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# National Audit of Breast Cancer in Older Patients

Part of the National Clinical Audit Patient Outcomes Programme

## Annual report for public and patients September 2017



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BCOP

National  
Audit of  
Breast Cancer  
in Older Patients

The National Audit of Breast Cancer in Older Patients (NABCOP) was commissioned by the Healthcare Quality Improvement Partnership (HQIP) to find out about the quality of care provided to women aged 70 and older by breast cancer services in England and Wales. The audit was set up because older women with breast cancer appear to have worse outcomes than younger women and because there are differences between regions in the patterns of care delivered to older women.

The audit will look at what care and treatment women receive from the time of finding out they have breast cancer to the end of their treatment. It will look at women aged 70 and older and compare their care to women aged between 50 and 69. The audit will produce information for each English and Welsh breast cancer team so that they can see how they perform compared with others for:

- how the breast cancer was found;
- how much planned treatments take into account the stage of the cancer (its size and how far it has spread) and the woman's overall health; and
- the type of treatments given to women.

We have written this report for people with breast cancer and the public. It is a summary of the results from the first year of the audit. You can find the full 2017 Annual Report at

<https://www.nabcop.org.uk/reports/nabcop-2017-annual-report/>.

It describes:

- 1. what existing records show us about the surgery women with breast cancer have in England and Wales;**
- 2. how breast cancer services in England and Wales are organised; and**
- 3. what influences which treatments are offered to older women with breast cancer?**

## Box: Summary of the care pathway in England and Wales for women with breast cancer

### How breast cancer is diagnosed

Most women have their breast cancer diagnosed after being referred to a hospital breast clinic by their local doctor (GP) because they have a symptom such as a lump. A second way in which a cancer might be diagnosed is if women have routine breast screening. In England and Wales, women aged between 50 and 70 are invited for a mammogram (breast x-ray) every three years as part of a national breast screening programme. Women over 70 are not sent an invitation, but can continue to have a mammogram every three years if they ask for it. (In some areas, women aged 47 and 73 may be invited for a mammogram.)

Some women are diagnosed after being referred to a hospital breast clinic because tests for another health problem find something that could be breast cancer. This is more common in older women as they are more likely to have other health problems.

At the hospital breast clinic, most people have a breast examination by a doctor or nurse, and one or more of the following tests:

- a mammogram;
- an ultrasound scan of the breast with or without the lymph nodes under the arm;
- a biopsy.

Women with breast cancer are cared for by a team of healthcare professionals, each with their own role and expertise. This team is known as the multidisciplinary team (MDT). They meet to discuss treatment options and plan how to manage patients. Treatment options will depend on whether a person is diagnosed with invasive breast cancer (which has the potential to spread to other areas of the body) or non-invasive breast cancer (called in situ or pre-invasive cancer).

### Surgery for breast cancer

Surgery is the first treatment for most people with both invasive and non-invasive breast cancer. The two main types of breast surgery are:

- mastectomy – which involves removing all the breast tissue; and
- breast conserving surgery – which involves removing the cancer and only breast tissue around it.

The type of surgery recommended depends on several factors, such as the type and size of the cancer and where it is in the breast, as well as what each woman wants.

Women having a mastectomy may also have breast reconstruction either at the same time (immediate reconstruction) or as a separate planned procedure (delayed reconstruction).

Most women with invasive breast cancer have the lymph nodes under their arm examined because breast cancer cells can sometimes spread there. If an ultrasound and biopsy shows cancer cells in the lymph nodes, women will have surgery to remove the nodes. This is known as an axillary clearance.

If the tests before surgery show no evidence of cancer cells in the lymph nodes, a sentinel-lymph-node biopsy can be used. This identifies whether or not the first (sentinel) lymph node (or nodes) are clear of cancer cells. If they are, no more will need to be removed. If they do contain cancer cells, further surgery, or sometimes radiotherapy to the armpit, may be needed.

### Other treatments for breast cancer

These can include:

- chemotherapy;
- hormone (endocrine) therapy;
- biological (targeted) therapy;
- radiotherapy; and
- bisphosphonates.

