INTRODUCTION
Breast cancer can be divided into four main stages which are devised from a combination of parameters within the TNM classification. The main aim of imaging in breast cancer staging is to identify distant metastases and help aid management options.

Unfortunately, for such an important step in a breast cancer patient’s journey, currently there are no consensus guidelines on staging these patients.

The RCR suggests that staging should be symptom driven and if required, be limited to the supraclavicular fossa, chest and liver. NICE guidelines advise that stage III and above are staged but do not specify with which modality.

Throughout Scotland there remain different approaches to the way newly diagnosed locally advanced breast cancer patients are staged, although there is a tendency towards CT chest, abdomen and pelvis (CT CAP).

According to historical data from autopsies in 1983, breast cancer most commonly metastasises to lung/pleura, bone and liver via direct spread, haematogenous or lymphatics. Pelvic metastatic disease alone is uncommon.

AIM
We undertook a review with the aim to ascertain the number of CT CAP examinations that were performed and to identify any significant pelvic abnormalities that would otherwise have been overlooked had the pelvis not been included.

METHODS
A list of newly diagnosed locally advanced breast cancer patients between January 2012 and December 2013 was obtained from the Lanarkshire Breast Cancer Audit Department.

The number of patients who had a pelvic CT and any pelvic findings were noted. The pelvic findings were further divided into significant and non-significant. Any further investigation required as a result of these findings was also recorded.

RESULTS
191 patients were diagnosed with locally advanced breast cancer. Three were excluded due to concurrent oesophageal cancer and leukaemia. Data on 188 patients was analysed. Figure 1.

Of the 149 who had a CT CAP, only 31 had any pelvic finding and only 2 of those were subsequently deemed significant:
i. 46 year old with a concurrent primary ovarian malignancy and she was therefore presumed to be a BRCA gene carrier. Fig. 2(a)
ii. 57 year old with widespread distant metastatic disease including pelvic peritoneal disease, not altering the management plan. Fig 2(b)

The 29 non-significant pelvic findings were further categorised. Figure 3. The remaining 117 had no pelvic findings.

REFERENCES