

Disclosure slide

In the past I have been in receipt of consultancy fees, honoraria for lectures and expenses to attend meetings from Carl Zeiss

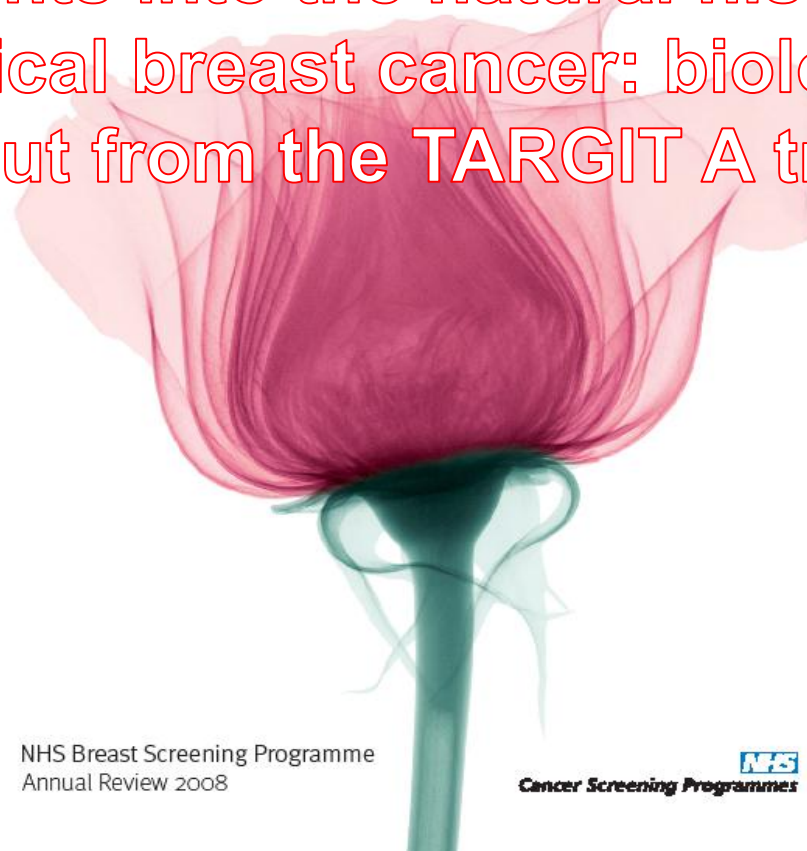


Saving lives
through screening

Insights into the natural history of subclinical breast cancer: biological fall out from the TARGIT A trial

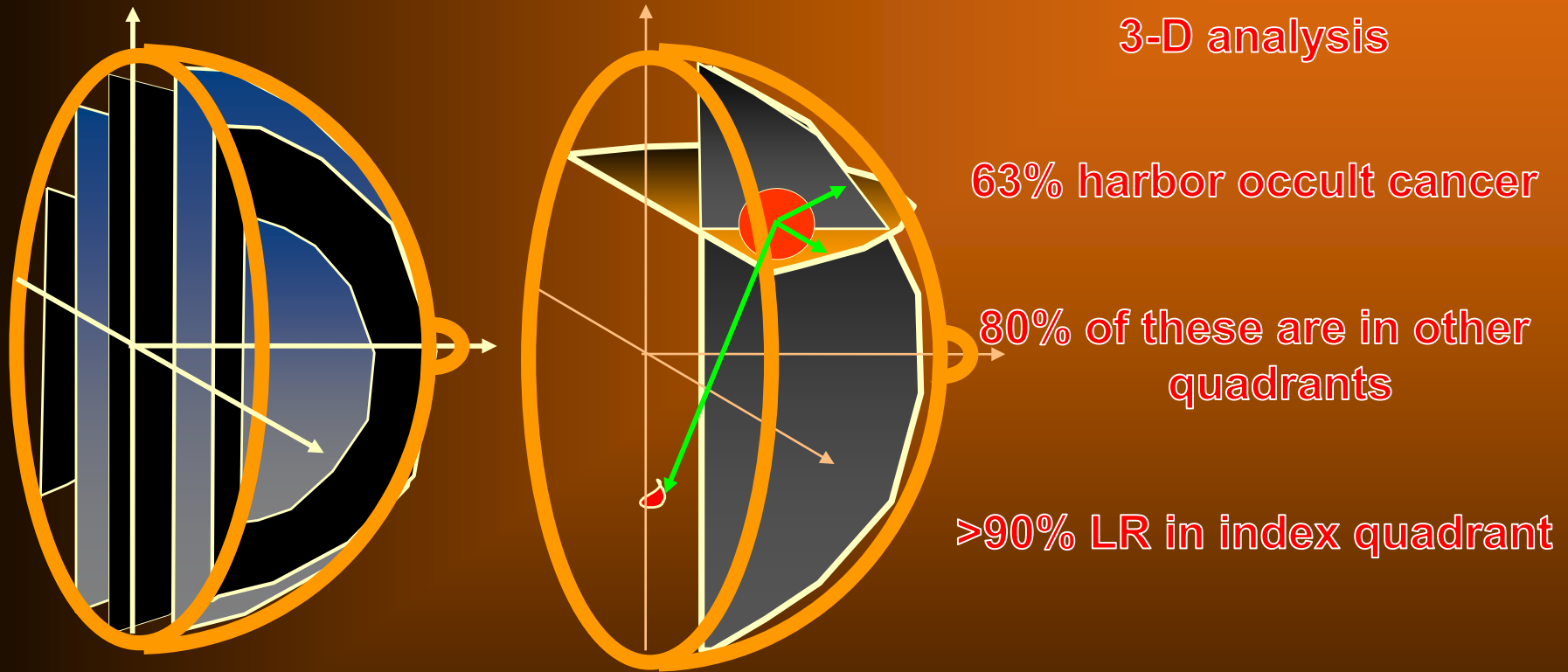
NHS Breast Screening Programme
Annual Review 2008


