

National Audit of Breast Cancer in Older Patients 2022 Annual Report

Summary of findings for the public and patients



This report has been prepared with:

**NA
BCOP** | 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 NABCOP?

The **National Audit of Breast Cancer in Older Patients (the NABCOP)** is a national clinical audit and aims to find out about the quality of care breast cancer services in England and Wales have provided to women aged 70 or older.

What is this report about?

Since 2017, the NABCOP has produced an annual report which looks at how breast cancer is diagnosed and managed in older patients in England and Wales. We compare the care provided to women aged 70 or older against the care provided to those aged between 50 and 69.

This report is a summary of the main findings and recommendations in the NABCOP 2022 Annual Report.

From October 2022, the work of the NABCOP will be expanded on by two new audits of both primary breast cancer and metastatic breast cancer in women

and men of all ages.

Where can I find more information about the NABCOP?

You can download the NABCOP 2022 Annual Report from our [website](#).

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pages 1 to 10

In this report, speech bubbles (like the one above) tell you which pages in the annual report give further information. We encourage patients with breast cancer to consider the suggestions shown in the **'What you can do'** green bubbles throughout this document.

Please visit www.nabcop.org.uk or follow us on Twitter [@NABCOP_news](https://twitter.com/NABCOP_news) to keep up to date with the NABCOP 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.

Breast-conserving surgery – 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'.

Cancer Patient Experience Survey – a national survey, performed every year, asking patients with cancer about their experience of NHS cancer care (www.ncpes.co.uk).

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

Clinical audit – A way to assess if healthcare is being provided in line with clinical standards.

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.

Early invasive breast cancer – Stage 1 cancer (the breast cancer is small, and some cancer cells may have spread to the lymph nodes near to the breast) to stage 3a cancer (the cancer in the breast has spread to four to nine nearby lymph nodes).

ER-positive breast cancer – Breast cancers that grow in response to the hormone estrogen. Approximately 70% of invasive breast cancers (see the definition below) are ER positive. (ER stands for estrogen receptor.)

ER-negative breast cancer – Breast cancers where no, or very few, estrogen receptors are present.

Frailty – A state of health, often related to ageing, where the person's ability to respond to, for example, infection, is not as good as someone who is not frail.

HER2 (human epidermal growth receptor 2) positive breast cancer – Breast cancers which have a higher than normal level of a protein called HER2, which makes the cancer cells grow.

Invasive breast cancer – Cancer cells that have spread beyond the breast.

Metastatic breast cancer – This is when cancer has spread from the place it started to other parts of the body. It is also referred to as stage 4 cancer or secondary cancer.

Primary breast cancer – breast cancer that has not spread beyond the breast or the lymph nodes (glands) under the arm.

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

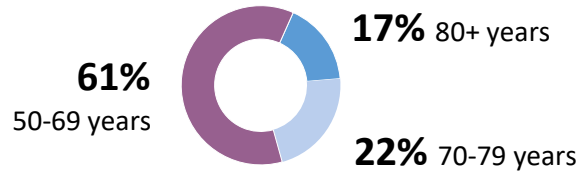
Recurrence – the term used when a cancer has come back (recurred) after treatment.

Summary of findings

Between 2014 and 2019, **224,049** women in England and Wales aged 50 and older were diagnosed with breast cancer.

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 on the right.)

Age breakdown for women diagnosed with breast cancer between 2014 and 2019



Did you know?

The risk of developing breast cancer increases with age. The sooner breast cancer is diagnosed, the more effective treatment is likely to be.

- If you are over 70 (73 in some areas), you will not be sent an invitation for screening. However, you can continue to have breast screening every three years if you ask for it. Your GP can put you in touch with your local breast screening unit or you can look them up online.
- Regardless of your age, you can go for breast screening even if you have no symptoms.
- It is important to check your breasts regularly and ask your GP for advice if you notice any changes or have any concerns.