The choice and order of treatments given to a woman depend on the characteristics of the tumour, as well as the physical fitness of the patient. Chemotherapy, hormone therapy and biological therapies may be given before surgery (known as neo-adjuvant therapy) or after surgery (known as adjuvant therapy). Hormone therapy can also be given instead of surgery. This is called primary endocrine therapy (PET).

Figure 1 provides an example of the steps described in this box.

# Care pathway for breast cancer

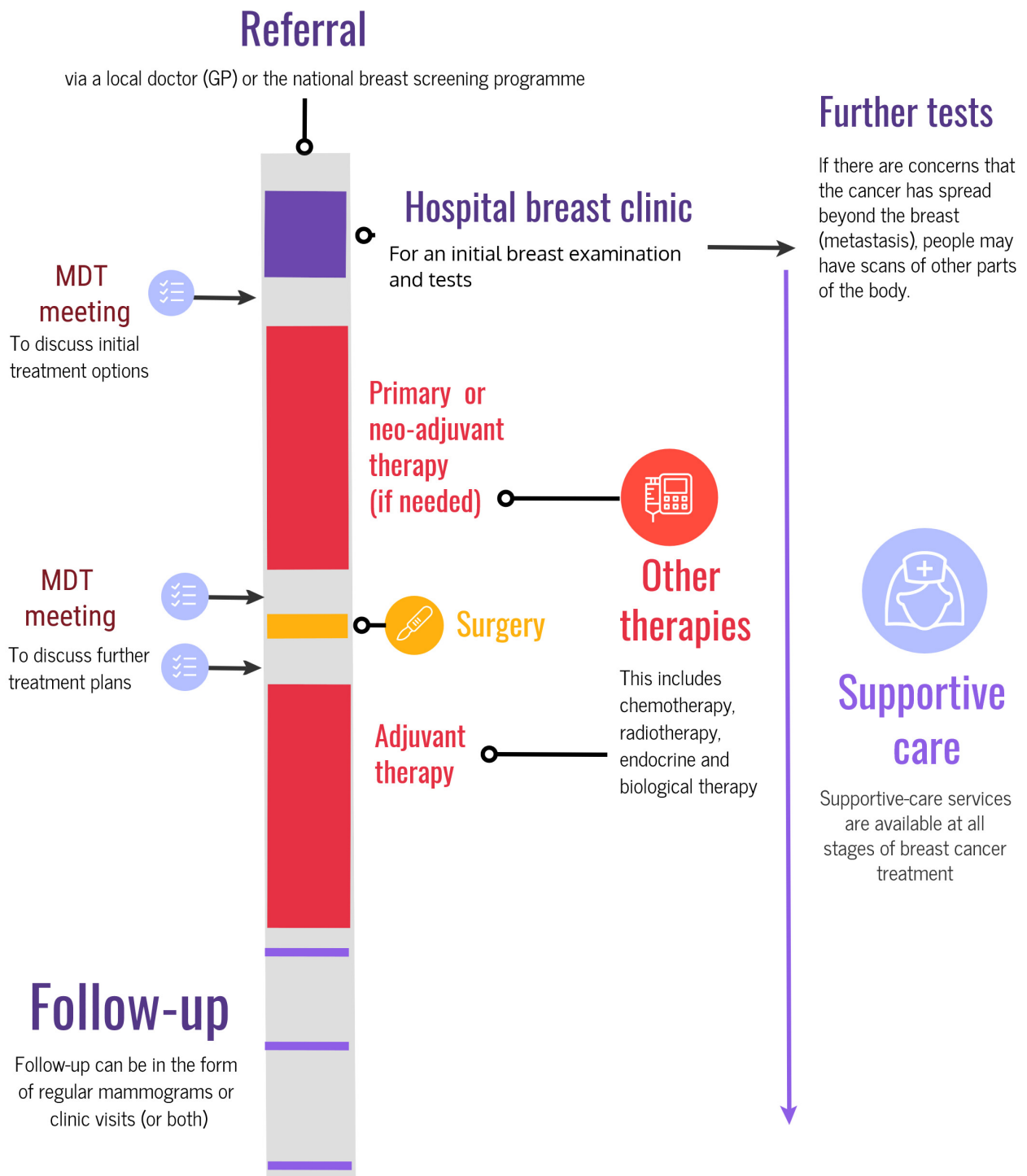


Figure 1: An example of a breast cancer care pathway in English NHS hospitals and Welsh health boards

