Breast cancer screening in Hodgkin’s disease survivors: can we reach a consensus on the guidelines?
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BACKGROUND

- Secondary breast cancer (SBC) incidence increases after treatment for Hodgkin’s disease (HD) (standard incidence ratio (SIR) range 2.4-75.3).
- In the last 4 decades fewer HD patients are exposed to high doses and large volumes of radiotherapy (RT). In the context of these changes in RT, SBC incidence is envisaged to decrease over time.
- There are a variety of BC screening programmes for female childhood cancer survivors; including HD.
- We summarise their similarities and differences, and whether they require adaptation to reflect recent advances in treatment of HD.

METHODS

- A systematic search of PubMed was performed, using the terms ‘Guidelines’, ‘Breast Cancer screening’ and ‘Childhood Cancer Survivors’.
- Articles published in English language between 01/01/1990 and 31/12/2018 were included.

RESULTS

- Of 12 published guidelines (table), 7 studies were aimed at CAYA cancer survivors. 2 studies included HD survivors only. 3 specified females exposed to chest RT only.
- 5 guidelines risk-stratified patients according to the exposed dose RT.
- The cut off RT dose for inclusion in screening and ‘high risk’ patients was heterogeneous (range 7-20Gy).
- 5 studies identified an age range higher exposure that was higher risk (10-40 years).
- There were discrepancies in the age at which screening should be started (25-40 years).
- Only 1 guideline specified an upper age limit (75 years).
- All studies (n=12) recommended annual screening, 5 studies suggest clinical examination should occur more frequently.
- All 12 studies advised mammography, 5 studies also suggest annual MRI for certain clinical groups; the remainder recommend MRI for all patients.

CONCLUSIONS

There are clear disparities between current BC screening guidelines; in particular, their age limits and risk stratification criteria.
A review and consensus of guidelines is necessary to reflect current knowledge of BC incidence after HD, and the evolution of HD treatment.

Table of published guidelines included in quantitative analysis:

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- If ≥25, start 10 yrs post RT (age 25*).
- If <25, start 5 yrs post RT (age 30*).
- Annual / dependent on Bi.

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