Cancer Screening Programmes



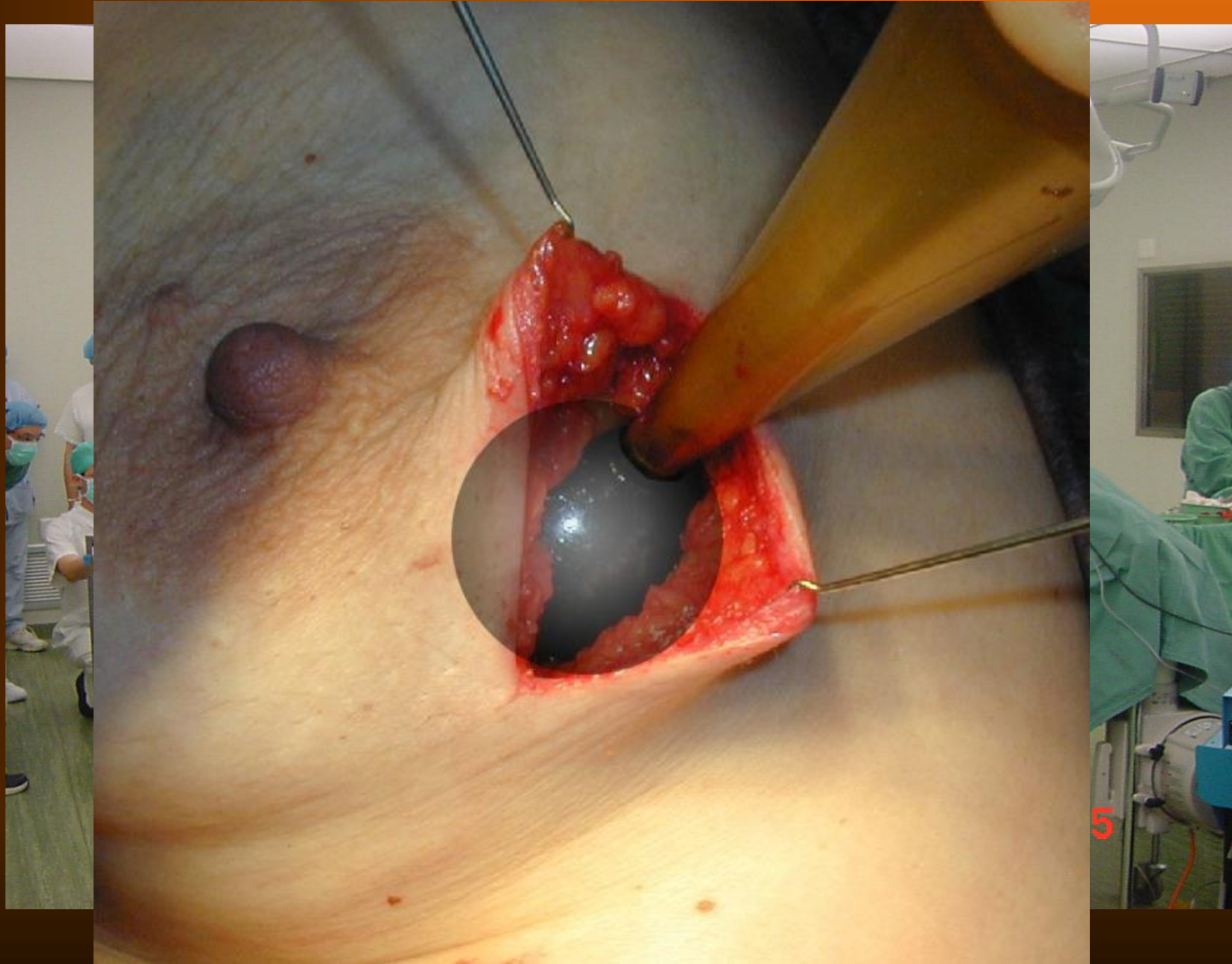
Michael Baum on behalf of the TARGIT trialists

