
National Audit of Breast Cancer in Older Patients

Part of the National Clinical Audit and Patient Outcomes Programme

2019 Annual Report for public and patients

Results of the prospective audit in England and Wales for women diagnosed between January 2014 and December 2017



Tackling differences in the diagnosis and treatment of breast cancer in older women in England and Wales

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BCOP

National
Audit of
Breast Cancer
in Older Patients

Background

The National Audit of Breast Cancer in Older Patients (NABCOP) was commissioned by the Healthcare Quality Improvement Partnership (HQIP) to find out about the quality of care provided to women aged 70 years and older by breast cancer services in England and Wales.

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

1. women aged 70 years and older with women aged between 50 and 69 years; and
2. different English and Welsh breast cancer teams, within NHS hospitals, with each other.

The report is based on information collected by the English National Cancer Registration and Analysis Service (NCRAS) and the Wales Cancer Network (WCN).

This report is for women with breast cancer as well as the general public. It is a summary of the findings from the full NABCOP 2019 Annual Report (available at www.nabcop.org.uk/reports/nabcop-2019-annual-report/). It provides information on the care and treatment of women who were diagnosed with breast cancer between **1 January 2014 and 31 December 2017**. It specifically describes the care women with the following types of breast cancer received.

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

Each section of this report includes key messages for the public and patients. The guidance boxes and glossary provide more information on breast cancer and how it is treated.

Box 1: What is breast cancer?

Breast cancer starts when cells in the breast begin to divide and grow in an abnormal way.

- In non-invasive breast cancer, these abnormal cells only appear in the walls of the milk ducts of the breast. (Cancer that has not spread into the surrounding healthy tissues is called 'in situ'.) The most common type of non-invasive breast cancer is **ductal carcinoma in situ (DCIS)**.
- In invasive breast cancer, the abnormal cells spread beyond the walls of the milk ducts into other parts of the breast. If the abnormal cells have not spread beyond the breast or the lymph nodes (that is, they have not spread to other parts of the body), this is known as **early invasive breast cancer**.
- If the abnormal cells have spread to other parts of the body (see figure 1), this is known as **metastatic (secondary) breast cancer**.

Characteristics of breast cancer

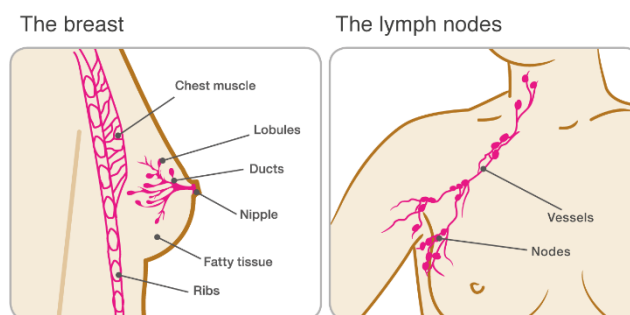
Several tests are carried out on the cancer cells to find out whether or not they:

- might be sensitive to hormones such as estrogen (these cells are known as **ER-positive**); or
- have a higher than normal level of a protein called human epidermal growth receptor 2 (these cells are known as **HER2-positive**).

All breast cancers are also described by their grade and stage. The **grade** depends on how different the cancer cells appear compared with normal cells. **Stage** describes the size and spread of the cancer.

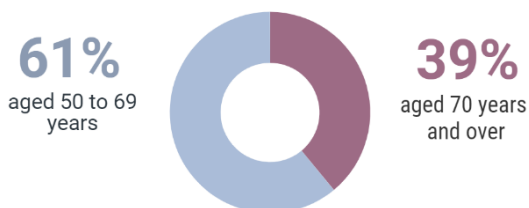
The results of these tests, along with the grade and stage of the cancer, help identify the best treatment option for each woman.

Figure 1 illustrates the anatomy of the breast and lymph nodes. Image from Breast Cancer Care, Breast Cancer Now.



1. How women are diagnosed with breast cancer

Women with breast cancer in England and Wales between 2014 and 2017



The 2019 Annual Report describes the care received by 147,162 women aged 50 years and older, who were diagnosed with breast cancer in England and Wales between 2014 and 2017.