## Summary of findings

### 1. Surgery women with breast cancer have in England and Wales

The audit looked at what operations women were having in England and Wales between 2011 and 2015, using existing information from the Office for National Statistics and NHS hospitals in England and health boards in Wales.

On a national level:

- around nine out of 10 (90%) of women aged 50 to 69, with invasive breast cancer, had breast surgery;
- women aged 70 and over, with invasive breast cancer, are less likely to have breast surgery the older they are (only 15% of women aged 90 or older had breast surgery); and
- women having breast surgery are less likely to have breast conserving surgery the older they are.

The numbers of women having breast conserving surgery compared with a mastectomy, and the numbers having lymph-node surgery, varied among women of all ages in different parts of England and Wales but even more so among older women.

The reasons for this are not yet clear. In future annual reports, we will have more information on the individual features of a woman's breast cancer and this will help us understand why surgery for breast cancer varies across different age groups and places.

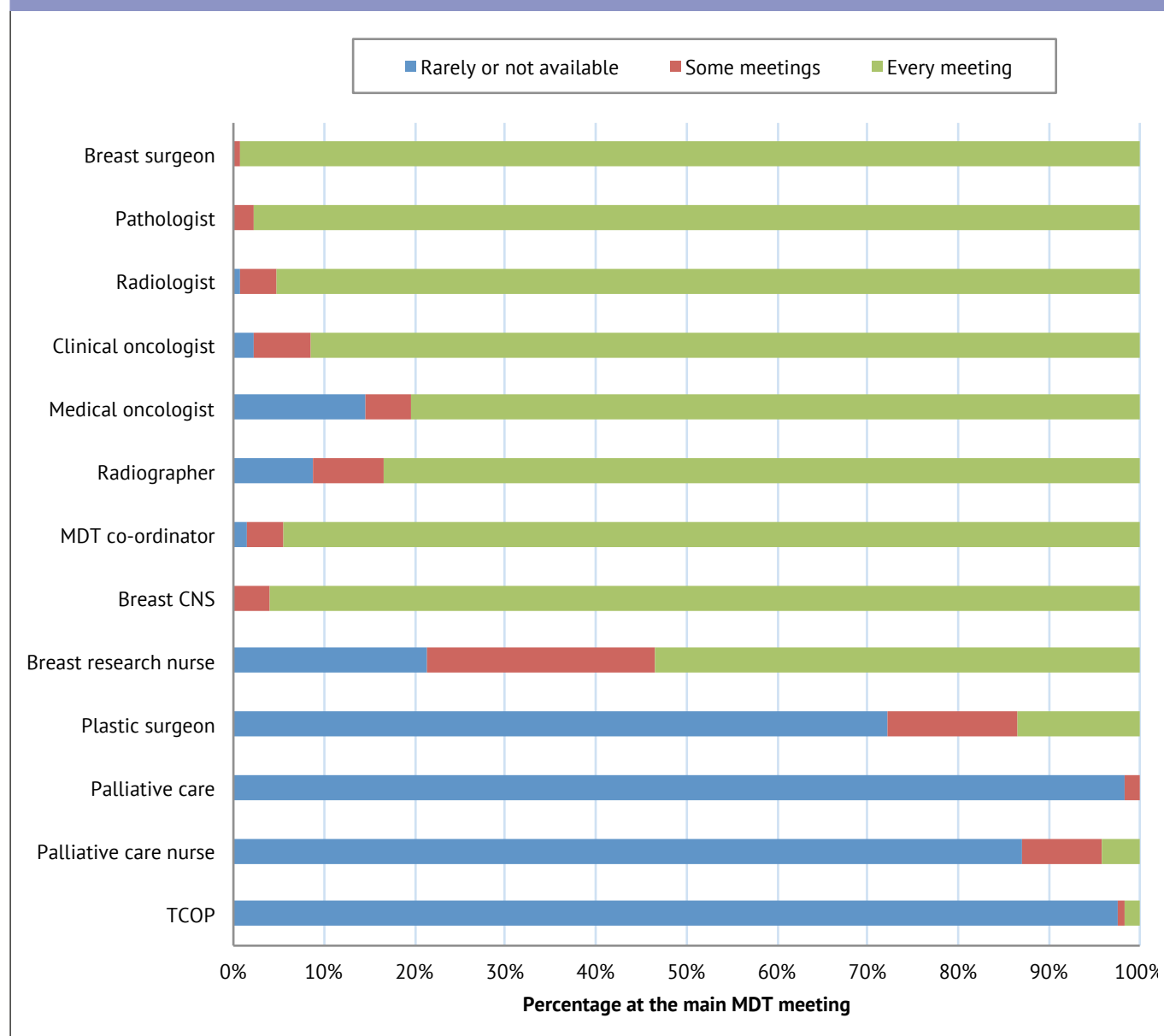
### 2. How breast cancer services in England and Wales are organised

