

# Most patients are eligible for an alternative to conventional whole breast irradiation for early-stage breast cancer: A National Cancer Database Analysis

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**TABLE 2** Proportion of women eligible for alternative radiotherapy regimens according to clinical trial and consensus guideline criteria

	Patients with stage I-III breast cancer (n = 1 157 788) (n[%])	Patients with pN0 breast cancer (n = 819 210) (n[%])
<b>Trials</b>		
IMPORT LOW HFRT	593 538 (51.3%)	593 544 (72.5%)
IMPORT LOW APBI	593 538 (51.3%)	593 544 (72.5%)
GEC-ESTRO APBI	705 707 (61.0%)	705 461 (86.1%)
CALGB 9343 ET-alone	169 022 (14.6%)	169 023 (20.6%)
PRIME II ET-alone	303 435 (26.2%)	303 439 (37.0%)
<b>Guidelines</b>		
ASTRO HFRT	413 074 (35.7%)	413 074 (50.4%)
ASTRO APBI	319 703 (20.7%)	319 625 (39.0%)
ABS APBI	529 906 (45.8%)	593 544 (72.5%)
GEC-ESTRO APBI	372 004 (32.1%)	374 765 (45.7%)

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**Abstract**

We evaluated the proportion of patients eligible for alternatives to standard whole breast irradiation (WBI) following breast-conserving surgery using the National Cancer Database (NCDB). Using the 2016 dataset, Stage I-III patients were identified. Eligibility for hypofractionated WBI (HFRT), accelerated partial breast irradiation (APBI) and endocrine therapy (ET-alone) was defined using eligibility from large clinical trials as well as consensus guidelines. For patients with pN0 breast cancer, 20.6% and 37.0% were eligible for ET-alone based on the CALGB 9343/PRIME-II trials, respectively. In terms of HFRT, 72.5% and 50.4% were eligible based on IMPORT LOW/ASTRO HFRT guidelines, respectively. Based on IMPORT LOW/GEC-ESTRO trial/ASTRO guidelines/ABS guidelines/GEC-ESTRO guidelines, 72.5%, 86.1%, 39.0%, 72.5%, 45.7%, respectively, were eligible for APBI. Of those who qualify for HFRT per ASTRO guidelines, approximately 90% were eligible for APBI and 50% for ET-alone. This analysis shows that a large proportion of patients with node-negative breast cancer are eligible for HFRT, APBI and/or ET-alone after breast-conserving surgery.