

Local Action Plan for taking on NABCOP 2021 Annual Report Recommendations

The provider should complete the following details to allow for ease of review:

Audit title & aim:	The National Audit of Breast Cancer in Older Patients (NABCOP). Evaluates the processes 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:	

When making your action plan, make sure to keep the objectives SMART – **S**pecific, **M**easurable, **A**ssignable, **R**ealistic, **T**ime-related.

Note: Organisation-level data relating to each recommendation listed below can be found in the ‘**NABCOP Annual Report 2021 NHS Organisation Data Viewer**’ here:

<https://www.nabcop.org.uk/resources/nabcop-2021-annual-report-supplementary-materials/>

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)

Key 2 (for the action priority)

- 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			
			Responsible individual(s)	Agreed deadline	Status (see Key 1)	Priority (see Key 2)
Rec 1	Recording of routine data items Ensure information on endocrine therapy treatment started in secondary care is recorded within routine data submissions to NCRAS (COSD) and WCN databases. [Chapter 4]	<u>Suggested actions:</u> <i>Review the data completeness of this information for your organisation. NHS trusts in England can access CancerStats¹ to see their data uploads in real time.</i>				

¹ <https://www.nabcop.org.uk/resources/cancerstats-area/>

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Rec 2	Recording of routine data items <i>(NICE guidelines NG101: 1.3.3)</i> Investigate consistency between recording of recurrence in Breast Units and the low percentages of recurrence found in national datasets, by reviewing the process of capturing these data within a breast unit, and ensuring these data are uploaded to cancer registration. [Chapter 6, and NABCOP 2020 Annual Report ² Chapter 10]	<u>Suggested actions:</u> <ul style="list-style-type: none"> • Does your organisation have a protocol for how all breast cancer recurrences are recorded in MDT IT systems? • Ensure your MDT team know who in their organisation is responsible for ensuring data is routinely uploaded to national cancer registration services. For English organisations, a patient presenting with a recurrence can be recorded in the core dataset of COSD³. • Identify a senior clinician to provide advice on data accuracy, data flows and the use of local and national data in governance activities. Is there a clinical lead for this? • Data submitted to cancer registration from your organisation requires review for data completeness and sign-off from an allocated individual; be clear on who this is and make them aware of this audit. 				
Rec 4 ⁴	Recording of routine data items <i>(NICE Breast Cancer Quality Standard 12; Quality Statement 1: Timely diagnosis)</i> <i>(NICE CSG1 Rapid and accurate diagnosis)</i> <i>(International Society of Geriatric Oncology (SIOG) 2021)</i> For English NHS trusts - Improve levels of data completeness within COSD data returns, where required, particularly for: <ul style="list-style-type: none"> a) The triple diagnostic assessment in a single visit indicator; b) The NABCOP fitness assessment indicators. [Chapter 6 & 7]	<u>Suggested actions:</u> <ul style="list-style-type: none"> • Breast care teams should agree and implement a standardised process of capturing data items on: <ul style="list-style-type: none"> (a) Triple diagnostic assessment in a single visit and (b) patient fitness for women aged 70 years and over in breast clinic, using the NABCOP fitness assessment form. • For NHS trusts in England: Ensure the designated individual(s) for managing the submission of data to NCRAS checks the completeness of: <ul style="list-style-type: none"> (a) The new data items on triple diagnostic assessment and (b) the new fitness assessment data items within the breast specific section of COSD V9. 				

² <https://www.nabcop.org.uk/reports/nabcop-2020-annual-report/>

³ For more information on the COSD dataset see: http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd

⁴ See **Box 1** for detail on recommendations 5 and 6, as well as all other recommendations for the NABCOP and other key stakeholders.