We invited all breast cancer units in English NHS hospitals and Welsh health boards to take part in a survey that looked at how services and care for breast cancer are organised. The survey looked particularly at services used by older women. 129 out of 142 units responded – 123 NHS trusts in England and six health boards in Wales.

The audit found the following:

- multidisciplinary teams (MDTs) held meetings at least once a week to discuss treatment plans for newly diagnosed patients;
- the staff who go to these MDT meetings are shown in Figure 2. The MDT meetings usually include:
  - a breast surgeon;
  - a specialist breast care nurse (CNS);
  - a pathologist (a doctor who examines tissue removed during a biopsy or surgery);
  - a radiologist (a doctor who specialises in x-rays, ultrasound and scans);
  - medical and clinical oncologists (doctors who specialise in cancer drugs or radiotherapy); and
  - an MDT co-ordinator.
- all breast cancer units could offer sentinel-lymph-node biopsy. All breast cancer units offer sentinel-lymph-node biopsy, which – if appropriate – is performed at the time of the breast surgery in 27 of 123 NHS trusts in England and two of six health boards in Wales; and
- all but one of the breast cancer units had at least two clinical nurse specialists. However, the numbers of newly diagnosed patients the nurse specialists cared for each year varied a great deal.

**Figure 2: Frequency and type of MDT members at the main breast MDT meeting in English NHS hospitals and Welsh health boards**



Abbreviations: CNS – clinical nurse specialist, TCOP – teams caring for the older person

Specific to breast cancer services for older patients, the audit found that:

- clinical teams specialising in the care of older patients were rarely involved in managing breast cancer patients; and
- there was considerable variation between providers in England and Wales in how the general health of older patients was assessed in terms of the effect of other long-term conditions, cognitive function and frailty.

Overall, these results highlight some specific areas for breast cancer units in England and Wales to review their own practice in terms of managing older patients with breast cancer.

### 3. What influences which treatments are offered to older women with breast cancer?

Having other long-term conditions can play a part in the decisions older women make about their breast cancer treatment. A challenge for specialist teams is deciding the best treatment options given the type of breast cancer and the woman's circumstances.

We sent a series of five example cases to all breast cancer units to see what breast cancer specialists thought were realistic treatment options for older women with hormone-receptor-positive (ER+) breast cancer (where the cancer is stimulated by oestrogen to grow) and other different medical conditions and personal circumstances. We also asked breast cancer units to estimate the life expectancy of each patient as this often influences which treatments are offered.

