National Audit of Breast Cancer in Older Patients 2020 Annual Report

Summary of findings for the public and patients

This report has been prepared with:

NABCOP National Audit of Breast Cancer in Older Patients

Breast Cancer Now The research & care charity

independent cancer patients' voice

força strength against cancer

What is the National Audit of Breast Cancer in Older Patients (NABCOP) and how does it aim to help older patients with breast cancer?

The National Audit of Breast Cancer in Older Patients (the NABCOP) is a clinical audit. It was commissioned by the **Healthcare Quality Improvement Partnership (HQIP)**, which aims to improve healthcare and outcomes for patients. The NABCOP aims to find out about the quality of care provided by breast cancer services in England and Wales to women aged 70 and older.

To do this the audit looks at what care and treatment women receive once they have been diagnosed with breast cancer. It then looks at:

1. care provided to women aged 70 and older compared with those aged between 50 and 69; and
2. care provided by different English and Welsh breast cancer teams within NHS hospitals.

Each section of this report looks at a different aspect of diagnosis and care and includes key messages for the general public and patients.

What information does the NABCOP use?

This report is based on information collected by the **English National Cancer Registration and Analysis Service (NCRAS)** and the **Wales Cancer Network (WCN)**. This work uses information provided by patients and collected by the NHS as part of their care and support.

Who is this report for?

This report is for women with breast cancer, as well as the general public, to provide information about the care the NHS provide to older women diagnosed with breast cancer and whether this could be improved. It is valuable for women of all ages because it describes the national guidelines of care. There are full details of these at https://www.nice.org.uk/guidance/conditions-and-diseases/cancer/breast-cancer

This report does not provide in-depth information about what breast cancer is, what the different stages are and what the characteristics of breast cancer are. This information is provided by other sources. So, where we talk about things which you might want to read about in a bit more detail, we will point you in the direction of where you can do this.

Which patients with breast cancer are included in this report?

This report looks at the care of women who were diagnosed with breast cancer between **1 January 2014 and 31 December 2018**, and includes women aged 50 and older. It specifically describes the care for women with the following types of breast cancer.

1. Ductal carcinoma in situ (DCIS)
2. Early invasive breast cancer
3. Metastatic (secondary) breast cancer

We make sure that no patients can be identified from any of the information we show.

What do we mean by 'older women'?

When we refer to older women in this report we are talking about women aged 70 and older. Sometimes we look separately at women aged 80 and older as well.

Women aged between 50 and 69 are included to see if, and how, care differs for older women. In this report, we refer to women aged between 50 and 69 as 'younger women'.

What about patients' experiences of breast cancer care?

Patients' experiences of cancer care are collected every year in the **Cancer Patient Experience Survey (CPES)**. This is a national survey for patients diagnosed with cancer in England. We are able to link the responses from women aged 50 and older with breast cancer to the data we receive from NCRAS. This helps us to understand what women felt was good about their breast cancer care, and what they felt needed improving. For information about CPES, visit https://www.ncpes.co.uk.

If I want to read more about what the NABCOP found, where can I look?

This report is a summary of findings from the NABCOP 2020 annual report, which anyone can download and read by visiting https://www.nabcop.org.uk/reports/nabcop-2020-annual-report/.

Please visit www.nabcop.org.uk or follow us on Twitter @NABCOP_news to keep up to date with the progress of this audit and our other work.

Here's a list of what we mean by some of the words we use in this report.

The words are listed in alphabetical order.

Biological therapy – These are drugs that change the way cells work and help the body control the growth and spread of cancer. Some of these drugs destroy cancer cells. Others help the body's immune system to attack the cancer.

Bisphosphonates – Drugs used in early invasive breast cancer for post-menopausal women (women who have stopped having periods because their ovaries have stopped releasing eggs) to reduce the risk of cancer spreading to the bones. They also can help reduce bone loss or bone thinning, which can be caused by some breast cancer treatments. We do not report on the use of bisphosphonates for women with breast cancer.

Breast-conserving surgery (BCS) – An operation to remove the part of the breast that contains the cancer, along with a margin (border) of normal breast tissue. This is also known as a 'lumpectomy'.

Breast screening – This is where women are invited to have a breast X-ray, called a mammogram, to look for breast cancers that may be too small to see or feel. Typically, in England and Wales, all women aged between 50 and 71 are invited for breast screening every three years as part of a national programme.