Whole organ analysis of mastectomy specimens*

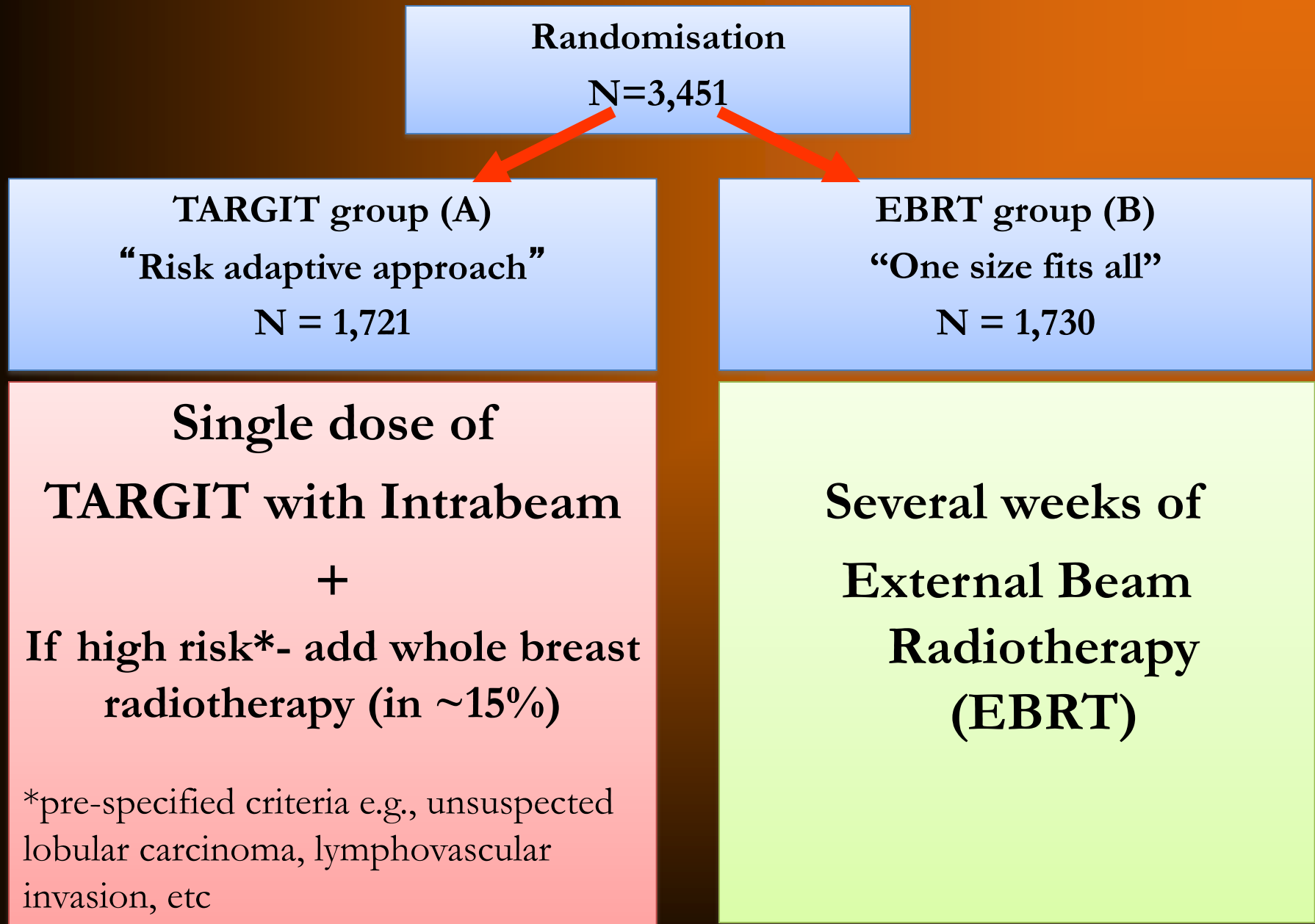


*Vaidya et al, 1996: Br. J. Cancer
1995: Hong Kong Int. Cancer Congress

INTRABEAM

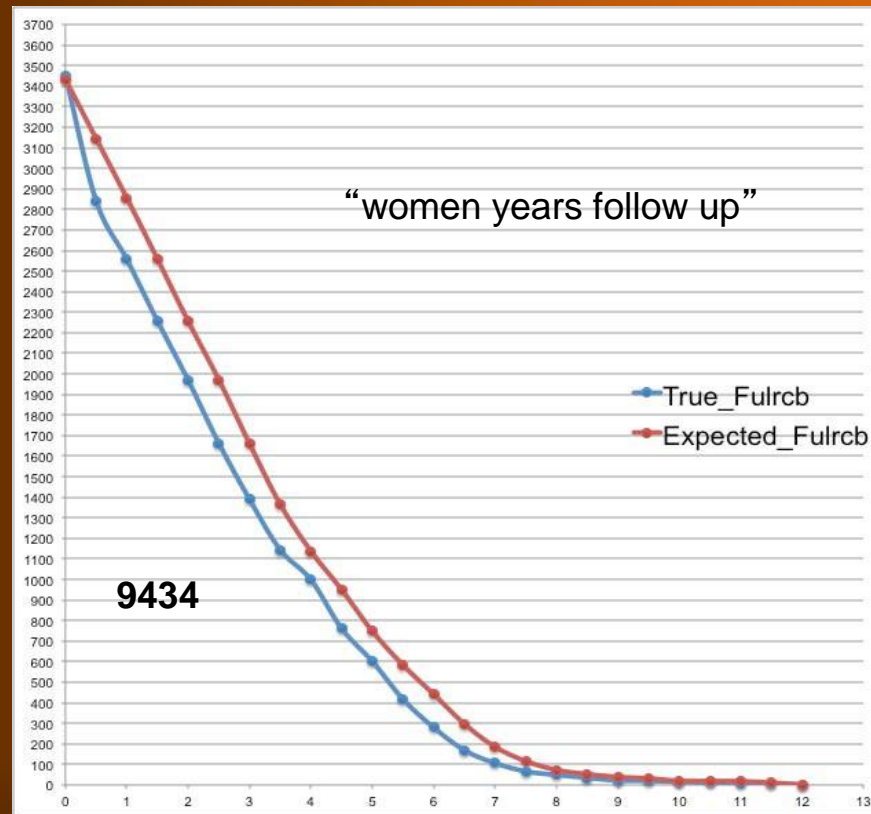


Breast cancer being treated with Breast Conserving Surgery

