



Using CTS5 Calculator to predict the 5-10 risk of recurrence and to reduce the number of patients discussed in the Breast MDT every week

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Abstract:

Introduction: The CTS5 tool was developed for the prediction of late distant recurrence for women diagnosed with ER-positive, primary breast cancer who are recurrence-free after 5 years of endocrine therapy. Data from two large clinical trials (ATAC and BIG1-98) were used to develop the CTS5. We used this tool in our hospital to: Reduce the total number of patients needing discussion in MDT. To reduce the time waited by the patient as the result are easy to get in the clinic settings. Using evidence-based tool for more accurate risk prediction.

Method: Women are deemed low risk of developing a late distant recurrence if their 5-10 year risk is less than 5%, intermediate between 5-10%, and high risk if their 5-10 year risk is more than 10%. Before Introducing the CTS5 Calculator: (1st January till 31st December 2018); Number of patients discussed in Breast MDT was 1523 from which 66 were for EET (4.3%). When CTS5 Calculator first introduced: (1st of August - 31st October 2019) we had total number of 361 patients discussed in MDT from which 14 were for EET (4.1%). Further Improvement: (January - March 2020), 14 patients out of 358 patients needed discussion for EET (3.9%).



Results: There is a constant reduction in the number of patients discussed in the Breast MDT using the CTS5.

Conclusion: Using CTS5 calculator is effective evidence-based tool to predict the risk of 5-10 years recurrence in breast cancer patients and using it will reduce the number of patients who need to be discussed in breast MDT every week sparing the MDT and patient time.

Biography

Salma Ahmed is working at Blackpool Victoria Hospital, UK

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