Chemotherapy – Drug therapy used to treat cancer. It may be used alone or with other treatments (for example, surgery, radiotherapy or hormone (endocrine) therapy).

Clinical audit – A clinical audit is a way to assess if healthcare is being provided in line with certain standards. For the NABCOP, this means we help NHS organisations try to improve the care they provide for older women with breast cancer.

CNS (clinical nurse specialist) – A specially trained nurse who provides an essential role in supporting the care that a patient with cancer may receive.

Comorbidity – Any other medical problems besides the one that is being treated.

DCIS (ductal carcinoma in situ) – The most common type of non-invasive breast cancer, where the cancer cells have not yet developed the ability to spread outside the breast ducts into the surrounding breast tissue or to other parts of the body.

Endocrine therapy – Drug therapy, also called hormone therapy, used to treat ER-positive breast cancer. This treatment reduces the levels of estrogen and progesterone in the body or blocks their action.

ER (estrogen receptor) – Breast cancers can grow in response to the hormone estrogen. Approximately 70% of invasive breast cancers are ER positive (ER+) as they have receptors for estrogen.

Frailty – Refers to how ageing affects a person's ability to cope with different types of stress. Stress can be physical (such as an accident or disease), mental (such as low mood) or environmental (such as not having a carer).

GP referral – Women who go to their local doctor (GP) because they have a symptom such as a lump are referred to a hospital breast clinic for a specialist's opinion.

HER2 (human epidermal growth receptor 2 protein) – A receptor that is present on normal breast cells. It is involved in helping breast cancers to grow. Breast cancer cells with higher levels of HER2 receptors (HER2 positive) may grow more quickly. These receptors are the target of anti-HER2 therapies such as trastuzumab and pertuzumab.

Invasive breast cancer – Cancer cells that have spread beyond the breast. The number staging system divides breast cancers into four stages, from 1 to 4. Early breast cancer refers to cancers at stages 1, 2 and 3a. Advanced breast cancer refers to cancers at stages 3b to 4 which have spread to other parts of the body (see metastasis).

Lymph nodes (glands) – Lymph nodes are found throughout the lymphatic system, for example under the arm (axilla). The lymphatic system is the drainage and filtering system of the body that helps to get rid of waste and fight infection. Cancer can spread from its original area through the lymphatic system in the body.

Mastectomy – A type of operation in which all the breast tissue is removed.

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

Metastasis – When cancer has spread from the place in which it started to other parts of the body. In breast cancer, areas of the body where the cancer can spread to include the liver, lungs and bones.

National guidelines – Guidelines on the diagnosis and treatment of breast cancer produced by the National Institute for Health and Care Excellence (NICE).

PET (primary endocrine therapy) – The first treatment for patients with hormone-receptor-positive breast cancer, where patients receive endocrine therapy rather than surgery.

Receptors – In breast cancer, these are proteins that hormones or other proteins can attach to and stimulate cancer growth.

Radiotherapy – Using high-energy X-ray beams to kill cancer cells, targeting one part of the body (for example, the breast).

How to use this report

This report is divided into six main sections. Each section looks at an area of breast cancer which is audited by the NABCOP.

Find out below what the NABCOP looked at, and follow the page numbers to read about a particular part of breast cancer care and treatment.

Key messages

Just interested in a summary of key messages from the 2020 annual report? **Go to page 4**

1. Being diagnosed with breast cancer

Want to find out the most common way older women were referred and diagnosed with breast cancer in England and Wales? **Go to page 5**

2. Ductal carcinoma in situ (DCIS)

Interested in what treatments older women diagnosed with DCIS received? **Go to page 6**

3. Early invasive breast cancer

Want to find out what treatments older women diagnosed with early invasive breast cancer received? **Go to page 7**

4. Metastatic breast cancer

Interested to know how many older women were newly diagnosed with metastatic breast cancer and what treatments they received? **Go to page 9**

5. The experience of care received by women with breast cancer

Want to find out what a sample of surveyed older women with breast cancer said about their experience? **Go to page 10**

6. Fitness for treatment

Interested in how cancer teams assess an older patient's overall health and fitness? **Go to page 11**

Find out more

For general information about breast cancer, please visit the following websites.