The care pathway for women aged 50 and older diagnosed in 2019

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Almost **7 in 10** women (**69%**) were estimated to have received triple diagnostic assessment (a physical examination, imaging of the breast and sometimes the armpit, and a biopsy) in a single visit.



In Wales this was up from **58%** in 2014.



In women diagnosed with breast cancer, nearly all (**96%**) of those whose information was recorded had been in contact with a clinical nurse specialist.



In England, this was up from **78%** in 2014.

Note: information on whether women saw a clinical nurse specialist was reported for more than 7 in 10 women aged 50 and older.



In the 2019 Cancer Patient Experience Survey carried out in England, almost **5 in 10** women (**47%**) rated their overall care, on a scale of zero (very poor) to 10 (very good), as 10.



This was up from **35%** in 2014.

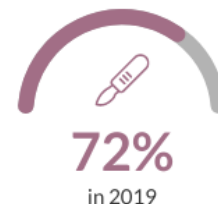
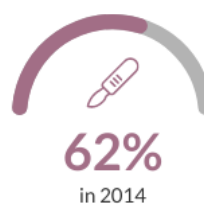
Looking at breast cancer treatment for patients diagnosed between 2014 and 2019

We used information for women aged 50 or older, diagnosed in England and Wales between January 2014 to December 2019, to look at how breast cancer treatment changed over the period of the NABCOP clinical audit.

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Ductal carcinoma in situ (23,901 women)

Rates of surgery increased over time **for women aged 80 and older** who were fit or who had mild to moderate frailty.



Early invasive breast cancer (165,118 women)

For women aged 80 and older who were fit or with mild to moderate frailty, rates of surgery increased over time.



For women aged 75 and older with **ER-positive** early invasive breast cancer, there were regional variations in the percentage who underwent surgery.



The rates of surgery decreased with increasing age at diagnosis. This decrease was greater for women with **ER-positive** breast cancer.



Regardless of age, rates of radiotherapy after mastectomy in women with a high risk of breast cancer recurring varied by NHS organisation.



For women with **HER2-positive** early invasive breast cancer, rates of chemotherapy increased from **53%** in 2014 to **62%** in 2019, regardless of age at diagnosis. However, rates remained low in older women.



Among women with **ER-negative** early invasive breast cancer, rates of chemotherapy have increased from 2014 to 2019, among both age groups.

- From **61%** in 2014 to **81%** in 2019 for women aged 50 to 69
- From **29%** to **46%** for women aged 70 and older

Metastatic breast cancer (9,642 women)

Among women aged 50 and older who were diagnosed with invasive breast cancer between 2014 and 2019, **5%** were diagnosed with metastatic breast cancer. The percentage of women diagnosed with metastatic breast cancer increased with age.

- **3%** among women aged 50 to 69
- **6%** among women aged 70 to 79
- **8%** among women aged 80 and older



Among women aged 50 and older diagnosed with metastatic breast cancer between 2014 and 2019, **1 in 4 (25%)** received chemotherapy within six months from diagnosis.

What you can do

If you have breast cancer, ask your breast cancer team how they considered your overall health and fitness when deciding on your treatment options. (All breast units should be assessing the fitness of their older patients.) Ask your breast cancer team whether they use the NABCOP Fitness Assessment Form (see page 5) and the NABCOP guide to the breast cancer pathway (see page 5).

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Outcomes for patients with breast cancer



15% of women who had breast-conserving surgery for ductal carcinoma in situ or early invasive breast cancer had at least one more breast operation within the following three months.



For women with early invasive breast cancer, rates of hospital admissions within 30 days of the start of a chemotherapy cycle have decreased over time (30% in 2014 to 24% in 2019).

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Trends in breast cancer care in 2020

The COVID-19 pandemic affected how many patients aged 50 and older were diagnosed with and treated for breast cancer in 2020.



30% fewer women were diagnosed with breast cancer in April to December 2020, when compared with the same period in 2019. By the end of 2020, numbers of women diagnosed with breast cancer were returning to normal levels.



