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| **Local Action Plan for taking on NABCOP 2019 Annual Report Recommendations** | |
| **Please can the provider complete the following details to allow for ease of access and rapid review** | |
| Audit title & aim: | The National Audit for Breast Cancer in Older Patients (NABCOP).  Evaluates the process of care and outcomes for women aged 70+ years with a diagnosis of breast cancer, compared with those among women diagnosed with breast cancer aged 50-69 years. |
| NHS organisation: |  |
| Audit lead: |  |
| Action plan lead: |  |

**Note**: organisation-level data relating to each recommendation listed below can be found on the identified \*[*tab on NHS Organisation Data Viewer*](https://www.nabcop.org.uk/resources/nabcop-2019-annual-report-supplementary-materials/)*.*

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| **Key 1 (for the action status)** |
| 1: Awaiting plan of action  2: Action in progress  3: Action fully implemented  4: No plan to action recommendations (state reasons)  5: Other (provide information) |

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| **Key 2 (for the priority rating)** |
| HIGH: requires urgent action, and local audit  MEDIUM: requires prompt action, and consider local audit  LOW: requires no immediate action or local audit |

| No. | Recommendation  (*Guidance available – Full detail on final page*)  [Related report section] | Action required?  *(Yes/No; state intended action OR reason for no action)* | **Action activities** | | | |
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| Responsible individual(s) | Agreed deadline | Status  *(see key 1)* | Priority  *(see key 2)* |
| Rec 1 | **Completeness of data items**  (*NICE guidelines NG 101: 1.6.5*)  NHS organisations must ensure that the following information is uploaded to the national cancer registration services:   * tumour size consistent with entered T stage * N stage, M stage * ER status and HER2 status for invasive breast cancer * WHO performance status.   [Sections 3.2, 4.2, 5.3] | *Suggested actions:*  *Look at the data completeness of these key data items for your organisation on the ‘DQ\_Summary’ tab in the NHS organisation data viewer\*; the NABCOP data completeness target is 90% for all key data items.*  *Access CancerStats to see your data uploads in real time to see where the gaps are currently.* |  |  |  |  |
| Rec 2 | **Completeness of data items**  NHS organisations should identify a clinician responsible for reviewing and checking their units’ data returns.  [Sections 3.2, 4.2, 5.3] | *Suggested actions:*  *Does your MDT team know who in their organisation is responsible for ensuring data is routinely uploaded? Ensure there is a good link with this person/team.*  *All data from your organisation requires review and sign-off from an allocated individual; be clear on who this is and make them aware of this audit.* |  |  |  |  |
| Rec 3 | **Triple diagnostic assessment (TDA)**  (*NICE Breast Cancer Quality Standard 12; Quality Statement 1: Timely diagnosis*)  NHS organisations must ensure that   * women are able to receive triple assessment at their initial clinic visit after referral for suspected breast cancer, in line with NICE recommendations * dates of assessment for all investigations performed at a triple assessment clinic are submitted to the national cancer registration services.   [Sections 5.2] | *Suggested actions:*  *Look at how your organisation compares to the figures for “All NABCOP NHS organisations” in the Chp5\_TDA tab on the NHS Organisation Data Viewer.*  *Does this reflect what happens in your organisation?*  *What action needs to be taken?* |  |  |  |  |
| Rec 4 | **Involvement of a breast clinical nurse specialist (CNS)**  (*NICE guideline CG 80 / NG 101: 1.2.2*)  NHS organisations must ensure that   * women are assigned a named breast CNS to provide information and support * data on the assignment of a named breast CNS are submitted to the national cancer registration services.   [Section 5.3] | *Suggested actions:*  *Look at how your organisation compares to the figures for “All NABCOP NHS organisations” in the Chp5\_CNS tab on the NHS Organisation Data Viewer.*  *Does this reflect what happens in your organisation?*  *Is data on CNS contact reported for all women diagnosed at your organisation?* |  |  |  |  |
| Rec 5 | **Treatment for DCIS**  (*NICE guideline NG 101: 1.10.9*)  NHS organisations must ensure that   * women are counselled appropriately about the gap in knowledge and guidelines * emphasis is placed on treating patients with DCIS using a risk-based, rather than age-stratified, approach (clinical research in this area should be prioritised) * older women who undergo BCS for high-risk DCIS, and who have few comorbidities and frailty, should be considered for radiotherapy.   [Section 6.1] | *Suggested actions:*  *Look at how your organisation compares to the figures for “All NABCOP NHS organisations” in the Chp6\_DCIS\_Surgery tab on the NHS Organisation Data Viewer.*  *Does this reflect what happens in your organisation?*  *What action needs to be taken?*  *Review the key data items to ensure they are complete.* |  |  |  |  |