- **Breast Cancer Now –** www.breastcancernow.org
- **A leaflet from Public Health England on breast screening for women aged 71 or over** – https://www.gov.uk/government/publications/breast-screening-for-women-aged-71-or-over
- **Cancer Research UK –** www.cancerresearchuk.org
- **Flat Friends UK –** www.flatfriends.org.uk
- **The Haven website –** www.breastcancerhaven.org.uk
- **Independent Cancer Patients' Voice (ICPV) –** www.independentcancerpatientsvoice.org.uk
- **Macmillan Cancer Support –** www.macmillan.org.uk
- **NHS choices –** https://www.nhs.uk/conditions/breast-cancer/
- **use MY data –** www.usemydata.org

Key messages

Key: D Diagnosis S Supportive care T Treatment E Experience F Fitness

Breast cancer diagnosis and supportive care

D Older women were more likely to be referred to a breast clinic by their GP. This is because women are not automatically offered screening after the age of 70.

It is important that women check their breasts regularly and that they know they can ask for screening after their 71st birthday. To find your local screening unit, visit https://www.nhs.uk/service-search/other-services/breast-screening-services/locationsearch/325.

S Most older women were being seen by a breast clinical nurse specialist (CNS), which is very positive.

Breast cancer units should provide clear information to let patients know that they can ask for the name and contact details of the breast CNS if they do not have this.

Patient experience

E Overall, women diagnosed with breast cancer reported good levels of care. However, there are still areas which could be improved. For example, among older women who did not receive surgery, a lower percentage (compared with women who had surgery) reported that treatment options were completely explained. Fewer women with metastatic breast cancer reported their treatment options were explained completely to them compared with women with early invasive breast cancer.

Breast cancer teams should keep patients informed and involved in the decision-making process by giving them written information about their diagnosis and treatment options, explaining why they are not being considered for some treatments, and telling them how to ask for more information if they are not sure about anything to do with their treatment plan.

There are many support services that are available for patients experiencing physical or psychological side effects during or following diagnosis and treatment. This information should be available in breast cancer units.

Treatment of breast cancer

T As age increased, we found fewer women received treatment for breast cancer. The treatments we report on are breast surgery, radiotherapy, chemotherapy and biological therapy.

The rate of surgery decreased among older women with ER-positive breast cancer as their general fitness became worse. This decrease was much smaller among older women with ER-negative breast cancer.

The percentage of older women who receive the treatments we describe should be similar across breast cancer units in England and Wales. This is currently not the case.

T We found that ER and HER2 status were recorded less frequently for older women with invasive breast cancer. The treatment a woman is offered depends on the ER and HER2 status, so this information is extremely important and breast cancer units should collect it for all women.

Assessing patient fitness

F All breast cancer units should be assessing the fitness of their older patients to help them decide what treatment to recommend.

We know that surgery is not always suitable for patients who are not fit and that some treatments can have harmful side effects. However, being older is not always a good indication of how fit a person is or that they would not cope well with treatment. Information on a patient's physical and mental health is important when making decisions about treatment.

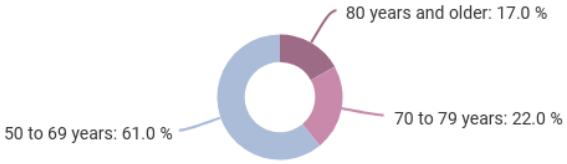
Assessing a patient's overall health should make sure that treatments are offered to patients based on their fitness, rather than just their age.

Each patient should be told how their health and fitness has been considered when deciding their treatment options.

1. Being diagnosed with breast cancer: What did we find out about older women, diagnosed between 2014 and 2018 in England and Wales?

185,648 women aged 50 and older were diagnosed with breast cancer in England and Wales between 2014 and 2018.

Of these women, almost **4 in 10 (39%)** were **aged 70 and older.** (22% were aged 70 to 79 and 17% were aged 80 and older, as shown in the chart to the right.)

