

NABCOP Newsletter

NABCOP 2018 Public and Patients Annual Report published

The public and patients version of the 2018 NABCOP Annual Report is now available to download at www.nabcop.org.uk/reports/

This report is a summary version of the 2018 findings written for women with breast cancer and the general public. It describes:

1. What we know about women with breast cancer in England and Wales;
2. how their breast cancer was diagnosed;
3. if women were seen by a breast clinical nurse specialist;
4. the time from breast cancer being diagnosed to having surgery or starting chemotherapy;
5. the type of surgery women with breast cancer have;
6. how long women who have surgery for their breast cancer stay in hospital after this surgery;
7. which women have radiotherapy after breast surgery; and
8. which women have chemotherapy.

Fitness assessment form – Now available to pilot

We are recruiting breast units to participate in our pilot study on the fitness assessment of older patients with breast cancer.

The aim of this pilot is to investigate whether a simple tool can be used to assess the health and fitness of older patients within a breast unit as part of routine clinical practice.

- The assessment form should typically take less than 5 minutes to complete on each occasion
- This pilot will run until **Friday 7 December 2018**.

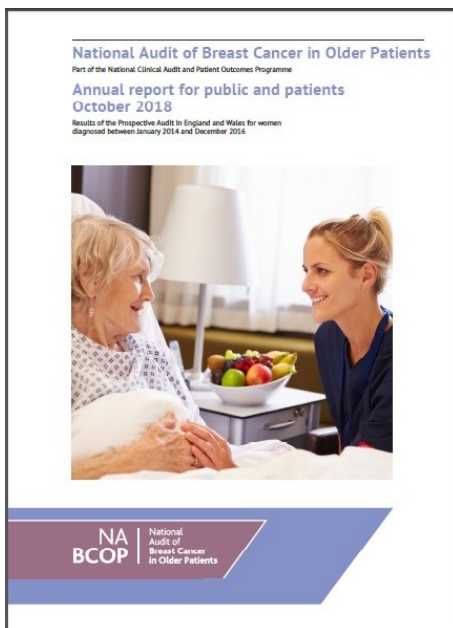
More information, including the staff and patient information leaflet and the fitness assessment, are now available to download at

<https://www.nabcop.org.uk/resources/>

On behalf of the NABCOP Project Team

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Please contact us or visit our website for more information on this HQIP-funded project within the [National Clinical Audit and Patient Outcomes Programme](#).



For more information about the audit please visit www.nabcop.org.uk

Clinical Frailty Scale* (Please circle the appropriate number)

<p>1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p> <p>2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</p> <p>3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p> <p>4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.</p> <p>5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</p> <p>6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.</p>	<p>7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).</p> <p>8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p> <p>9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.</p>
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Scoring frailty in people with dementia
The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal. In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In severe dementia, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

Abbreviated Mental Test Score

Ask the following questions to the patient. Each question that is correctly answered scores one point:

1. What is your age?	6. Can the patient recognise two persons (e.g. the doctor, nurse etc)?
2. What is the time to the nearest hour?	7. What is your date of birth? (day and month sufficient)
3. Give the patient an address, ask him/her to repeat it at the end of the test e.g. 42, West Street	8. In what year did World War 1 begin?
4. What is the year?	

Patient chose not to answer all questions Total score = ____ / 10

Note: A score of 6 or less suggests delirium or dementia, although further tests are necessary to confirm the diagnosis

Does the patient have severe* cardiorespiratory disease? Yes / No
* severe = less than ordinary physical activity or rest causes tiredness, palpitations or shortness of breath

Does the patient have any other non-breast locally advanced / metastatic malignancy? Yes / No