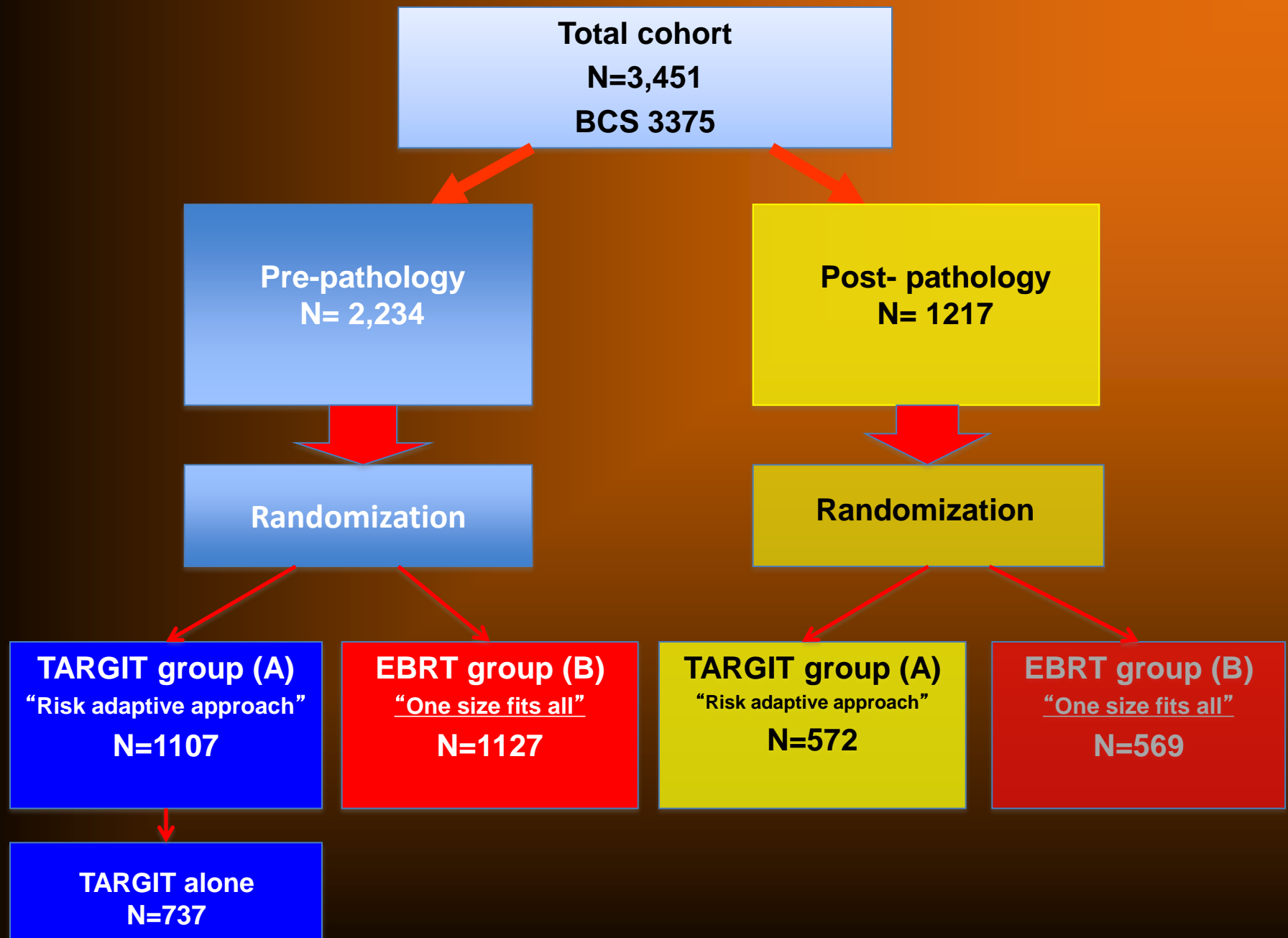


TARGET-A trial Accrual 2000-2012



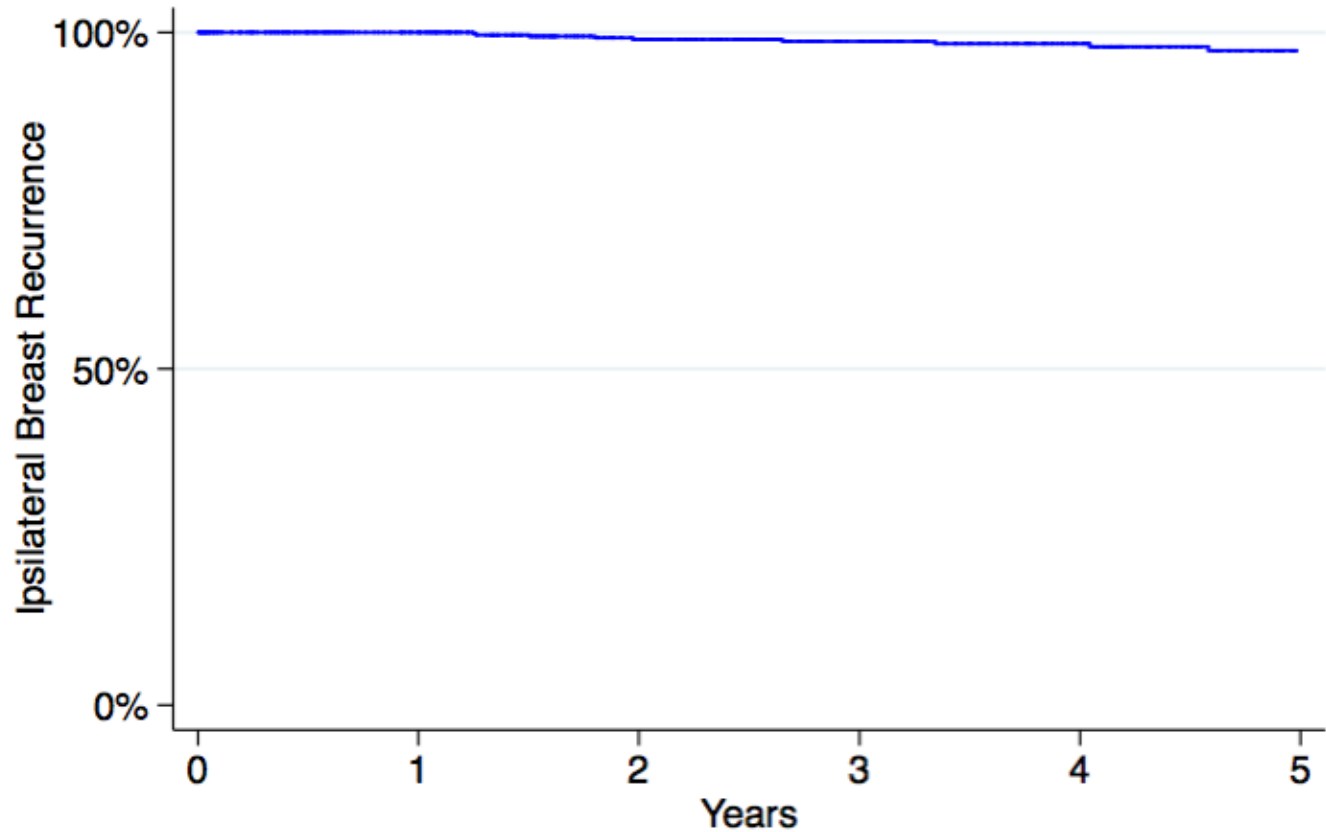


Breast cancer being treated with Breast Conserving Surgery



Ipsilateral Breast Recurrence

Prepathology TARGIT alone