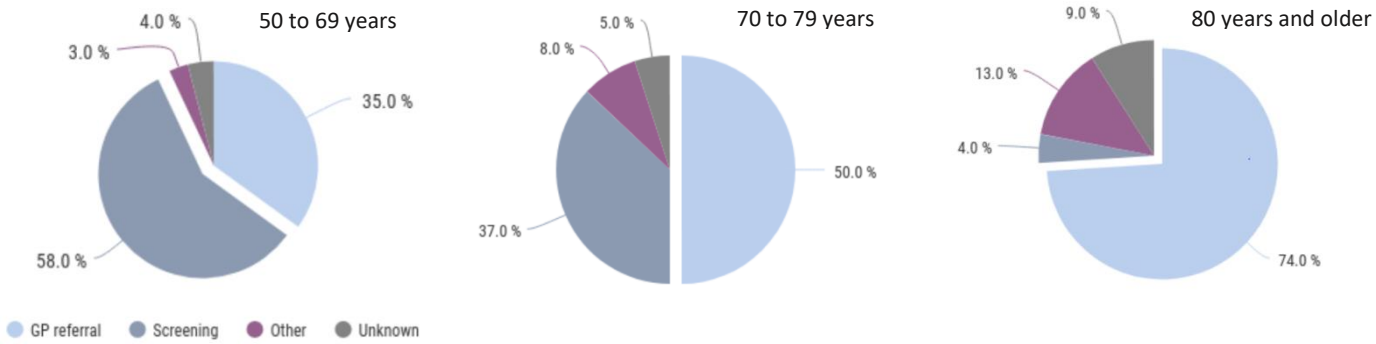


There are **two main ways** that women can be referred to a breast clinic to be tested for breast cancer.

1. **Following breast screening**
2. **A referral from their general practitioner (GP)**

Most older women diagnosed with breast cancer had been referred to the breast clinic by their GP, whereas most younger women were diagnosed following routine invitations to have breast screening.

The charts below show the most common way women in each age group were referred to a breast clinic for diagnosis.



Key message: Older women were more likely to be referred to a breast clinic by their GP. This is because women are not automatically offered screening after the age of 70.

Fewer older women were diagnosed after attending breast cancer screening, as routine invitations stop for women after their 71st birthday, and so older women have to ask for breast screening.

Women are sometimes 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.

Key message: Most older women were seen by a breast clinical nurse specialist (CNS).

In women diagnosed with breast cancer, where this information was recorded (see note below), **nearly all women (96%) were reported to have seen a breast CNS**.

This figure was similar for younger and older women.

Note: Information on whether women saw a breast CNS was reported for 7 out of 10 women aged 50 and older.

This is a positive finding as it is important that women diagnosed with breast cancer are supported through their whole experience. Also, national guidelines recommend that each woman with breast cancer is assigned a named breast CNS, also known as a breast care nurse, to provide information and support during their diagnosis and treatment.

Across breast cancer teams in NHS hospitals in England and Wales, there were differences in whether information on a woman's contact with a breast CNS was recorded.

2. Ductal carcinoma in situ (DCIS): What did we find out about older women diagnosed with DCIS?

There were **19,819 women**, aged 50 and older, **diagnosed with DCIS** between 2014 and 2018 in England and Wales.

Older women were **less likely** to be diagnosed with DCIS compared with younger women.
This is likely to be because DCIS usually causes no symptoms and most cases are found during routine breast screening in women aged under 71.

Treatment choices for patients diagnosed with DCIS include **surgery, radiotherapy and, in some women, endocrine therapy**.

For more information from **Breast Cancer Now** on what diagnosis and treatment options for DCIS involve, visit https://breastcancernow.org/information-support/facing-breast-cancer/diagnosed-breast-cancer/primary-breast-cancer/ductal-carcinoma-in-situ-dcis.

Key message: Fewer older women had surgery for DCIS.

The decision to use surgery depends on several factors, such as a patient's fitness and their personal preference, so we might expect that fewer older women would have surgery.

However, there were differences across **English and Welsh hospitals** in the **percentages of older women** who had surgery for DCIS. For younger women, there **wasn't such a big difference** in the percentages across hospitals.

Key message: Fewer older women had radiotherapy after breast-conserving surgery for DCIS.

More than 6 in 10 women aged 50 to 69 had radiotherapy after breast-conserving surgery for DCIS.

Fewer than 5 in 10 women aged 70 and older had radiotherapy after breast-conserving surgery for DCIS.

National guidelines recommend using radiotherapy after breast-conserving surgery where the margins are clear (there are no cancer cells in the area of tissue that was removed around the tumour), and the benefits and drawbacks should be discussed with the patient.

For both older and younger women, there was a difference across English and Welsh hospitals in the percentages of women who had radiotherapy after breast-conserving surgery for DCIS.