We have summarised their responses below:

- for a 75-year-old woman with a small breast cancer who was otherwise in good health, 96% of the specialists favoured surgery, and 64% estimated her life expectancy to be at least 10 years;
- there was general agreement that primary endocrine therapy (hormone therapy instead of surgery) would be appropriate for an 85-year-old woman with many other long-term conditions who is in general poor health. The estimated life expectancy was usually between two and three years; and
- there was considerable variation in whether the specialists considered surgery or primary endocrine therapy the most appropriate treatment when (a) the patient had severe cognitive impairment or (b) the patient had many other long-term conditions but was coping well day-to-day. The estimates of life expectancy were also very wide-ranging.

It is important women understand why different treatments are recommended and take part as much as they want to in making decisions. Specialist teams are more likely to recommend primary endocrine therapy for older women who they estimate to have a shorter life expectancy. This is consistent with current guidelines for treating breast cancer.



## The next stage of the audit

Older women should be offered the best-possible breast cancer treatment and care. The findings from this first year's work showed some variations in the care received by older and younger women. Breast cancer services can use these results to look at whether the care offered to older women with breast cancer can be improved.

Future annual reports will publish more detailed information on the performance of NHS breast cancer units in England and Wales using the information collected from individual patients. We will use a set of process and outcome indicators (measures) to describe the care of older patients all along the care pathway. We have chosen an initial set of 13 indicators from clinical guidelines after consulting the NABCOP Clinical Steering Group (CSG) and other breast cancer experts. We chose the indicators because of their clinical importance. The information needed to work them out is currently collected nationally. The indicators have the ability to highlight variations in treatment and, as a result, support hospitals and clinicians to improve the quality of care.

The indicators are published on the NABCOP website (<https://www.nabcop.org.uk>)

## Finding out more

For more details on the results of this audit's work during its first year, see the full 2017 Annual Report at

<https://www.nabcop.org.uk/reports/nabcop-2017-annual-report/>

You can also find more information on the following websites.

- Breast Cancer Care – <https://www.breastcancercare.org.uk/>
- Breast Cancer Now – <http://breastcancernow.org/>
- Cancer Research UK – <https://www.cancerresearchuk.org/>
- Flat Friends UK – [www.flatfriends.org.uk](http://www.flatfriends.org.uk)
- The Haven website – [www.thehaven.org.uk](http://www.thehaven.org.uk)
- Independent Cancer Patients' Voice (ICPV) – <http://www.independentcancerpatientsvoice.org.uk/>
- Macmillan Cancer Support – [www.macmillan.org.uk/](http://www.macmillan.org.uk/)
- NHS choices – <http://www.nhs.uk/Conditions/Cancer-of-the-breast-female/Pages/Introduction.aspx>

Please visit [www.nabcop.org.uk](http://www.nabcop.org.uk) to keep up to date with progress and findings from this audit.



**Axillary node dissection** – A procedure to remove the majority of the glands (lymph nodes) under the armpit (axilla). This is carried out in patients with evidence of cancer in the axillary lymph nodes.

**Breast conserving surgery (BCS)** – Breast conserving surgery is a procedure to remove a lump or abnormal area of tissue, without removing all breast tissue.

**Breast reconstruction** – The surgical recreation of the breast mound (or shape) after some or all of it has been removed (for example, after breast cancer surgery).

**Chemotherapy** – Drug therapy used to treat cancer. It may be used alone, or with other types of treatment (for example, surgery or radiotherapy).

**CNS** – Cancer nurse specialists are specially trained nurses who provide an essential role in supporting the various aspects of care for a cancer patient.

**Endocrine therapy** – Drug therapy used to treat 'hormone sensitive' breast cancer. This treatment reduces the levels of oestrogen and progesterone in the body or blocks their action.

**Invasive breast cancer** – Cancerous cells in the breast that have spread beyond the original lining of breast ducts or glands.

**Lymph nodes** – These glands are part of the lymphatic network in the body, which plays an important role in the immune system. Cancer can spread from its original area to other parts of the body via the lymphatic network.

**Mastectomy** – A type of surgical procedure for breast cancer treatment, which involves removing all breast tissue.

**MDT** – The multidisciplinary team is a team of specialist healthcare professionals from various backgrounds (for example, doctors, nurses, administrative staff) who work together to organise and deliver care for patients with a specific condition (for example, breast cancer).

