Patient selection was random. The basic condition for inclusion in the study was that the patients had to be over 18 years old and meet certain criteria every 3 months. The median age of the patients was 64.6 ± 12.3 years. Of the patients in the hospital, 64.6% were of working age. In the calculations, the number of patients (N) was included.

Inclusion criteria of the CLEOPATRA trial. Only women with histologically/cytologically confirmed diagnosis of breast cancer (N = 39,656) was identified over a five-year timeframe and the average age was 61.6 ± 14.0 years. Approximately, two thirds (N = 25,225) of patients received RT and staging information was available for 22,988 patients (stage I = 9,541, stage II = 9,541, stage III = 4,050, stage IV = 881). Patients had an average of 1.4 ± 0.7 (stage I), 1.5 ± 1.1 (stage II), 2.5 ± 1.3 (stage III), and 2.8 ± 2.4 (stage IV). The percent ratio of conventional RT to intensity modulated RT (IMRT) was 79.0% ± 16.6% (stage I), 71.6% ± 11.3% (stage II), 74.6% ± 6.4% (stage III), and 72.7% ± 12.6% (stage IV). For the non-IMRT cohort with a primary cancer (N = 30,887), the average number of fractions per course was 18.1 ± 9.2.

CONCLUSIONS: From 2005 – 2010, almost two thirds of a Canadian female breast cancer cohort received RT and were the average of only 24% of courses increased with stage. A similar trend was observed with the type of RT (conventional RT utilization increased with stage) but peaked at stage III and decreased at stage IV, likely due to palliation. The next step is to apply unit costs to the number of fractions per subgroup and to also obtain RT-planning and radiation therapist times.