3. Early invasive breast cancer: What did we find out about older women diagnosed with early invasive breast cancer?

There were **138,099 women** aged 50 and older **diagnosed with early invasive breast cancer** between 2014 and 2018 in England and Wales.

This is the largest group of women in the audit.

According to statistics from Cancer Research UK, each year around **24% of all new cases of invasive breast cancer are in women aged 75 and older.**

There are some key features of early invasive breast cancer in older women compared with younger women.

- A higher percentage had larger breast cancers.
- A similar percentage had ER-positive breast cancer.
- A slightly higher percentage were diagnosed with cancer that had spread to the lymph nodes.

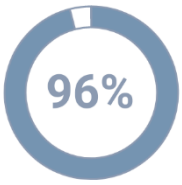
Key message: Older women were less likely to have the ER and HER2 status of their breast cancer recorded.

It is important for patients and their doctors to know the type of invasive breast cancer, as this helps the breast cancer team recommend the best treatment for the patient. For more information about all the types of breast cancer, take a look at the Cancer Research UK website at https://www.cancerresearchuk.org/about-cancer/breast-cancer/stages-types-grades/types.

For patients diagnosed with early invasive breast cancer, treatments include **surgery, radiotherapy, chemotherapy, biological therapy, endocrine therapy and bisphosphonates**. What choice of treatments are available for a patient will depend on several things, including their overall fitness and the features of their breast cancer.

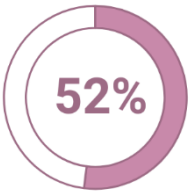
For more information from Breast Cancer Now on what treatment options for early invasive breast cancer involve, visit https://breastcancernow.org/information-support/facing-breast-cancer/going-through-breast-cancer-treatment.

Key message: Fewer older women received surgery for early invasive breast cancer.



More than 9 in 10 women aged 50 to 69 had surgery

9 in 10 women aged 70 to 79 had surgery



Half of women aged 80 and older had surgery

In some patients surgery might not be the most appropriate treatment, as the risks of complications from the surgery or anaesthetic increase as a patient gets older, or if they have other medical conditions. However, there are alternative treatments to surgery for women who have **ER-positive breast cancer**.

Key message: Fewer older women with ER-positive breast cancer had surgery compared with older women who had ER-negative breast cancer.

National guidelines recommend that women with **ER-positive breast cancer** who are not considered fit enough for surgery or who have a reduced life expectancy can be prescribed **primary endocrine therapy (PET) instead of having surgery**.

There is often no suitable alternative treatment for women with **ER-negative breast cancer.**

We found that age seemed to matter most if a woman had **ER-positive breast cancer**. This might be because older women with **ER-positive breast cancer**, who may have been fit enough for an operation, were receiving **endocrine therapy instead of surgery.**

- In women aged **70 to 79**, **90%** with **ER-positive** breast cancer had surgery compared with **95%** with **ER-negative** breast cancer.
- In women aged **80 and older**, there was an even bigger difference – **50%** with **ER-positive** breast cancer had surgery compared with **83%** with **ER-negative** breast cancer.

We found that there was **not much difference** in the rate of surgery for **younger women**.

- In women aged **50 to 69**, **96%** with **ER-positive breast cancer** and **96%** with **ER-negative breast cancer** had surgery.

If a woman was not very fit, age only seemed to matter for **ER-positive breast cancer** and not so much for **ER-negative breast cancer.**

For older women with **ER-positive breast cancer** there were differences across English and Welsh hospitals in the **percentages who had surgery** for early invasive breast cancer, particularly in women aged **75 and older**. There wasn't such a big difference for older women with **ER-negative breast cancer** and for younger women.

Key message: Fewer older women had radiotherapy after surgery for early invasive breast cancer.

National guidelines recommend that women who have breast-conserving surgery (also known as a lumpectomy) should be considered for radiotherapy, and that radiotherapy should be considered for women who have had a mastectomy if the breast cancer has features which mean it has a high chance of returning.

In all women who had breast-conserving surgery:

- **9 in 10 women (91%)** aged **50 to 69** received radiotherapy; and
- **more than 8 in 10 women (83%)** aged **70 and older** received radiotherapy.

In women who had a mastectomy (see note below):

- **nearly 7 in 10 women (68%)** aged **50 to 69** received radiotherapy; and
- **6 in 10 women (60%)** aged 70 and older received radiotherapy.

