Real-world Patterns and Preferences in the Use of Diagnostic Imaging for Breast Cancer Staging in Hispano-America: A Multinational Physician survey

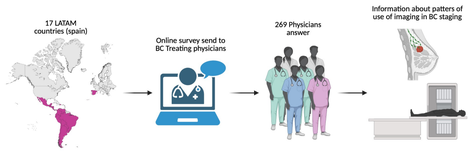
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Background

Accurate staging of breast cancer diagnosis is critical for guiding therapeutic decisions and estimating prognosis. International guidelines generally discourage the routine use of diagnostic imaging in asymptomatic patients with early-stage disease. Adherence to these recommendations is often inconsistent in clinical practice. In Latin America, the situation is complicated by a higher prevalence of late-stage presentations and biologically aggressive subtypes, which may prompt more frequent imaging. There is a lack of comprehensive data describing real-world imaging patterns in the region. Understanding current staging practices is essential to identifying gaps in care, informing context-specific guidelines, and promoting more equitable and efficient diagnostic strategies

Methods



We conducted a cross-sectional, anonymous, online survey among BC treating physicians from 17 LATAM countries and Spain. The survey included 63 items covering sociodemographic characteristics, imaging use by clinical stage, decision-making criteria, access to diagnostic technologies, turnaround times, and familiarity with clinical guidelines. Descriptive statistics were used for analysis.

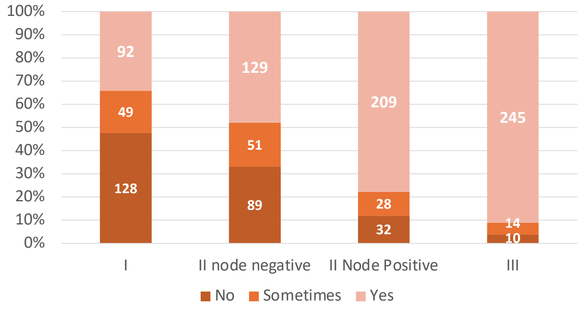
Results

269 physicians participated.

- Oncologists (55.4%).
- Breast surgeons or mastologists (44.6%).

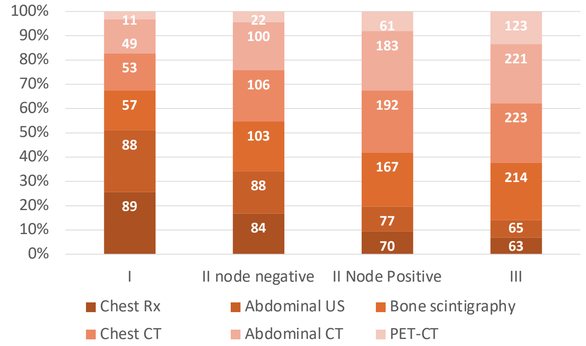
57.3% worked in public settings, and 55.4% had more than 10 years of clinical practice. 43.5% reported overseeing more than 50 breast cancer patients per month, and 18.2% reported being exclusively dedicated to breast cancer patients' care.

Frequency of Diagnostic Imaging Use in Staging of BC



Routine use of diagnostic imaging was reported in 34.2% of asymptomatic patients with stage I disease, 48% of those with stage II disease without nodal involvement, 77.7% of those with stage II disease and nodal involvement, and 91.1% with stage III. Thoracic CT (65.9%), abdominal CT (63.2%), and bone scintigraphy (62.7%) were the most frequently reported use studies, though abdominal ultrasound (42.2%), chest X-ray (40.9%), and PET-CT (23.3%)

Type of Image Use in Breast Cancer Staging

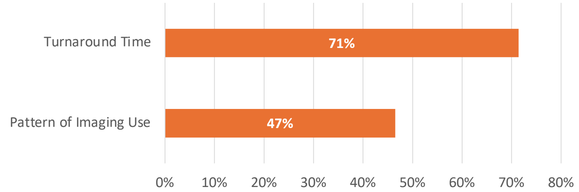


Imaging decisions were influenced by tumor size (78.3%) and BC subtype (65.9%). The use of imaging did not change based on medical specialty, years of clinical practice, or dedication to BC patient care. 43.9% of physicians reported availability of PET-CT, with 44.6% reporting PET-CT turnaround times exceeding 4 weeks, compared to <3% for chest X-ray or abdominal ultrasound, 15.9% for thoraco-abdominal CT, and 27.1% for bone scintigraphy.

Turnaround Time	< 2 weeks (%)	2–4 weeks (%)	4–8 weeks (%)	> 8 weeks (%)
Chest Rx	230 (78,1)	32 (18,2)	6 (3,7)	1 (0,0)
Abdomen US	211 (61,7)	50 (29,8)	3 (7,1)	5 (1,4)
Bone scintigraphy	97 (36,1)	99 (36,8)	58 (21,6)	15 (5,6)
Chest CT	137 (42,4)	90 (37,9)	34 (15,6)	8 (4,1)
Abdomen CT	135 (40,9)	90 (39,4)	36 (16,7)	8 (3,0)
PET-CT	68 (21,6)	81 (33,5)	59 (28,6)	61 (16,3)

70.6% reported having national guidelines, 89% reported familiarity with NCCN recommendations, and 71.4% with ESMO recommendations, respectively. 89.1% of stated that guideline recommendations were important for decision making in clinical practice. 62.5% of respondents stated their imaging choices, and 82.2% of turnaround times would likely change if patients had private versus public insurance

Practice Change based on Type of Insurance



Conclusions

Our findings underscore a significant gap between international guideline recommendations and real-world diagnostic imaging practices for breast cancer staging across Latin America. The observed variability and frequent use of imaging—particularly in early-stage, asymptomatic patients—reflect inconsistent adherence to guideline recommendations, despite high levels of awareness. Considering the reported turnaround times, the limited access, and the cost of advanced imaging techniques in a low-resource environment, this could lead to delays in treatment. These findings support the need for regionally adapted staging guidelines, equitable access to diagnostic imaging, and targeted educational strategies to improve guideline-concordant care.

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