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Rec 7	Outcomes for patients with breast cancer <i>(NICE guideline NG101: 1.6.6-7; 1.8.1-3)</i> Breast cancer oncology teams should review chemotherapy associated morbidity in their units, with the aim of reducing unplanned chemotherapy-related admission rates. [Chapter 5]	<u>Suggested actions:</u> <ul style="list-style-type: none"> • Review the rates of chemotherapy-associated morbidity for your organisation in the corresponding tab on the NHS Organisation Data Viewer. • Perform a local audit to identify areas of practice which can be improved to reduce unplanned admission rates. 				
Rec 8	Outcomes for patients with breast cancer <i>(NICE guideline NG101: 1.3.1 – 1.3.2)</i> Breast cancer surgical teams should examine their reoperation rates after breast conservation surgery to determine if optimal practice is being implemented and to reduce their reoperation rate. [Chapter 5]	<u>Suggested actions:</u> <ul style="list-style-type: none"> • Review the reoperation rates after breast conserving surgery for your organisation in the corresponding tab on the NHS Organisation Data Viewer. • Perform a local audit of re-operation rates after breast conserving surgery and identify areas of practice which can be improved to reduce reoperation rates. 				
Rec 9	Fitness Assessment for older patients with breast cancer <i>(International Society of Geriatric Oncology (SIOG) 2021)</i> Use the NABCOP fitness-frailty assessment ⁵ for all newly diagnosed women 70 and over, and – where relevant – upload with the routine data returns (such as COSD for England). [Chapter 5]	<u>Suggested actions:</u> <ul style="list-style-type: none"> • Breast care teams are encouraged to implement the NABCOP fitness assessment form as a standardised measure of capturing patient fitness for women aged 70 years and over in breast clinic. • For NHS trusts in England: Ensure the designated individual(s) for managing NCRAS data feeds is aware of correct completion of the new NABCOP fitness assessment data items in COSD. • If parts of the NABCOP fitness assessment are incomplete, perform local audit to understand the reasons behind this, and take action to increase data completeness. 				

⁵ <https://www.nabcop.org.uk/resources/fitness-assessment-tool/>

Box 1. Recommendations from the 2021 report for the NABCOP and other key stakeholders

Recording of routine data items

3. In order to improve recurrence information in cancer registration datasets:
 - a) Continue to monitor and report on patterns of recurrence at a national level and by NHS organisation.
 - b) Share knowledge on successful ways to upload recurrence information with NHS organisations, such as identifying exemplars of good practice.
[Chapter 6, and NABCOP 2020 Annual Report⁶ Chapter 10]. *Primary audience to action recommendation:* The NABCOP, National Cancer Registration and Analysis Service (NCRAS), and Wales Cancer Network (WCN).

Equitable care for older patients with breast cancer

5. Work with NCRAS and WCN to support the development of contemporaneous data collections on breast cancer diagnoses and treatment across England and Wales. [Chapter 3]. *Primary audience to action recommendation:* The NABCOP, NCRAS, and WCN, other key users of national cancer datasets.
6. Provide updated reports on patterns of newly diagnosed patients with breast cancer by age group and route of diagnosis to support local and national decision making in response to changes in demand. [Chapter 3]. *Primary audience to action recommendation:* The NABCOP.

Fitness assessment for older patients with breast cancer

10. Disseminate findings on relative survival through publications and communications. [Chapter 5]. *Primary audience to action recommendation:* The NABCOP.
11. Promote awareness of the fitness assessment form among breast units, for all patients aged 70 and over attending the first diagnostic clinic. [Chapter 6 & 7]. *Primary audience to action recommendation:* The NABCOP, NCRAS, and WCN.

⁶ <https://www.nabcop.org.uk/reports/nabcop-2020-annual-report/>

Full detail on relevant guidance, by recommendation.

- Rec 2: NICE guideline NG101 1.3.3 “All breast units should audit their recurrence rates after treatment.”
- Rec 4: 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.
NICE cancer service guideline CSG1 Improving outcomes in breast cancer: Rapid and accurate diagnosis “Routine use of triple assessment can increase the speed and accuracy and reduce the cost of diagnosis.”
- Rec 4 & 9: The International Society of Geriatric Oncology (SIOG) provides recommendations focused on the older breast cancer patient: “Screening for frailty is recommended for patients aged ≥70 years to identify... increased susceptibility to stressors and adverse outcome; treatment can be tailored based on patients grouping as fit, susceptible or pre-frail, and frail.”⁷
- Rec 8: NICE guideline NG101 1.3.1 recommends that further surgery is offered: “where invasive cancer and/or DCIS is present at the radial margins ('tumour on ink'; 0 mm).”
- Rec 7: NICE guideline NG101 1.6.6-7
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.”
NICE guideline NG101 1.8.1-3
1.8.1 “For people with breast cancer of sufficient risk that chemotherapy is indicated, offer a regimen that contains both a taxane and an anthracycline.”
1.8.2 “Discuss with people the benefits and risks of adding a taxane to anthracycline-containing regimens.”
1.8.3 “Weekly and fortnightly paclitaxel should be available locally because these regimens are tolerated better than 3-weekly docetaxel, particularly in people with comorbidities.”

⁷ Biganzoli L, Battisti NML, Wildiers H, McCartney A, Colloca G, et al. Updated recommendations regarding the management of older patients with breast cancer: a joint paper from the European Society of Breast Cancer Specialists (EUSOMA) and the International Society of Geriatric Oncology (SIOG). Lancet Oncol 2021 May 14:S1470-2045(20)30741-5.