

NABCOP case vignettes 2016

Case Vignettes

Background

NABCOP is a national clinical audit which commenced in April 2016, under the guidance of the Association of Breast Surgery (ABS) and the Clinical Effectiveness Unit (CEU) of The Royal College of Surgeons of England (RCS). We are commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme.

Our audit will evaluate the care received and outcomes of women aged 70 years and older who are diagnosed with breast cancer and who are treated in NHS hospitals in England and Wales. This group will be compared with women diagnosed with breast cancer aged 50-69 years to better understand the reasons for differences in care received by patients of different ages. For more information about NABCOP, please visit www.nabcop.org.uk.

Your answers to the following five case vignettes will help us to understand which patient factors are most important to MDTs in determining the treatment options to offer older patients with breast cancer.

We will publish the findings from this survey in a report in early 2017. We will describe the overall results across all organisations, and provide the answers supplied by each organisation in the report's appendices. Individual participants will not be named. All data collected in this audit will be treated in accordance with data management and security policies at the Clinical Effectiveness Unit of The Royal College of Surgeons of England, where the audit data are held.

Instructions

The vignettes should be completed by the breast cancer MDT lead in your Trust. You may choose to complete the vignettes during a MDT meeting but the vignettes must be completed by the deadline shown below.

1. There are 5 short case scenarios (case vignettes). Please score each scenario using your professional judgement.
2. It should take no more than 10 minutes to score all the vignettes.
3. Please score all five vignettes.
4. Please complete the vignettes in one sitting. If you exit SurveyMonkey without scoring all the vignettes, your answers may be lost (depending on the cookie settings of your internet browser).
5. The deadline for scoring the vignettes is Tuesday 13th December 2016

If you have problems with the vignettes or have questions about NABCOP, please contact the project team at nabcop@rcseng.ac.uk or on 020 7869 6600.

Thank you for your help and support with this important audit.

Professor Kieran Horgan, Breast Surgery Clinical Lead and Professor David Dodwell, Oncology Clinical Lead.

National Audit of Breast Cancer in Older Patients (NABCOP)

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About you

* 1. What is your name?

* 2. What is the name of your NHS Trust or Health Board?

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Case Vignette #1

A 75 year old woman has an 18mm grade 2 invasive breast cancer which is ER positive and HER-2 negative. She has no positive lymph nodes on ultrasound.

She has mild COPD (ASA II) and a performance score of 0. She has no cognitive impairment and has good family support network.

She does not express a strong preference for either surgery or primary endocrine therapy.

* 1. In my professional opinion, this woman should be: *(please select only one answer)*

- a. Advised to have a surgical resection
- b. Offered a choice but strongly favouring a surgical resection
- c. Offered an equal choice of surgery or primary endocrine therapy
- d. Offered a choice but strongly favouring primary endocrine therapy
- e. Advised to have primary endocrine therapy

* 2. Based on the information above, my best estimate of this patient's current life expectancy is: (please enter months as numbers, not text)

Months:

3. Please use the space below to tell us about any comments that you have on this vignette

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Case Vignette #2

An 85 year old woman has an 18mm grade 2 invasive breast cancer which is ER positive and HER-2 negative. She has no positive nodes on ultrasound.

She is an ASA III (moderate aortic stenosis, moderate congestive heart failure, osteoarthritis) and has a performance score of 3. She has mild cognitive impairment and a good family support network.

She does not express a strong preference for either surgery or primary endocrine therapy.

* 1. In my professional opinion, this woman should be: *(please select only one answer)*

- a. Advised to have a surgical resection
- b. Offered a choice but strongly favouring a surgical resection
- c. Offered an equal choice of surgery or primary endocrine therapy
- d. Offered a choice but strongly favouring primary endocrine therapy
- e. Advised to have primary endocrine therapy

* 2. Based on the information above, my best estimate of this patient's current life expectancy is: (please enter months as numbers, not text)

Months:

3. Please use the space below to tell us about any comments that you have on this vignette

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Case Vignette #3

A 75 year old woman has an 35mm grade 2 invasive breast cancer which is ER positive and HER-2 negative. She has malignant nodes on ultrasound guided biopsy.

She is an ASA II (BMI 37kg/m², hypertension, smoker) and has a performance score of 1. She has mild cognitive impairment and a strong family support network.

She does not express a strong preference for either surgery or primary endocrine therapy.

* 1. In my professional opinion, this woman should be: *(please select only one answer)*

- a. Advised to have a surgical resection
- b. Offered a choice but strongly favouring a surgical resection
- c. Offered an equal choice of surgery or primary endocrine therapy
- d. Offered a choice but strongly favouring primary endocrine therapy
- e. Advised to have primary endocrine therapy

* 2. Based on the information above, my best estimate of this patient's current life expectancy is: (please enter months as numbers, not text)

Months:

3. Please use the space below to tell us about any comments that you have on this vignette

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Case Vignette #4

An 80 year old woman has an 18mm grade 2 invasive breast cancer which is ER positive and HER-2 negative. She has malignant nodes on ultrasound guided biopsy.

She has osteoporosis (ASA II), severe cognitive impairment and a performance score of 2. She has a strong family support network.

She does not express a strong preference for either surgery or primary endocrine therapy.

* 1. In my professional opinion, this woman should be: *(please select only one answer)*

- a. Advised to have a surgical resection
- b. Offered a choice but strongly favouring a surgical resection
- c. Offered an equal choice of surgery or primary endocrine therapy
- d. Offered a choice but strongly favouring primary endocrine therapy
- e. Advised to have primary endocrine therapy

* 2. Based on the information above, my best estimate of this patient's current life expectancy is: (please enter months as numbers, not text)

Months:

3. Please use the space below to tell us about any comments that you have on this vignette

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Case Vignette #5

A 75 year old woman has an 35mm grade 2 invasive breast cancer which is ER positive and HER-2 negative. She has no positive nodes on ultrasound.

She has an ASA III (coronary artery bypass graft last year with permanent pacemaker insertion, hypertension and diabetes mellitus) and has a performance score of 1. She has no cognitive impairment and a strong family support network.

She does not express a strong preference for either surgery or primary endocrine therapy.

* 1. In my professional opinion, this woman should be: *(please select only one answer)*

- a. Advised to have a surgical resection
- b. Offered a choice but strongly favouring a surgical resection
- c. Offered an equal choice of surgery or primary endocrine therapy
- d. Offered a choice but strongly favouring primary endocrine therapy
- e. Advised to have primary endocrine therapy

* 2. Based on the information above, my best estimate of this patient's current life expectancy is: (please enter months as numbers, not text)

Months:

3. Please use the space below to tell us about any comments that you have on this vignette

A large, empty rectangular box with a thin black border, intended for the respondent to write their comments on the vignette.