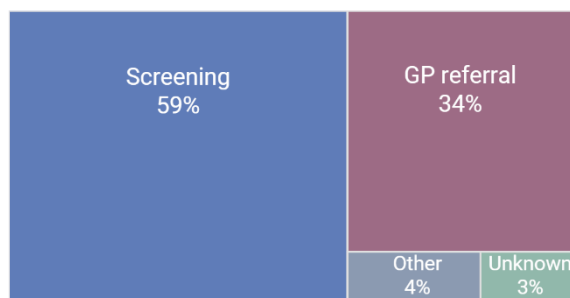
Almost 4 in 10 of these women (39%) were aged 70 years and older.

How are women diagnosed with breast cancer?

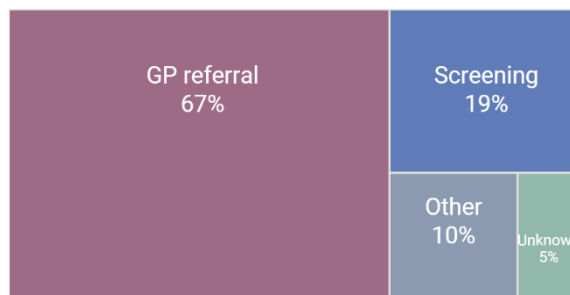
Women can be diagnosed with breast cancer in a number of ways (see **box 2**).

In women diagnosed with breast cancer in 2017:

- 6 out of 10 (59%) women aged between 50 and 69 years were diagnosed after breast cancer screening; and
- 7 out of 10 (67%) women aged 70 years and older were diagnosed after being referred to a specialist by their GP.



Women aged 50 to 69 years



Women aged 70 years and over

Key messages for the public and patients

The risk of developing breast cancer increases with age. The sooner breast cancer is diagnosed, the more effective your 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.

For more information on how to check your breasts please see the **'Finding out more'** section at the end of this report.

Box 2: How breast cancer is diagnosed in England and Wales

- **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.
- **Breast screening:** In England and Wales, women aged between 50 and 70 years are invited for a mammogram (breast X-ray) every three years as part of a national breast screening programme.
- **Other routes to diagnosis:** Women can be 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.

Being seen by a breast clinical nurse specialist (CNS)

Each woman with breast cancer should be assigned a named breast clinical nurse specialist (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 how information on whether or not women had seen a breast CNS was recorded.

Among women diagnosed with breast cancer in 2017, where this information was recorded, nearly all women (95%) were reported to have seen a breast CNS. Access to a breast CNS was similar for all ages.



Key messages for public and patients

Ask for the name and contact details of a breast CNS if you weren't given this information when you were diagnosed.

Your breast CNS is there to support you and provide information on other help that is available. This includes the many support services that are available for patients experiencing physical or psychological side effects during or following their diagnosis and treatment.

2. Women diagnosed with ductal carcinoma in situ (DCIS)

Women diagnosed with DCIS between 2014 and 2017

In women aged 50 to 69 years

14%



More than 1 in 10 women aged 50 to 69 years had DCIS.

In women aged 70 years and older

6%



Fewer than 1 in 10 women aged 70 years and older had DCIS.

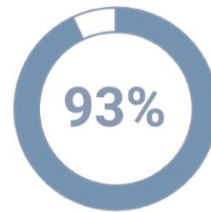
A higher percentage of women aged 50 to 69 were diagnosed with DCIS (14%) compared with women aged 70 years and older (6%). This is likely to be because DCIS usually has no symptoms and most cases are found during routine breast screening in women aged under 70 years, meaning that cancer can be detected early.

Who received surgery for DCIS?

Several factors affect the decision whether to have surgery. See **Box 3** on the next page for more information.

The percentage of women who had surgery for DCIS reduced from 93% in women aged 50 to 69 years to 81% in women aged 70 years and older.

There were also differences across English and Welsh hospitals in the percentages of women aged 70 years and older who had surgery for DCIS.



More than 9 in 10 women aged 50 to 69 years had surgery for DCIS.



