt axillary LN bx. Telephone note a few weeks prior to LN bx stated PET results notable for PET avid adenopathy on rt side. Plan is to bx Rt side.
2. 2/2024 PET: Mildly enlarged rt sided pectoral and axillary LNs w/increased FDG update, concerning for mets.
3. Last Onc visit prior to PET in 10/2023 – A/P: Screening mammo 3/2023 and negative DBE today. Mediastinal node noted on 10/2023 chest CT. Plan to eval w/PET and continue close FU d/t high risk of recurrence. RTC in 5 mo for mammo and FU.

Breast Case 2

Registrar approach (continued)

4. 3/2023 Onc note: Pt w/ pmT2N0M0 TNBC in 6/2022. Previously estimated her 5 year risk of distant recurrence w/o tx to be about 30%. Currently would say she is in remission. RTC in 6 months.

Registrar coding

- Date 1st Recurrence: 3/2024 (per positive rt axillary LN bx)
- Type of 1st Recurrence: 25 (Recur of invasive tumor, adj tissue/organs and reg LN)

Recurrence Date does not match hospital coded date, unclear where that date came from per chart review

Breast Case 3

2022 Lt breast invasive carcinoma w/ductal and lobular features

- C509-2, 8522/3, Dx Date 11/2022
- SEER Summary Stage: 4 (regional by direct extension and regional LN involvement)
- Treatment:
  - 12/2022 Neoadjuvant TCHP (Chemo and BRM)
  - 5/2023 Bilat skin sparing mastectomy w/Lt axillary LND. Residual invasive ca in breast, LNs negative. TX Effect: Probable or definite response to presurgical tx.
  - 6/2023 Adjuvant Kadcyla
  - 1/2024 Tamoxifen

- Analytic abstracts received (from single FAC):
  - 7/2023 Type 1st Recur = 70 (never been disease-free)
  - 5/2025 Type 1st Recur = 40 (dist recur, NOS); Date 1st Recur: 7/10/2024. Abstract w/no text documentation of pt being disease free or documentation of recurrence.

Breast Case 3

Registrar approach

Using pathology as the main source to identify recurrence, the following were identified:

- 7/2024 Rt iliac crest bone bx: Metastatic carcinoma involving bone, immunohistochemically compatible with a breast primary.

Chart review process:

1. Reviewed Onc note just prior to positive mets bx – 7/2024 (one week prior): Pt w/Lt breast cancer (summary of 2022 dx/tx provided). Interim Hx: Had CT Abd/Pelvis in 6/2024 in prep for reconstruction, found lytic lesion in rt posterior iliac bone, concerning for mets. Summary of 6/2024 PET: hypermetabolic lesion in posterior rt iliac bone, consistent with metastasis". A/P: Discussed that PET is concerning for breast cancer recurrence, will proceed w/bx.
2. Reviewed several prior 2024 Onc notes for statement of disease status – found no mention of disease status, only summary of dx and tx to date.

Breast Case 3

Registrar approach (continued)

Registrar coding

- Date 1st Recurrence: 7/2024 (date of positive rt iliac crest bx) Note: never found statement of disease-free status prior to this
- Type of 1st Recurrence: 55 (Dist recur of inv tumor, bone)

Recurrence Date matches hospital abstract, but Type of Recurrence does not (coded to 40 by hospital).

Recurrence Data Collection

Seattle Experience

- Date of 1st Recurrence and Type of 1st Recurrence are not ascertained at the central registry level. We are fully dependent on our Facility reporters to collect/report this information.

- Some central registries lack the staff resources to accept and/or process NAACCR-Modified records.

- Surveying two hospital registries, their process for collection of recurrence data includes:
  - Identification from casefinding (pathology) sources
  - Generally, do not check disease index (ICD-10) sources for identification of recurrence
  - Collection of recurrence info is subject to registry priorities. Example: If a facility gets behind in abstracting, identification/collection of recurrence may cease.

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Thank you