



Clinical Utility and Guideline Concordance of Systemic Staging Investigations in Patients With Early Breast Cancer: A Clinical Audit of Practice in a Tertiary Care Centre

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1 Background & Aim

- Staging scans are often ordered for all new breast Ca
- In our Centre, they were noticed even In asymptomatic early-stage patients
- NCCN v7.2026: not recommended in asymptomatic Stage I–II (BINV-1)
- Stage IIIA: not routinely required, but reasonable to consider (BINV-12)
- Low yield in early disease: bone scan positive in 5% of Stage I–II vs 14% of Stage III (MS-12)
- Unnecessary scans add cost, radiation, FP.

2 Aim

Aim: to compare the use and metastasis yield of staging in Stage I–II & Stage IIIA.

3 Methods

- Retrospective audit of breast Cancer patients records
- Clinical stage from T and N (AJCC 8th edition)
- Recorded: USG abdomen, chest X-ray (CXR), CT chest/abdomen/pelvis (CT CAP), bone scan, CT brain, and Recorded distant metastasis

67
patients

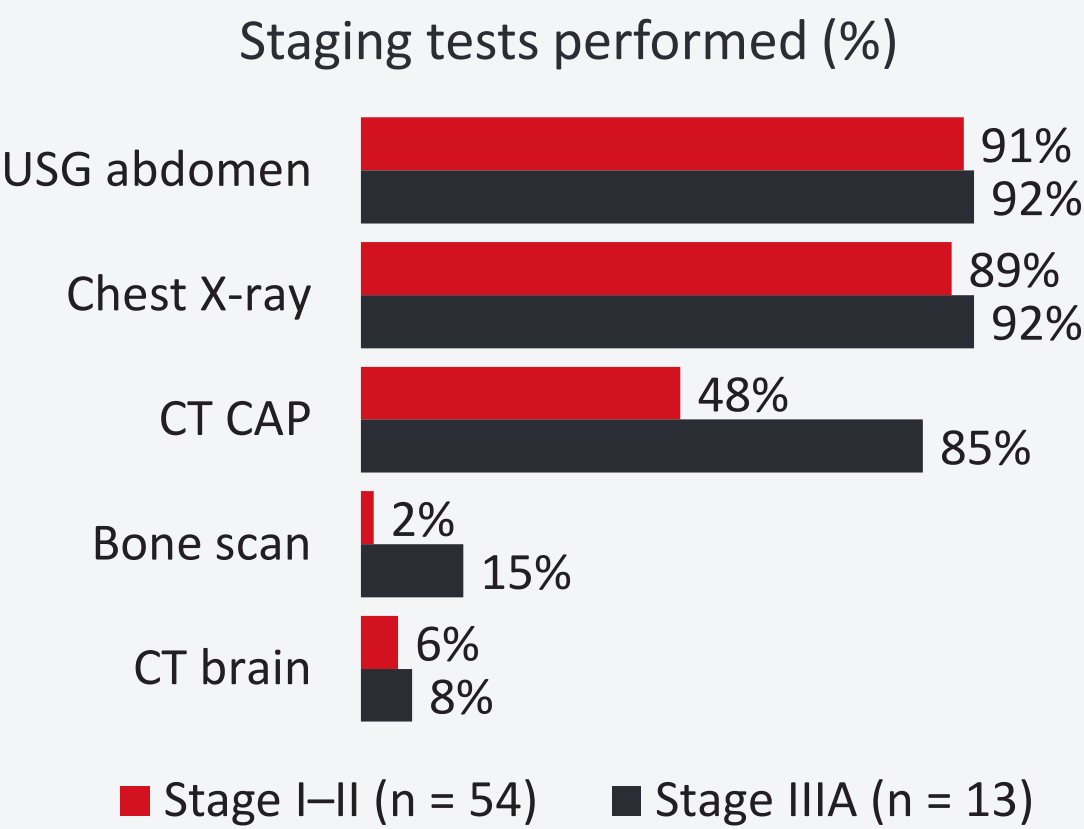
54
Stage I–II

13
Stage IIIA



4 Results

67 patients, mean age 41.6 ± 6.7 years (30–60).



Metastasis found	Stage I–II	Stage IIIA
All patients	2/54 (3.7%)	1/13 (7.7%)
Symptomatic	1/3 (33.3%)	–
Asymptomatic	1/51 (2.0%)	1/13 (7.7%)
Tests per met	64	38

Yield: 2/54 (3.7%), both Stage IIA, both seen on CT CAP (2/26, 7.7%). Stage IIIA: 1/13 (7.7%).

67

Patients audited

98.1%

Had ≥1 staging test

3.7%

Metastasis, Stage I–II

7.7%

Metastasis, Stage IIIA

Conclusion

Staging was near-universal (98.1%) in clinical Stage I–II disease, contrary to NCCN guidance, with low yield (3.7%).

Symptomatic: 1/3 had metastasis.

Recommendations

- Adopt an NCCN-aligned staging protocol
- No routine staging in asymptomatic Stage I–II
- Image only if symptomatic or high risk
- Record symptoms; re-audit in 6 months

References

1. NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. Version 7.2026; 2026 (BINV-1, BINV-12, MS-12).
2. Amin MB, et al., eds. AJCC Cancer Staging Manual. 8th ed. New York: Springer; 2017.
3. Schnipper LE, et al. Top five list for oncology (ASCO Choosing Wisely). J Clin Oncol. 2012;30(14):1715–24.