| Rec 6A | **Treatment for early invasive breast cancer: Surgery**  (*NICE guideline NG 101: 1.7.1*)  NHS organisations must ensure that   * there is consistent assessment and recording of comorbidity and frailty in breast clinics * medical optimisation of women with ER-positive early invasive breast cancer is instituted to maximise potential for their suitability for surgery   [Section 7.1] | *Suggested actions:*  *Look at how your organisation compares to the figures for “All NABCOP NHS organisations” in the relevant tabs on the NHS Organisation Data Viewer.*  *Does this reflect what happens in your organisation?*  *What action needs to be taken?*  *Review the key data items to ensure they are complete.*  *Tabs relevant to these recommendations =*  *Chp7\_EIBC\_Surgery* |  |  |  |  |
| Rec 6B | **Treatment for early invasive breast cancer: Radiotherapy**  (*NICE guideline NG 101: 1.6.6-7; 1.10.10-11*)  NHS organisations must ensure that women with high-risk early invasive breast cancer are counselled on the benefit and risk of adjuvant radiotherapy based on tumour characteristics and objective assessment of patient fitness, rather than chronological age alone  [Section 7.2] | *Suggested actions:*  *Look at how your organisation compares to the figures for “All NABCOP NHS organisations” in the relevant tabs on the NHS Organisation Data Viewer.*  *Does this reflect what happens in your organisation?*  *What action needs to be taken?*  *Review the key data items to ensure they are complete.*  *Tabs relevant to these recommendations =*  *Chp7\_EIBC\_RT* |  |  |  |  |
| Rec 6C | **Treatment for early invasive breast cancer: Chemotherapy**  (*NICE guideline NG 101*)  NHS organisations must ensure that   * all women, irrespective of age, with: (1) ER-negative, HER2-negative early invasive breast cancer with malignant lymph nodes, or (2) HER2-positive early invasive breast cancer; have an objective assessment of likelihood of benefit and risk of chemotherapy based on tumour factors and patient fitness * they evaluate their services for medical optimisation of older women, who would benefit from receiving chemotherapy.   [Section 7.3] | *Suggested actions:*  *Look at how your organisation compares to the figures for “All NABCOP NHS organisations” in the relevant tabs on the NHS Organisation Data Viewer.*  *Does this reflect what happens in your organisation?*  *What action needs to be taken?*  *Review the key data items to ensure they are complete.*  *Tabs relevant to these recommendations =*  *Chp7\_EIBC\_CT* |  |  |  |  |
| Rec 7 | **Treatment for advanced metastatic breast cancer**  (*NICE guideline CG 81: 1.3.1-3*)  NHS organisations must ensure that   * ER status is assessed and recorded for women with metastatic breast cancer; all women who are ER-positive should be offered endocrine therapy * consideration of chemotherapy is based on an objective assessment of the likelihood of benefit, health and predicted life expectancy rather than chronological age alone.   [Section 8.1] | *Suggested actions:*  *Look at how your organisation compares to the figures for “All NABCOP NHS organisations” in the Chp8\_M1\_CT tab on the NHS Organisation Data Viewer.*  *Does this reflect what happens in your organisation?*  *What action needs to be taken?*  *Review the key data items to ensure they are complete.* |  |  |  |  |
| Rec 8 | **Patient experience of breast cancer**  (*As for Rec 5, 6 and 7, with regards to treatment of patients with radiotherapy and chemotherapy*)  NHS organisations must ensure that women are given enough information about their radiotherapy or chemotherapy treatments. Clinical teams should ask for feedback from their patients, at regular intervals, to ensure that they have sufficient information and are engaged in a shared decision-making process. | *Suggested actions:*  *How is your organisation patient-focussed?*  *What improvements could you make to ensure all patients are informed and engaged in their care?* |  |  |  |  |
| Rec 9 | **For professional organisations involved in breast cancer care**  Royal colleges and specialist associations involved in breast cancer care should collaborate with the NABCOP around the need for using a reliable, consistent description of patient fitness.  [Section 9.1] | *Suggested actions:*  *Does your organisation routinely assess patient fitness as part of the patient diagnosis work-up?*  *Where is this information recorded for others to access?* |  |  |  |  |