8 in 10 women aged 70 years and older had surgery for DCIS.

Who had radiotherapy after breast conserving surgery for DCIS?

What do the guidelines say?

Clinicians should discuss with women who have breast conserving surgery for DCIS the option of having radiotherapy.

In total, 6 out of 10 women (60%) had radiotherapy after breast conserving surgery.

Women aged 70 years and older were less likely to have radiotherapy after surgery.

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



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



Key messages for patients

If you are diagnosed with DCIS and are not sure about the risks and benefits of your treatment options, ask your breast cancer team for more information.

If you are having breast conserving surgery, ask your breast cancer team about the benefits and drawbacks of having radiotherapy.

Box 3: Treatments for women with breast cancer

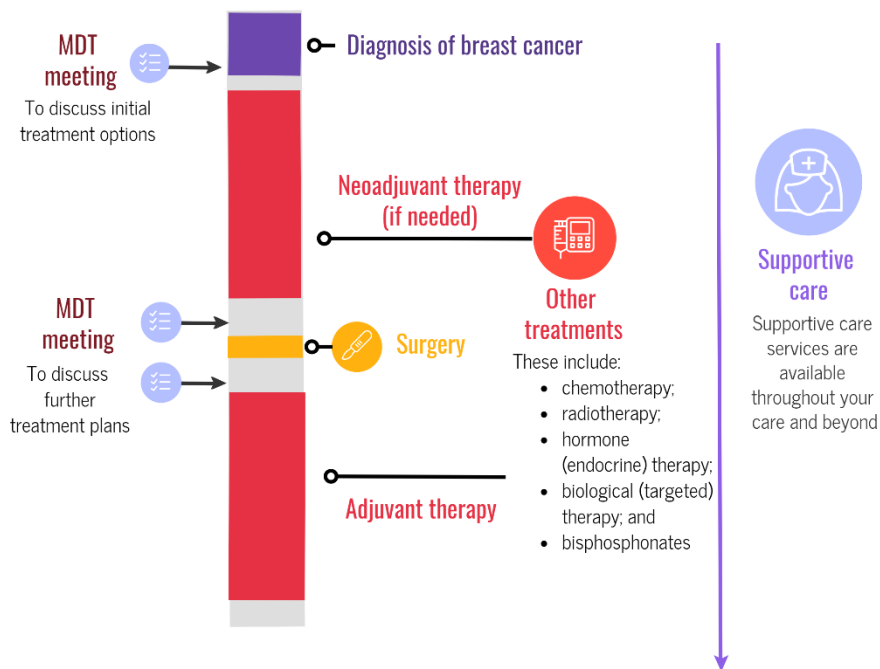


Figure 2: An example of a typical breast cancer treatment pathway in English and Welsh NHS hospitals.

Surgery

Surgery is the main treatment for most women diagnosed with either early invasive or non-invasive breast cancer. The decision to use surgery depends on the characteristics of the tumour (including tumour size, tumour grade, and whether the cancer has spread) as well as the patient’s fitness and personal preference.

The two main types of breast surgery are:

- **mastectomy** – which involves removing the cancer and all of the breast tissue; or
- **breast conserving surgery (BCS)** – which involves removing only the portion of the breast which contains the cancer.

Which type of surgery a woman will have depends on several things, including the size of the breast cancer compared with the breast size, whether the cancer is in more than one part of the breast and how much the cancer has spread. It also depends on what the woman wants.

Other treatments

As well as surgery, other treatments are used for breast cancer. These can include:

- **chemotherapy;**
- **radiotherapy;**
- **hormone (endocrine) therapy;**
- **biological (targeted) therapy;** and
- **bisphosphonates.**

Some drug treatments can be given before surgery (known as **neoadjuvant** or primary systemic therapy) or after surgery (known as **adjuvant** therapy).

The choice and order of treatments given to a woman depend on the characteristics of the tumour, including tumour size, tumour grade, whether the cancer has spread, whether the lymph nodes are involved, and ER status and HER2 status. The woman’s physical fitness also affects her treatment options.