**Metastatic disease** – When cancer has spread from the place in which it started to other parts of the body.

**National Health Service Breast Screening Programme (NHSBSP)** – In the NHS breast screening programme, women aged 47 to 70 (or 50 to 73 in some areas) are invited for mammograms every three years to detect early breast cancer.

**Non-invasive breast cancer** – Cancerous cells are restricted to the walls of the breast duct or gland of origin (in situ).

**ONS** – The Office for National Statistics is the government department responsible for collecting and publishing official statistics about the UK's society and economy. This includes cancer registration data.

**PET** – In primary endocrine therapy, patients are treated with endocrine therapy rather than surgery as their main treatment for breast cancer.

**Radiotherapy** – Using high-energy x-ray beams to kill cancer cells.

**Screening** – Breast screening involves women being invited to have an x-ray examination called a mammogram. It aims to diagnose women early because it can allow clinicians to identify cancers when they are too small to feel. Typically, all women aged between 50 and 70 are invited for breast cancer screening every three years.

**Sentinel lymph nodes** – The first few lymph nodes in the armpit into which cancer cells are likely to spread. A sentinel-lymph-node biopsy (SLNB) allows clinicians to identify whether cancer cells have spread outside the breast.

**Symptomatic breast cancer** – The term used to refer to women who are diagnosed with breast cancer after going to their GP with symptoms, as opposed to women diagnosed after being screened.

**Systemic therapy** – An extra therapy (for example, chemotherapy, and endocrine therapy) provided to improve the effectiveness of the main treatment (for example, breast-cancer surgery). This aims to reduce the chance of the cancer returning and to improve the patient's overall chance of survival. These treatments may be provided before (neo-adjuvant) or after (adjuvant) surgery.

**TCOP** – Teams caring for the older person (in other words, caring for the elderly) specialise in managing the multiple many medical and non-medical needs of older patients. They provide inpatient and outpatient services. Members (such as geriatricians) work with other medical specialities and healthcare professionals to provide advice and support in delivering care to older patients.

This report was prepared by the members of the NABCOP project team, with the teams caring for older breast cancer patients in England and Wales, as well as patients and patient representatives.



The Royal College of Surgeons of England is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this, it supports audit and the evaluation of clinical effectiveness for surgery.

Registered charity no: 212808



The Association of Breast Surgery is a registered charity dedicated to advancing the practice of breast surgery and the management of breast conditions for the benefit of the public. It is a multi-professional membership association, which promotes training, education, clinical trials and guideline composition and adoption. For further information, please refer to the website

[www.associationofbreastsurgery.org.uk](http://www.associationofbreastsurgery.org.uk)

Registered charity no: 1135699

#### Patient groups with representation within the NABCOP Clinical Steering Group



Breast Cancer Care is the only specialist UK-wide charity providing information and support for women, men, family, and friends affected by breast cancer. From the moment someone notices something isn't right, through to their treatment and beyond, we're there to help people affected by breast cancer feel more in control.

<https://www.breastcancercare.org.uk/>

Registered charity number: England and Wales 1017658, Scotland SC038104



We are Breast Cancer Now, the UK's largest breast cancer charity – and we're dedicated to funding research into this devastating disease. We believe that if we all act now, by 2050, everyone who develops breast cancer will live.

<http://breastcancernow.org/>

Registered charity number: England and Wales (number 1160558), Scotland (SC045584) and Isle of Man (number 1200)



Independent Cancer Patients' Voice (ICPV) is a patient advocate group independent of (not linked to) established UK cancer charities and aware of the value of medical research to both public health and to the national economy.

<http://www.independentcancerpatientsvoice.org.uk/>

Registered charity number: 1138456

#### Commissioned by:



The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. HQIP holds the contract to manage and develop the National Clinical Audit Programme, comprising more than 30 clinical audits that cover care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual audits, also funded by the Health Department of the Scottish Government, DHSSPS Northern Ireland and the Channel Islands.

Registered charity number: 1127049

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