MIAMI MDT Audit

The MIAMI MDT audit invites a lead trainee surgeon at each UK breast centre to be responsible for accurate prospective data collection and to represent each centre in a citable peer-reviewed publication, together with all interested colleagues.

The MIAMI trial is the first randomized trial design to address the clinical safety of Therapeutic Reduction Mammoplasty (TM) associated with the excision of each cancer and the possibility of performing two tumour bed(s) boost(s) radiotherapy.

The rationale for the MIAMI trial is based on extensive peer review and NIHR feasibility trial funding. Currently, a systematic review shows no high quality clinical evidence to robustly inform women regarding the long-term safety of TM, with no high quality cohort studies and no randomized trials.

The rationale for the NIHR peer-reviewed MIAMI randomised trial is based on the following question:

Why in the presence of occult foci in 60-80% of mastectomy specimens, is it that most cancers present as unifocal disease? Therefore is there a case for saying whether Multiple Ipsilateral Breast Cancers (MIBC) is a different disease and therefore may need to be treated differently?

The MIAMI trial will try and address the contributions of cancer and surrounding stromal influences on disease extent and the safety of Therapeutic Mammoplasty (TM) versus Mastectomy.

These questions supersede the surgical decision-making regarding the technical feasibility of type of surgery on long-term clinical cancer outcomes.

The MIAMI Trial Management Group would like to invite all UK Breast centres to participate in an MDT audit for 15 months commencing immediately. This will help to engage all teams to increase their awareness of the numbers of women with MIBC, and those eligible for TM within the MIAMI trial. A very novel area of study is the impact of administering up to two tumour bed radiotherapy boosts in the case of multicentric breast cancers.

We provide the MIAMI trial described assessment of multifocal and multicentric cancers. To date, existing metric definitions are relative to breast size and are currently unhelpful. We also include the trial inclusion and exclusion criteria. We would encourage all MDT teams to apply these criteria as well as to advise the use of breast MRI in association with standard imaging as recommended by Patient Advisory Groups and two national surveys of UK surgeons.

On behalf of the Surgical and Interventional Trials Unit, University College London and the MIAMI Trial Management Group.