Number at risk

TARGIT 737

560

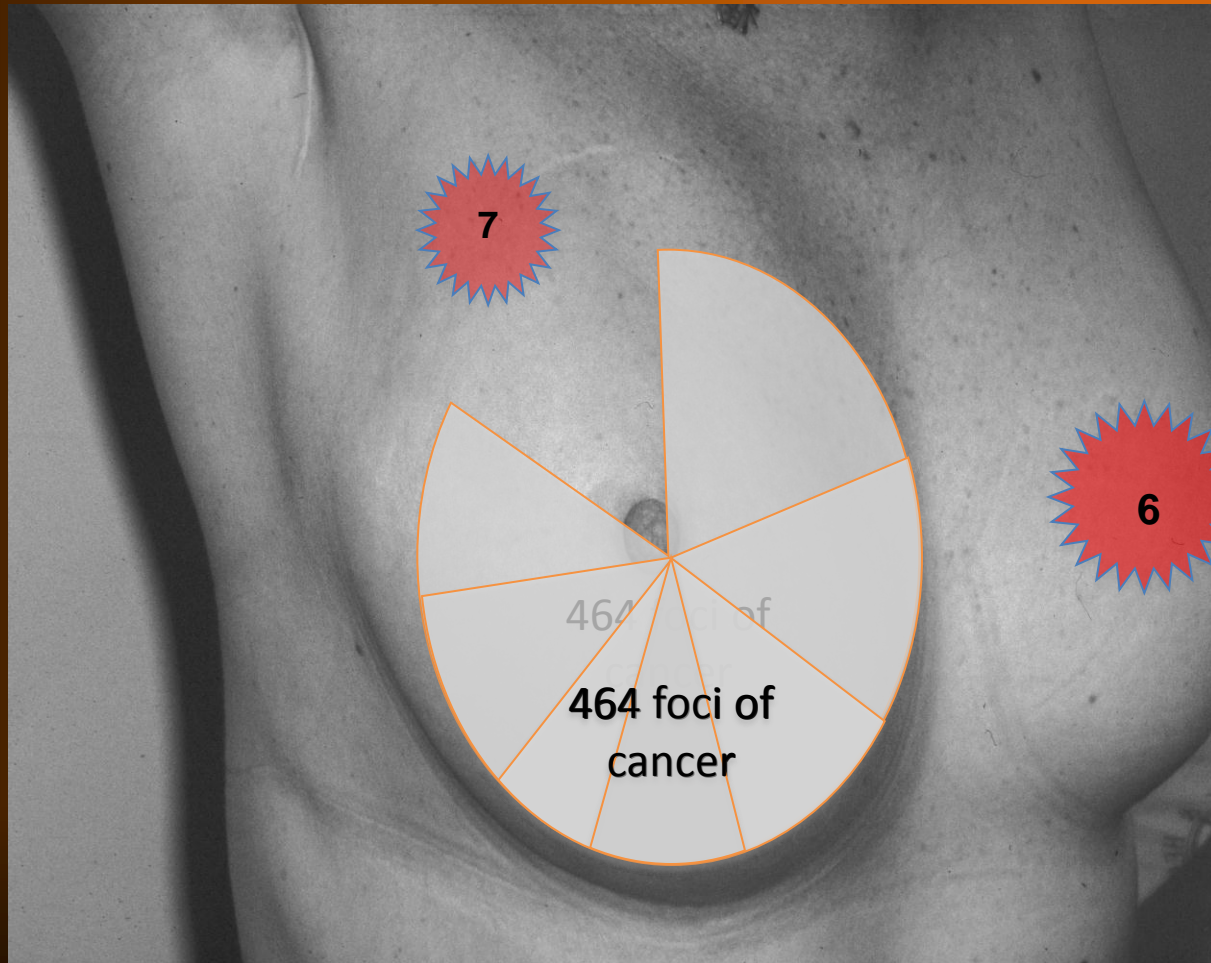
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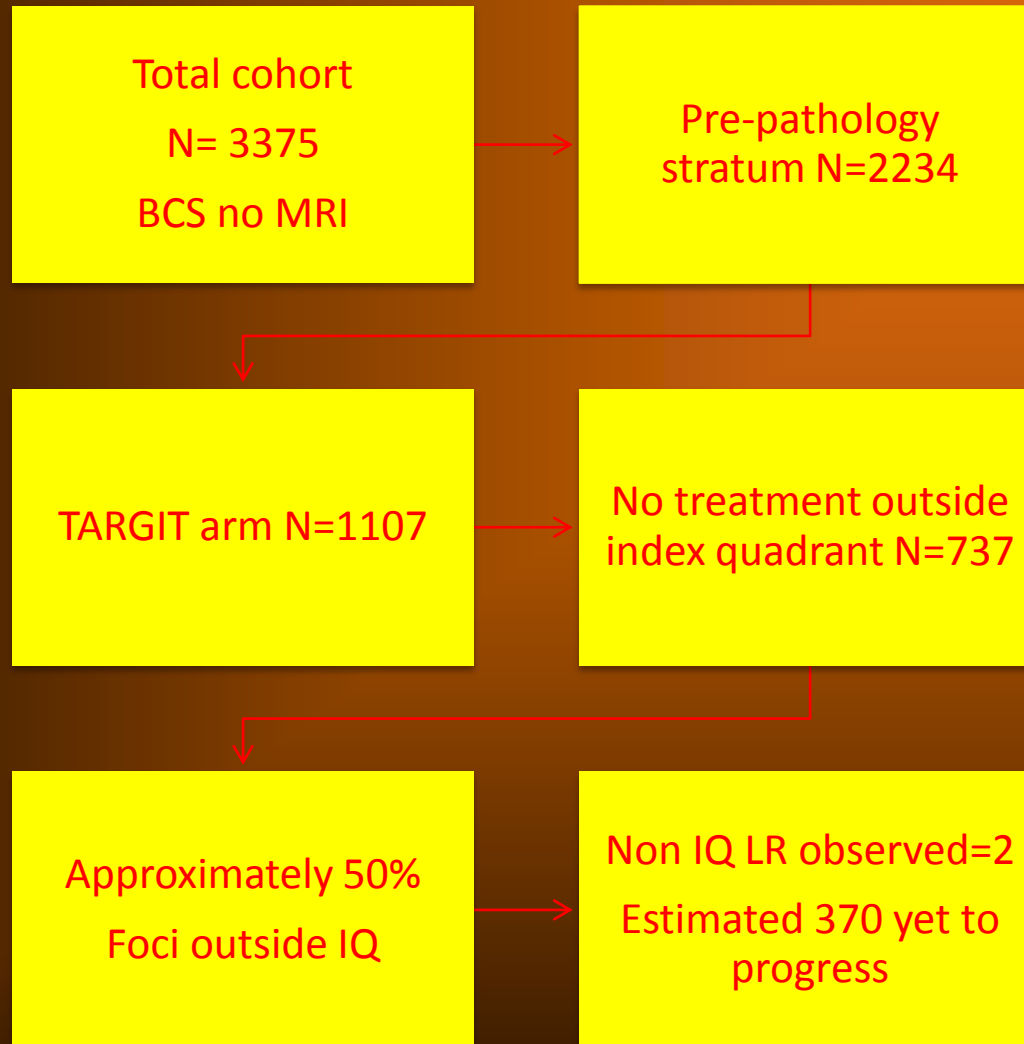
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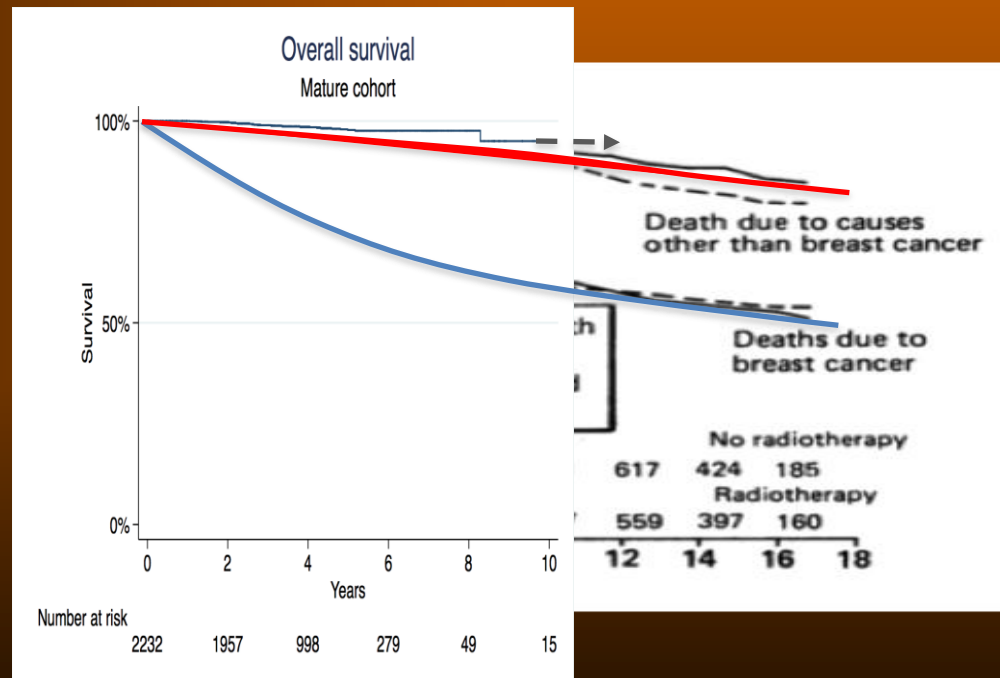
