Adjuvant! Online does not significantly influence adjuvant chemotherapy decisions of a breast cancer multidisciplinary team (MDT): a prospective study

One of the most difficult tasks of a breast cancer multidisciplinary team (MDT) is to decide on the need for adjuvant chemotherapy (CT) in patients with invasive breast carcinoma. While the need for adjuvant endocrine therapy is largely determined by a single factor (hormone receptor positivity), the need for adjuvant CT is determined by multiple factors such as patient age, tumour size, grade, node positivity and hormone receptor and human epidermal receptor growth factor-2 receptor status. The UK National Institute for Health and Clinical Excellence (NICE) recommends using Adjuvant! Online, an online computer programme that allows quantitative estimates of the effect of adjuvant CT on the 10-year risk of death and relapse in the MDT decision-making process [1]. The majority of breast oncologists use Adjuvant! Online in their clinical practise [2], however we previously reported in a retrospective study [3] that the use of Adjuvant! Online in an MDT did not change the management in the majority of cases. In this audit we prospectively studied the impact of Adjuvant! Online-derived numerical estimates of CT benefit on the MDT decision-making process.

We studied 109 early breast cancer patients discussed in 41 MDT meetings over 12 months. All had unilateral, unicentric, invasive adenocarcinoma and had undergone breast surgery and axillary node staging. Patients who had neoadjuvant therapy or...
recurrent disease were excluded. Once MDT adjuvant therapy
decisions were made, the 10-year risk of breast cancer-related
death and survival benefit of adjuvant CT were calculated using
Adjuvant! Online. Any change to the original MDT
recommendations as a result of this information was recorded.

MDT adjuvant therapy decisions included CT (n = 56),
radiotherapy (n = 96) and endocrine therapy (n = 89). The
numerical estimates from Adjuvant! Online only changed the
management of one patient by showing a marginal (3.8%)
survival benefit with CT, prompting the MDT to reverse its
original decision of not to offer CT to this patient.

Despite the NICE recommendations, these results confirm
our previous findings [3] and that of others [4] that routine use
of Adjuvant! Online or similar aids does not significantly
contribute to MDT decision making by a group of experienced
breast cancer clinicians. In fact, Lende et al. [4] recently
demonstrated that mitotic activity index was a superior
prognostic tool to Adjuvant! Online in lymph node-negative
patients <55 years of age. Together these findings suggest that
Adjuvant! Online, while not routinely beneficial, may however
be useful on a selective basis in a small number of cases where
there is difficulty reaching a consensus.

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disclosures
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