Some treatments are only suitable in breast cancer with specific characteristics. For example:

- endocrine therapy is only given to women with ER-positive breast cancer; and
- biological therapy such as trastuzumab (Herceptin) is only given to women with HER2-positive breast cancer.

3. Women diagnosed with early invasive breast cancer

Women with early invasive breast cancer between 2014 and 2017



A higher percentage of women aged 50 to 69 were diagnosed with early invasive breast cancer (76%) compared with women aged 70 years and older (71%).

Key features of early invasive breast cancer in women aged 70 years and older compared with women aged 50 to 69 are:

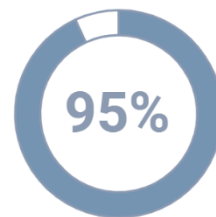
- a higher percentage of these women had larger breast cancers;
- a slightly higher percentage were diagnosed with cancer that had spread to the lymph nodes; and
- a similar percentage of women had ER-positive and HER2-positive breast cancer. However, women aged 70 years and older were less likely to have a recorded HER2 status.

Who received surgery for early invasive breast cancer?

What do the guidelines say?

Women with ER-positive breast cancer who are unfit or who have a reduced life expectancy can be prescribed primary endocrine therapy (PET) instead of having surgery. See **Box 3** on the previous page for more information.

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



More than 9 in 10 women aged 50 to 69 years had surgery for early invasive breast cancer.



Fewer than 8 in 10 women aged 70 years and older had surgery for early invasive breast cancer.

The percentage of women who had surgery was lower (74%) in women aged 70 years and older compared with women aged 50 to 69 years (95%).

Fewer women aged 70 years and older with ER-positive breast cancer (73%) had surgery compared with women who had ER-negative breast cancer (90%). The likelihood of having surgery was also much lower for unfit women who had ER-positive breast cancer compared with unfit women with ER-negative breast cancer.

Who had radiotherapy after surgery for early invasive breast cancer?

What do the guidelines say?

Women who have breast conserving surgery should be considered for radiotherapy.

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.

Among women who had breast conserving surgery, 84% of those aged 70 years and older and 91% of those aged 50 to 69 years had radiotherapy.

More than 6 in 10 women aged 50 to 69 years had radiotherapy to the chest wall after a mastectomy. (See note below.)



6 in 10 women aged 70 years and older had radiotherapy to the chest wall after a mastectomy. (See note below.)



Note: Women included in the figures had early invasive breast cancer which had either spread to the lymph nodes or if it had not spread to the lymph nodes the tumour was at least 51mm.

Who had chemotherapy and biological therapy after surgery for HER2-positive early invasive breast cancer?

What do the guidelines say?

Chemotherapy and biological therapy such as trastuzumab (an HER2 treatment) is generally recommended for women with breast cancer whose characteristics mean it has a high chance of returning or spreading. This includes most women with HER2-positive breast cancer, for example.

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



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



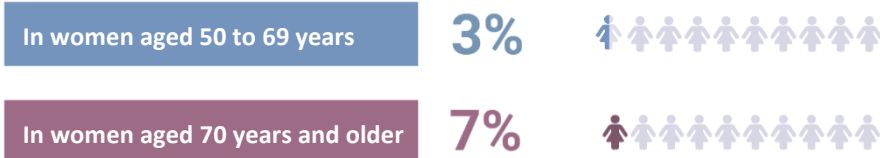
Key messages for patients

Women aged 70 years and older with **early invasive breast cancer** are less likely to receive surgery and adjuvant treatments (treatments after surgery) than women aged 50 to 69 years. This is the case even when women have no severe fitness or medical problems. There are also differences in the type of care provided by different hospitals.

- If you are diagnosed with early invasive breast cancer, it is important that your cancer is tested for ER and HER2 status. This helps to identify your best treatment options. It may also be useful for you to know the ER and HER2 status of your cancer so you understand more about the benefits of your treatments.
- Radiotherapy, chemotherapy and biological therapy can have harmful side effects. If you are aged 70 or older, your breast cancer team may want to test your fitness to assess whether you may benefit from these treatments with as little risk of harm as possible.