Note: For women included in the figures who had a mastectomy, the cancer had either spread to the lymph nodes or, if it had not spread to the lymph nodes, the tumour was at least 51mm.

Key message: Fewer older women had chemotherapy and biological therapy after surgery for HER2-positive early invasive breast cancer.

National guidelines recommend chemotherapy and biological therapy such as trastuzumab (an HER2 treatment) for women with breast cancer which has a high chance of returning or spreading. This includes most women with HER2-positive breast cancer.

For both older and younger women there was a difference across English and Welsh hospitals in the percentages of women who had chemotherapy and biological therapy after surgery for HER2-positive early invasive breast cancer.

7 in 10 women aged 50 to 69 had chemotherapy and HER2 treatment after surgery for HER2-positive early invasive breast cancer.

Fewer than 4 in 10 women aged 70 and older had chemotherapy and HER2 treatment after surgery for HER2-positive early invasive breast cancer.

4. Metastatic breast cancer: What did we find out about older women who were newly diagnosed with metastatic breast cancer?

There were **8,188 women**, aged 50 and older, **newly diagnosed with metastatic breast cancer** between 2014 and 2018 in England and Wales.

Older women were more likely to be newly diagnosed with metastatic breast cancer compared with younger women.
Percentages were low for all ages, but increased from **3% in women aged 50 to 69** up to **8% in women aged 80 and older.**

Treatment choices for patients newly diagnosed with metastatic breast cancer include endocrine therapy, chemotherapy and biological therapy. What choices are available for a patient will depend on their fitness and also the features of their breast cancer.

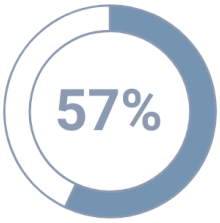
For more information from **Breast Cancer Now** on what the treatment options for metastatic breast cancer involve, visit https://breastcancernow.org/information-support/facing-breast-cancer/secondary-metastatic-breast-cancer/secondary-breast-cancer-treatment.

Key message: Older women were more likely to receive endocrine therapy and less likely to receive chemotherapy compared with younger women.

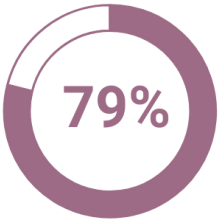
National guidelines recommend that most women with ER-positive metastatic breast cancer should be prescribed endocrine therapy.

Women with ER-positive metastatic breast cancer that has not responded well to endocrine therapy, or those with ER-negative metastatic cancer or metastatic cancer that is spreading rapidly, should be offered chemotherapy.

More older women with ER-positive metastatic breast cancer had endocrine therapy compared with younger women.



More than 5 in 10 women aged 50 to 69



8 in 10 women aged 70 and older

Older women were less likely to receive chemotherapy **(15%)** compared with younger women **(45%)**, regardless of their ER status and fitness.

5. The experience of care received by older women with breast cancer: What did patients say?

In this report, we use information from the **English Cancer Patient Experience Survey (CPES)** linked to the information from the NABCOP. We do this because it's important to understand how women feel about the breast cancer care they receive, and where they feel care could be improved.

The CPES is a survey of the experience of patients with cancer in England. The survey is sent each year to all adults diagnosed with cancer who have been to hospital for a visit related to their cancer treatment in the months of May, June and July. The CPES has questions on patients' experience of **being diagnosed with cancer, the treatments they have had, and the quality of the support and information they have received**. Of all patients with cancer in England who were invited to fill in the survey, **64% responded.**

The results below show what the CPES found for women who were diagnosed and treated in NHS hospitals in England between 2015 and 2018, who completed the survey and who were included in the NABCOP.

Key message: Overall, women diagnosed with breast cancer reported good levels of care.

Question: Were you involved as much as you wanted to be in decisions about your care and treatment?

82%

8 out of 10 women of all ages felt they were involved as much as they wanted to be in decisions about their treatment and care.

If we look at this question by age groups, the percentages were as follows.

- **81%** of women aged **50 to 69**
- **86%** of women aged **80 and older**

Question: Before your cancer treatment started, were your options explained to you?

87%

Almost 9 out of 10 women of all ages felt their treatment options were explained to them completely.

Satisfaction levels were similar for all ages.

