NABCOP | National Audit of Breast Cancer in Older Patients

Summary of NABCOP webinar: 1st September 2022

1. Background

Over the past six years, the National Audit of Breast Cancer in Older Patients (NABCOP) has investigated how diagnosis, treatment and outcomes differ for women aged 70 and over, compared with women aged 50-69 years, in NHS organisations in England and Wales. The NABCOP has published the results from six major analyses of patient-level datasets, along with two organisational surveys, in a series of Annual Reports. These have informed NHS breast units' initiatives to improve the care received by older patients with breast cancer.

From October 2022, two new audits on breast cancer will be delivered by a new National Cancer Audit Collaborating Centre (NCACC). The audits of both primary breast cancer and metastatic breast cancer will build on the work of the NABCOP, to evaluate breast cancer care among patients of all ages both male and female in England and Wales.

To reflect on key messages of the sixth, and final, Annual Report, as well as highlight key areas of improvement for data completeness to be taken forwards, the NABCOP hosted a webinar for all members of the breast cancer multidisciplinary team (MDT) on September 1st 2022.

1.1. Aim

To discuss key messages from the 2022 NABCOP Annual Report and steps to improve data quality for breast units in England and Wales.

2. Attendees

The meeting was facilitated by Kieran Horgan, David Dodwell, Katie Miller and Melissa Gannon from the NABCOP Project Team. Sarah Downey (Consultant Breast Surgeon) and Sharon Thain (Breast Care Nurse) from the James Paget NHS Foundation Trust, were invited to speak on their experience of completing the NABCOP fitness data items and recording of breast cancer recurrence, owing to their Trust's excellent levels of data completeness.

The webinar was attended by a total of 86 people from 46 NHS organisations across England and Wales (with one international participant). The webinar was attended by a wide range of MDT members, as described in **Table 1.**

Table 1. Number and role of attendees to the NABCOP webinar.

Role	Number of attendees
Audit service	16
Breast Surgeon	22
Cancer service	11
Clinical Governance service	2
Clinical Nurse Specialist/Advanced Nurse Practitioner	13
Doctor (other)	7
Oncologist	2
Radiologist/Radiology service	4
Other	1
NABCOP Project Team and invited speakers	8
Total	***86***

3. Presentations

The sections below cover the content presented by each speaker.

3.1. Kieran Horgan – NABCOP Surgical Lead

- Overview of the NABCOP and data sources.
- The patient and tumour characteristics of women diagnosed with breast cancer across 2014-2019, according to age at diagnosis. Older women did not have differences in tumour biology compared to younger women aged 50-70 years.
- The percentage of women receiving surgery decreases with age. When stratified by estrogen receptor (ER) status, a greater proportion of older (>70 years) women with ER negative early invasive breast cancer (EIBC) receive surgery, compared to women with ER positive EIBC.
- Variation exists across NHS organisations in the percentage of women with ER positive EIBC who receive surgery who are aged 75+ years.
- The reoperation rate after breast conserving surgery for ductal carcinoma-in-situ or EIBC has changed little over time. This needs addressing to reduce reoperation rates, without further negative implications such as increased mastectomy rates.
- The Primary Care Prescription Dataset (PCPD) provides more information on endocrine therapy prescribing, compared to secondary care data sources. It is still important to improve recording of endocrine treatment in secondary care data sources.

3.2. David Dodwell – NABCOP Oncology Lead

- There are unexplained differences and variation in the care of older patients with breast cancer in the UK, but treatment variation is difficult to address.
- Variation between trusts exists in the percentage of women with DCIS receiving radiotherapy after breast conserving surgery, and in the percentage of women with high-risk EIBC receiving radiotherapy after mastectomy. It is difficult to state what the 'desirable level' of treatment intervention should be.
- To try to understand the processes behind variation and improve care, the NABCOP developed three quality improvement (QI) goals: (1) to increase the rate of surgery for fit older women with EIBC; (2) to increase the use of a reliable, consistent description of patient fitness; (3) to improve the completeness of key clinical data items, specific to the audit.
- Continuing to improve the completeness and quality of breast cancer data remains important, as the new breast cancer audits will have the same data processes as the NABCOP.
- The NABCOP has demonstrated low levels of recording of breast cancer recurrence, which is seen across all Cancer Alliances.

3.3. Sarah Downey and Sharon Thain – James Paget NHS Foundation Trust

- The NABCOP fitness assessment form is printed off with lots of copies distributed in the clinics.
- The team found the Abbreviated Mental Test Score (AMTS) the most challenging aspect of the form to integrate into clinical practice.
- This aspect is now seen as a valuable part of developing the doctor-patient relationship, and helps clinicians to better understand the cognition of each patient.
- The breast cancer team was already interested in how the older patient was managed, as well as understanding variations in practice, thanks to a regional audit investigating these aspects.
- The introduction of the NABCOP fitness assessment form was discussed at an annual away day, which is attended by all members of the breast cancer MDT. The team feel this is a good way to understand the challenges facing each of the specialties, and how to address them.

- Previously, documentation at the MDT was inconsistent and done by different members of the team. This was much improved by the input of a physician's assistant, who meticulously records the information at the MDT.
- Data are collected and entered into the Somerset electronic note system by the breast care nurses as well as the physician's assistant.

4. Attendee discussion

The webinar concluded with a short question and answer session. Submitted questions from attendees focused on data completeness and aspects of the new breast cancer audits:

- Q: Where trusts have poor data uploads, is there still benefit of partially completed/poor data being investigated?
    - A: Poor or low levels of data completeness should continue to be investigated within the breast unit. Trusts were encouraged to review their own NABCOP data to facilitate this.
- Q: Why is the NABCOP not continuing? 5 years is not long for a national audit. There are lessons learned but there will be even more lessons learned when data collection is improved. It seems also especially important to continue after the COVID-19 pandemic because this will have impacted many outcomes.
    - A: Management of older patients will continue to be investigated by the new breast cancer audits and these new audits will have a wider remit and reach.
- Q: Using the CQC to ensure that certain data inputs are completed was a good move by NABCOP. Will the new national audits have a similar CQC 'stick' to ensure that essential data items are entered?
    - A: The details of the new audits are to be developed but we hope that liaison with the CQC will remain a part of the audit activities.

5. Next steps

- Attendees were encouraged to use the NABCOP Fitness Assessment Form for all women aged 70 year and over.
- Each unit was encouraged to access and look at their data returns.

Attendees have been invited to provide feedback on the webinar via a Microsoft Office form.