4. Women diagnosed with metastatic breast cancer

Women with metastatic breast cancer between 2014 and 2017



Fewer than 1 in 10 women aged 50 to 69 years were diagnosed with metastatic breast cancer.

Almost 1 in 10 women aged 70 years and older were diagnosed with metastatic breast cancer.

The percentage of women who were diagnosed with metastatic breast cancer increased with age.

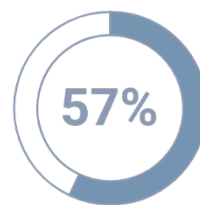
Treatment of women with metastatic breast cancer

What do the guidelines say?

Women with ER-positive metastatic breast cancer should be prescribed endocrine therapy for their main treatment.

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

Among women with ER-positive metastatic breast cancer



Over 5 in 10 women aged 50 to 69 years had endocrine therapy.



Over 7 in 10 women aged 70 years and older had endocrine therapy.

Women aged 70 years and older were less likely to receive chemotherapy (24%) compared with women aged 50 to 69 years (59%), regardless of ER status and the woman's fitness.

Key messages for patients

Women aged 70 years and older who are newly diagnosed with **metastatic breast cancer** are less likely to receive chemotherapy than women aged 50 to 69 years. This is the case even when women are fit and regardless of ER status. There are also differences in the type of care provided by different hospitals.

- If you are diagnosed with metastatic breast cancer, it is important that your cancer is tested for markers such as ER status and HER2 status. This helps to identify your best treatment options. It may also be useful for you to know the ER and HER2 status of your cancer so you understand more about the benefits of your treatments.
- If your breast cancer is found to be ER-positive, you should be offered hormone (endocrine) therapy.
- Chemotherapy can have harmful side effects. If you are aged 70 or older, your breast cancer team may want to test your fitness to assess whether you may benefit from this treatment with as little risk of harm as possible.

5. The experience of care for women diagnosed with breast cancer in 2015

This is the first report using information from the English Cancer Patient Experience Survey (CPES) linked to the information from NABCOP.

Women who fill in the CPES provide feedback on their experience of being diagnosed with cancer, the treatments they have had, and the quality of the support and information they have received throughout their care.

The results to the right show what the NABCOP found for a selection of English women diagnosed and treated in NHS hospitals in 2015.

Key messages for patients

Overall, women who are diagnosed with breast cancer receive good care, but there is still room for improvement.

- There are many treatment options for breast cancer. Your breast cancer team should be clear when answering your questions about the different treatment options that are available to you or why you are being offered a particular type of treatment.
- Breast cancer teams are available to provide support and information throughout your care and after your treatment finishes. Even if it has been months since your last treatment, you can still contact your breast team if you have any concerns or questions.

If you want to know more about your treatment options, please ask your breast cancer team for more information.

If a member of your family or a friend has been diagnosed with breast cancer, you may want to see the **'Finding out more'** section at the end of this report for details of where you can get information on how to support them.

Did women feel involved in decisions about their care?



More than 7 out of 10 women felt that they were highly involved in their treatment and care decisions. This was similar for all ages.

Did women with metastatic breast cancer completely understand their treatment options?



Fewer than 7 out of 10 women, aged 70 years and older with metastatic breast cancer, felt that they had their treatment options completely explained to them.

Overall, how did women with breast cancer rate the care they received?



Overall, more than 9 out of 10 women rated their care highly. This was similar for all ages.

6. How do breast cancer teams assess fitness for treatment?

An important factor in the shared decision-making between a woman with breast cancer and her clinical team is the woman's health and fitness. This is particularly important in older women as they are more likely to have health problems.

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.

What is fitness?

You may have heard of the terms below:

- **Comorbidity** – means that you have other medical problems besides the one being treated.
- **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).

Your health and fitness is a combination of comorbidity, frailty and your general ability to function day-to-day.

Your breast cancer team will ask you general and specific questions about your health and fitness. They may use a set questionnaire or ask for a specialist opinion. The information you provide will help your breast cancer team decide what treatment to recommend.

Key messages for patients

When making recommendations for your treatment, your breast cancer teams should consider your health and fitness, rather than just your age.