For women with early invasive breast cancer, satisfaction was lower in the following groups.

- Older women who did not receive surgery (**76%** of women aged **80 and older** felt their treatment options were explained to them completely)
- Older women who received chemotherapy (**77%** of women aged **80 and older** agreed completely that they had the information they needed)
- Women diagnosed with metastatic breast cancer

Question: Overall, how would you rate your care?

96%

More than 9 out of 10 women of all ages rated their care highly.

- There was **no difference** in responses when we looked at this question by different age groups.

6. Fitness for treatment: Why is it important to take account of an older person's fitness when they are diagnosed with breast cancer?

What is fitness?

An important factor in the shared decision-making between a woman with breast cancer and her treatment team is the woman's **health and fitness**. Health and fitness is a combination of **other conditions not associated with the breast cancer**, **frailty** and general ability to function day-to-day. This is particularly important in older women as they are more likely to have health problems **(comorbidities)**.

Women with health problems have a higher chance of experiencing **severe side effects or complications from breast cancer treatments**, and this might reduce their quality of life. However, some health problems can be improved, so it is important that **any problems are identified** to make sure that women are offered the best possible treatments which will cause the least amount of harm.

Key message: To help decide what treatments to recommend to patients with breast cancer, all breast units should be assessing the fitness of their older patients.

At the moment it can be difficult to understand how a woman's fitness affects the decision about what treatment she receives. This is because we have no universal measure of overall health that is recorded in our national data for women with breast cancer. We have created an assessment form to be a consistent and simple approach to recording patients' health and fitness. If you would like to see the form, please visit https://www.nabcop.org.uk/resources/fitness-assessment-tool/.

The NABCOP fitness assessment form for older women with breast cancer

Who will be asked to fill in the assessment form?

We won't ask every woman with breast cancer to fill in the form. We are using it to assess the fitness of patients who are **aged 70 and older and attending a breast cancer clinic for the first time.**

What is on the form, and why?

The form has four parts. Each part has questions which assess different parts of the woman's overall health. They are important for the breast cancer team to understand which treatment should be recommended. The form includes some questions which test memory, as well as questions about:

- how well the patient is able to manage with day-to-day activities (for example, washing, dressing and cooking); and
- whether the patient has any other health conditions (for example, any medical conditions which affect the heart or lungs).

Recommendations

When considering what treatments are possible options for a patient, breast cancer teams should consider the patient's **health and fitness**, rather **than just their age**. To help decide what treatments to recommend to patients with breast cancer, all breast cancer units should be assessing the fitness of their older patients. This should make sure that older age alone does not affect the treatment offered to patients.

The NABCOP fitness assessment form for older women with breast cancer aims to help breast cancer units improve and standardise the way in which they assess health and fitness in their patients **(see the box above)**.

Breast cancer teams should tell each patient how they have considered the patient's health and fitness when deciding their treatment options.

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

The Royal College of Surgeons of England is a professional membership organisation and registered charity, which exists to advance surgical standards and improve patient care.

Registered charity number: 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 visit www.associationofbreastsurgery.org.uk

Registered charity number: 1135699

Patient groups with representation within the NABCOP Clinical Steering Group:

Breast Cancer Now is the charity that's steered by world-class research and powered by life-changing care. They're here for anyone affected by breast cancer, the whole way through, providing support for today and hope for the future. Visit https://breastcancernow.org/

Breast Cancer Now is a charity registered in England and Wales (1160558), Scotland (SC045584) and the Isle of Man (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. www.independentcancerpatientsvoice.org.uk

Registered charity number: 1138456

Força - strength against cancer is a registered charity based in Lymington with the objective of promoting the physical and mental health of people living with or affected by cancer in Hampshire and Dorset through the provision of financial assistance, support, education and practical advice. Run by a team of volunteers, the charity's flagship project, Nourish, provides chemotherapy patients at Lymington New Forest Hospital with healthy meals to take home after treatment. The Support project provides specialist bras free of charge to patients post-mastectomy. The team also provide ad-hoc financial support to individuals. https://www.forcaagainstcancer.org.uk/

Registered Charity Number: 1159552

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 in patient outcomes and, in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering 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 projects, other devolved administrations and crown dependencies. www.hqip.org.uk/national-programmes

Registered charity number: 1127049

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The Welsh data is collated, maintained and quality assured by the Wales Cancer Network.