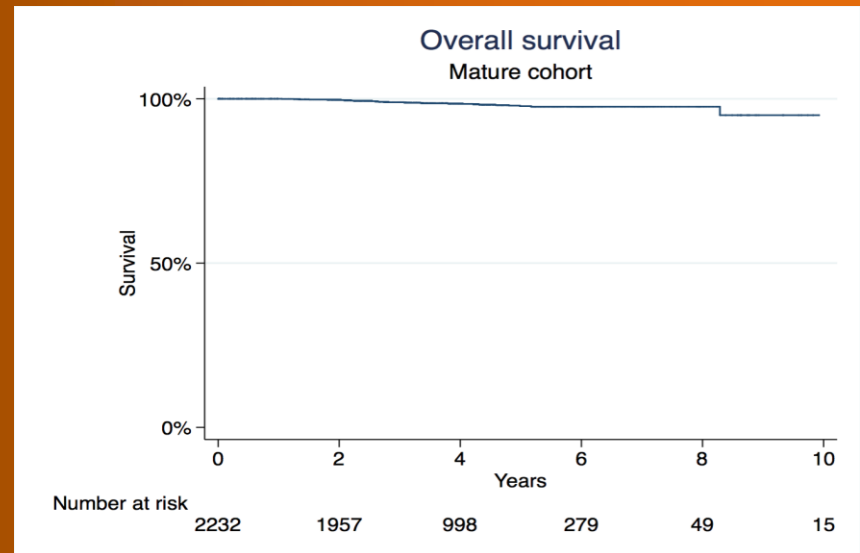
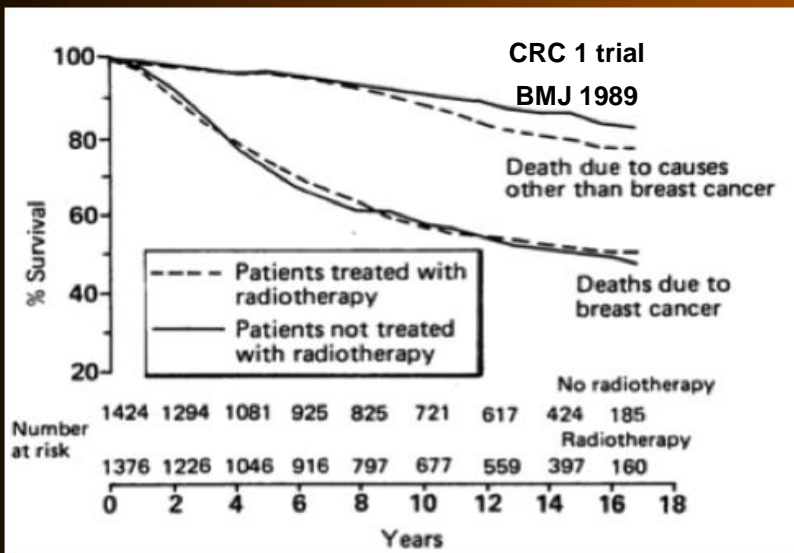
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Sites of ipsilateral LR and new contralateral breast cancers
TARGIT- Pre-pathology stratum who received IORT alone N= 737
N= 737 : 464 additional foci 370 outside IQ







Conclusions

- TARGIT A provides insights into the natural history of occult breast cancer foci
- Contralateral disease is more common than ILR outside IQ.
- The death rate from breast cancer in this low risk group is unlikely to exceed the deaths from overtreatment
- These data should alert us to requirement of providing all cause mortality outcomes in trials of screening
- TARGIT might provide the ideal treatment for screen detected disease