This can sometimes be challenging. NABCOP aims to improve and standardise the way in which health and fitness is assessed in older women with breast cancer.

Being older should not have a negative effect on the treatments you are offered.

Please remember you can ask your breast cancer team how your health and fitness have been considered in your treatment options.

Summary of all public and patients key messages

1. Diagnosis of breast cancer

The risk of developing breast cancer increases with age. Early diagnosis of breast cancer can improve your chances of successful treatment.

- 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 have any concerns.

For more information on how to check your breasts, please see the '**Finding out more**' section at the end of this report.

2. Supportive care for all women with breast cancer

Ask for the name and contact details of a breast CNS if you weren't given this information when you were diagnosed.

- Your breast CNS is there to support you and provide information on other help that is available. This includes the many support services that are available for patients experiencing physical or psychological side effects during or following diagnosis and treatment.

If a member of your family or a friend has been diagnosed with breast cancer, you may want to see the '**Finding out more**' section at the end of this report for details of where you can get information on how to support them.

Breast cancer teams are available to provide support and information throughout your care and after your treatment finishes. Even if it has been months since your last treatment, you can still contact your breast team if you have any concerns or questions.

If you want to know more about your treatment options, please ask your breast cancer team for more information.

3. Women diagnosed with ductal carcinoma in situ (DCIS)

If you are diagnosed with DCIS and are not sure about the risks and benefits of your treatment options, ask your breast cancer team for more information.

If you are having breast conserving surgery, ask your breast cancer team about the benefits and drawbacks of having radiotherapy.

4. Women diagnosed with early invasive or metastatic breast cancer

If you are diagnosed with early invasive or metastatic breast cancer, it is important that your cancer is tested for ER status and HER2 status.

- This helps to identify the best treatment options for you.
- It may also be useful for you to know the ER and HER2 status of your cancer so you understand more about the benefits of your treatments.
- If your breast cancer is found to be ER-positive you should be offered hormone (endocrine) therapy.

Radiotherapy, chemotherapy and biological therapy can have harmful side effects. If any of these are treatment options for you and you are aged 70 or older, your breast cancer team may want to test your fitness to assess whether you may benefit from these treatments with as little risk of harm as possible.

5. How do breast cancer teams assess fitness for treatment?

When making recommendations for your treatment, your breast cancer team should consider your health and fitness, rather than just your age. Please remember that being older should not have a negative effect on the treatments you are offered.

Please remember you can ask your breast cancer team how your health and fitness have been considered in your treatment options.

Finding out more

This work uses data provided by patients and collected by the NHS as part of their care and support.

For more details on the results of this audit's work during its third year, see the full 2019 Annual Report at www.nabcop.org.uk/reports/nabcop-2019-annual-report

Patient experiences of breast cancer care as collected by the Cancer Patient Experience Survey (CPES; Information from www.quality-health.co.uk/surveys/national-cancer-patient-experience-survey.

Please visit www.nabcop.org.uk or follow us on twitter [@NABCOP_news](https://twitter.com/NABCOP_news) to keep up to date with progress and findings from this audit.