**Full detail on relevant guidance, by recommendation.**

Rec 1: NICE guidelines NG 101 1.6.5 “Ensure that the ER, (PR) and HER2 statuses are available and recorded at the preoperative and postoperative MDT meetings when systemic treatment is discussed.”

Rec 3: NICE Breast Cancer Quality Standard (QS12) Quality Statement 1: Timely diagnosis “People with suspected breast cancer referred to specialist services are offered the triple diagnostic assessment in a single hospital visit”. Triple diagnostic assessment consists of clinical assessment, mammography and/or ultrasound imaging and fine needle aspiration or core biopsy.

Rec 4: NICE guideline CG 80 / NG 101 1.2.2 “All people with breast cancer should have a named CNS or other specialist key worker with equivalent skills, who will support them throughout diagnosis, treatment and follow-up.”

Rec 5: NICE guideline NG 101 1.10.9 “Consider adjuvant radiotherapy for women with DCIS following breast‑conserving surgery with clear margins, and discuss with them the possible benefits and risks of radiotherapy.”

Recommendations on management of older patients with breast cancer issued by International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA): “There is no strong data available for treatment of older women with DCIS”.

Rec 6A: NICE guideline NG 101 1.7.1 “Treat patients with early invasive breast cancer, irrespective of age, with surgery and appropriate systemic therapy, rather than endocrine therapy alone, unless significant comorbidity precludes surgery.“

SIOG/ EUSOMA recommends: “PET should only be offered to elderly individuals who have a short estimated life expectancy (<2-3 years), who are considered unfit for surgery after optimisation of medical conditions or who refuse surgery”.

Rec 6B: NICE guideline NG 101 1.6.6-7, 1.10.10-11

1.6.6 “Consider adjuvant therapy after surgery for people with invasive breast cancer, and ensure that recommendations are recorded at the MDT meeting.”

1.6.7 Base recommendations about adjuvant therapy on MDT assessment of the prognostic and predictive factors, and the possible risks and benefits of the treatment. Make decisions with the person after discussing these factors.

1.10.10 Offer adjuvant postmastectomy radiotherapy to people with node‑positive (macrometastases) invasive breast cancer or involved resection margins.

1.10.11 Consider adjuvant postmastectomy radiotherapy for people with node‑negative T3 or T4 invasive breast cancer.

Rec 6C: NICE guideline NG 101 Adjuvant chemotherapy decisions should be based on an understanding of the balance between the risks and benefits particularly in people with comorbidities.

Rec 7: NICE guideline CG81 1.3.1-3

1.3.1 “Offer endocrine therapy as first-line treatment for the majority of patients with ER-positive advanced breast cancer.”

1.3.2 “Offer chemotherapy as first-line treatment for patients with ER-positive advanced breast cancer whose disease is imminently life-threatening or requires early relief of symptoms because of significant visceral organ involvement, providing they understand and are prepared to accept the toxicity.”

1.3.3 “For patients with ER-positive advanced breast cancer who have been treated with chemotherapy as their first-line treatment, offer endocrine therapy following the completion of chemotherapy.”