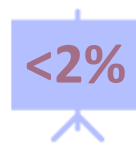
79% of women with non-invasive or invasive breast cancer received surgery between April and December 2020. This was less than in the same period in 2019, where 86% of patients had received surgery.

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Recording routine data



Among women aged 50 and older diagnosed between 2014 and 2019, the rate of recurrence recorded in national cancer data is only 4%, although we know that the rate of recurrence is much higher.



Of women aged 70 and older who were diagnosed in England from October 2020 to September 2021, less than 2% had information from their NABCOP Fitness Assessment Form recorded in national cancer data.

What you can do

Accurate information is important for achieving healthcare equality for individual patients and across regions. If your breast cancer recurs, ask your breast cancer team if this information has been recorded in national cancer data.

All women aged 70 and older should have the NABCOP Fitness Assessment Form filled in for them before treatment decisions are made. Ask your breast cancer team if this has been done for you, and if the information is recorded in national cancer data.

For suggested questions about what information is recorded about your breast cancer, see the NABCOP guide to the breast cancer pathway for older women (see page 5).

The NABCOP Fitness Assessment Form for older women with breast cancer

To help decide what treatments to recommend to patients with breast cancer, all breast units should assess the fitness of older patients.

We have created an assessment form to provide a consistent and simple approach to recording patients' health and fitness. If you would like to see the form, go to www.nabcop.org.uk/resources/fitness-assessment-tool/. In England this form is now being recorded in national cancer data for women with breast cancer.

What you can do

Ask your breast cancer team how they considered your overall health and fitness when deciding on your treatment options and whether they use the NABCOP Fitness Assessment Form and the NABCOP guide to the breast cancer pathway (see page 5).

The NABCOP's 2022 recommendations

Breast cancer teams should do the following.

- Make sure older patients have sufficient information about their care and treatment, and are involved in decisions about their care and treatment.
- Review the number of patients who have at least one further operation after their first breast-conserving surgery, and the number of patients having an overnight stay in hospital after chemotherapy, to see if their practice can be improved and unnecessary visits to hospital reduced.
- Make sure information about the diagnosis and treatment of patients with breast cancer is being recorded in national cancer data.

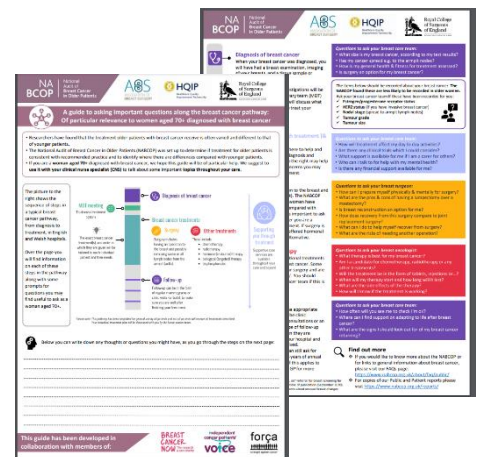
The NABCOP guide to the breast cancer pathway for older women

To help encourage conversations between patients and the breast care teams looking after them, we have worked with our patient and charity representatives to develop a two-page guide which includes important questions to ask.

This guide is particularly relevant to women aged 70 or older, with question prompts for patients to discuss key elements of their care and treatment with their breast care team, supported by their clinical nurse specialist.

As a patient you can ask your breast cancer team to talk you through the guide to make sure you have a chance to ask any questions that may come up about your care.

To access the guide, go to www.nabcop.org.uk/resources/the-nabcop-guide-to-the-breast-cancer-pathway-for-older-women/



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Find out more

For general information about breast cancer, and how patient information is used to improve outcomes, please visit the following websites.

General information about breast cancer

- Breast Cancer Now – www.breastcancer.org
- A leaflet from Public Health England on breast screening for women aged 71 or over – 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 – www.nhs.uk/conditions/breast-cancer/

How patient information is used to improve outcomes

- use MY data – www.usemydata.org

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.forcaagaincancer.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

Acknowledgements

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

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