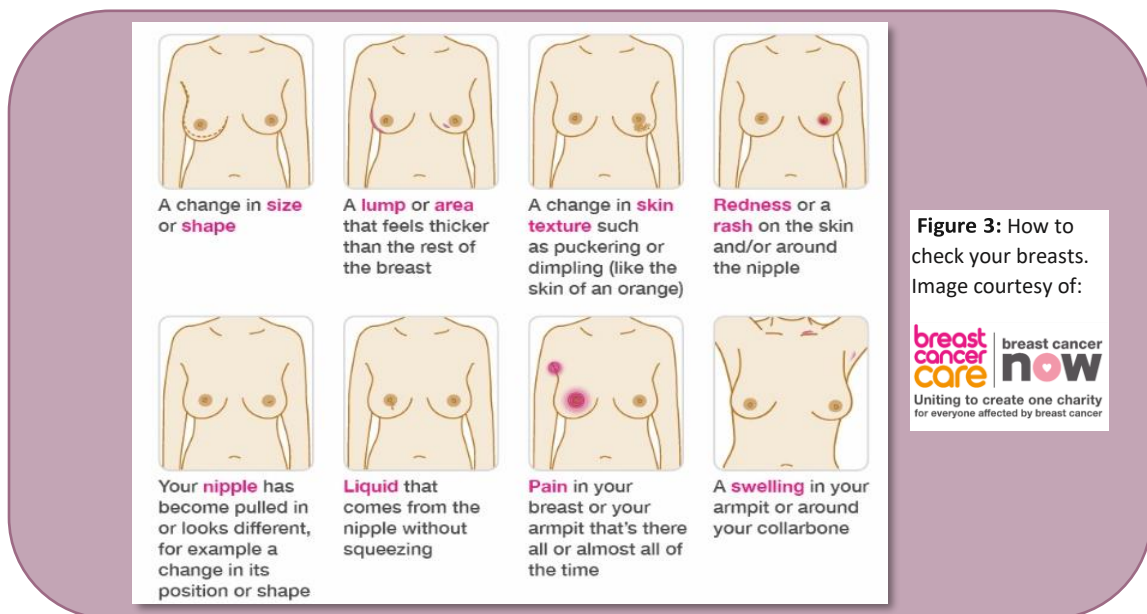
You can also find more information on the following websites.

- Breast Cancer Care – www.breastcancercare.org.uk
- Breast Cancer Now – www.breastcancernow.org
- 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.org¹

How to check your breasts

The following websites provide information and instructions on how to check your breasts.

- www.nhs.uk/common-health-questions/womens-health/how-should-i-check-my-breasts
- www.breastcancercare.org.uk/information-support/have-i-got-breast-cancer/signs-symptoms-breast-cancer
- breastcancernow.org/about-breast-cancer/want-to-know-about-breast-cancer/what-are-the-signs-of-breast-cancer
- coppafeel.org/your-boobs



If you find anything unusual when checking your breasts, please make an appointment to see your GP as soon as possible.

¹ Acknowledgement of the patient contribution as well as highlighting how the information has been used, as requested by 'use MY data'

Glossary and abbreviations

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

Breast conserving surgery (BCS) – An operation to remove the part of the breast that contains the cancer, and some surrounding healthy tissue, without removing all of the breast tissue.

Breast screening – Breast screening involves women being invited to a breast X-ray (mammogram). It aims to diagnose women early because it can allow clinicians to identify cancers when they are too small to feel. Typically, all women aged between 50 and 70 are invited for breast cancer screening every three years.

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

CNS – Clinical nurse specialists are specially trained nurses who provide an essential role in supporting the various aspects of care for a cancer patient.

Endocrine therapy – Drug 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 status (estrogen receptor status) – 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. These receptors are targets for endocrine therapy.

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

Invasive breast cancer – Cancer cells that have spread beyond the breast. The number staging system divides breast cancers into 4 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) – These are part of the lymphatic network in the body, which plays an important role in the immune system. Cancer can spread from its original area through the lymphatic network.

Mastectomy – A type of operation for breast cancer treatment, which involves removing all breast tissue.

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

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, lung and bones.

DCIS (ductal carcinoma in situ) – This is 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.

PET (primary endocrine therapy) – The first treatment for 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 body part (for example, the breast).

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



The Royal College of Surgeons of England is an independent professional body committed to enabling surgeons to maintain and raise the highest standards of surgical practice and patient care. As part of this, it supports audit and the evaluation of clinical effectiveness for surgery.

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 Care and Breast Cancer Now are uniting to create one charity for everyone affected by breast cancer. Our aim is that by 2050, everyone who develops breast cancer will live and be supported to live well. From research to care, our new charity will have people affected by breast cancer at its heart - providing support for today and hope for the future. We'll find ways to prevent the disease, improve early diagnosis, develop new treatments, campaign for better care, and support people with the physical and emotional impact of breast cancer.

www.breastcancercare.org.uk
www.breastcancernow.org

Registered charity number: England and Wales 1160558; Scotland SC045584; 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

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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