

**Clinical Steering Group Meeting**

**Thursday 25th November 2021, 11:00-13:00**  
**Video Conference, Royal College of Surgeons of England**

**MEETING MINUTES**

**Present:**

Kieran Horgan (Chair)  
Nicolo Battisti  
Kwok Leung Cheung  
Karen Clements  
David Cromwell  
Marianne Dillon  
David Dodwell  
Julie Doughty

Catherine Foster  
Ashu Gandhi  
Melissa Gannon (MGa)  
Margot Gosney (MGo)  
Lis Grimsey  
Chris Holcombe  
Sue Holcombe  
Tracey Irvine  
Ian Kunkler

Jibby Medina  
Katie Miller  
Andrew Murphy  
Janice Rose  
Mia Rosenblatt  
Tanuja Shah  
Carla Whitbread  
Lynda Wyld

**Apologies:**

Jacquie Jenkins  
Alistair Ring

Tom Robinson  
Richard Simcock  
Nisha Sharma

Sophia Turner  
Gail Williams

**1. Welcome, introductions and apologies**

The chair welcomed the group to the NABCOP CSG meeting. Members attended using the Microsoft Teams video-conference or tele-conference joining details. Apologies were given for those who could not attend.

**1.a. Declarations of interest:** No declarations of any conflicts of interest were made.

**1.b. The minutes of the last Clinical Steering Group Meeting: on 18 March 2021:** These were reviewed and approved as a true and accurate record of the meeting. There were no outstanding actions.

**1.c. Membership:** The chair welcomed Tanuja Shah, Age Anaesthesia representative, and Sue Holcombe, breast cancer nursing representative (ABS); attending the CSG for the first time; and thanked Stanley Ralph, who will no longer be a CSG member, for his valued contribution to the group.

**2. Audit products**

**2.a. NABCOP 2021 Annual Reports – full and public & patient versions:**

- KH and DD presented the key findings from the NABCOP 2021 Annual Report. The NABCOP 2021 Annual Reports were published on 12<sup>th</sup> August 2021 and are available to download via the [NABCOP website](#). The key findings were as follows:
- There was a 49% reduction in the number of women diagnosed with breast cancer. 90% fewer women were diagnosed via screening, reflecting local (in England) and national (in Wales) pausing of routine breast screening services due to Covid-19. This was most visible in women aged 50-69 years. 22% fewer women were diagnosed by non-screening pathways.

- There was a 60% reduction in the number of women having surgery (within 6 months of diagnosis) for non-invasive or early invasive breast cancer, but the overall percentage having surgery remained high in both 2019 and 2020.
- 29% of women having adjuvant chemotherapy for early invasive breast cancer in England had 1+ unplanned overnight chemotherapy-related hospital admission. LW commented that it could be beneficial to look at how this differs across age groups. MG noted that a table is included in the report which shows that overnight admissions were not higher in older women, and that the team felt this may be due to the type of chemotherapy used.
- 15% of women having initial breast conserving surgery for DCIS or early invasive breast cancer had a subsequent reoperation within 3 months. AG noted that when looking at units that do high levels of reoperation, it is important to separate screening vs symptomatic as the data presented looked at all units.
- Linkage of patient records from NCRAS data sources and the Primary Care Prescription Database highlighted low rates of data completeness on the use of endocrine therapy in the NCRAS secondary care data sources. Overall, levels of data completeness were related to age at diagnosis.
- Among women diagnosed with estrogen receptor positive invasive breast cancer in England (between 2014-2017), 90% had an Endocrine therapy (ET) prescription dispensed in 2018, recorded in the Primary Care Prescription Database. ET use did not vary by age or frailty, and there was geographical variation in tamoxifen prescribing. LW suggested that this geographical variation could be age related i.e. younger demographic in London, areas like South West with larger population of those retired. DD thanked LW for her suggestion.
- 76% of NHS organisations who responded to the NABCOP 2020 Organisational Audit (OA) reported that information on patients with a new recurrence is routinely uploaded to the national cancer registration systems. The NABCOP 2020 Annual Report found low levels of reporting of recurrence in routine national data for England and Wales, even among women who had died of breast cancer. KC is to provide an update on pilot work to evaluate levels of recording recurrence later in the agenda.
- Fitness assessment for older women in breast clinics – In response to previous NABCOP recommendations, NCRAS implemented new COSD data items in 2020 to record whether patients had a Triple Diagnostic Assessment in a single visit and the results of the fitness / frailty assessments. Relative survival of fit older women receiving surgery was found to be comparable to that of younger women.

## **2.b. Tools for Quality Improvement – fitness assessment, supplementary materials:**

- KM provided an update. Alongside the reports, the team published five supplementary materials that aim to help NHS Organisations review their NABCOP findings, implement the report recommendations and improve data quality. The materials were published and disseminated via the [audit website](#) and social media.
- The [NABCOP guide to breast cancer pathway](#) has been updated to reflect the reinstating of self-referral for mammography for women aged  $\geq 71$  years. The guide was presented as a poster presentation at the ABS conference in May 2021. The CSG were encouraged to share the guide with their breast cancer teams and provide feedback via [Survey Monkey](#). KM thanked the patient representatives for their valuable input into the document. KH welcomed SH to share the guide amongst the breast care nursing community.
- KM provided an update on communications activities to promote the NABCOP 2021 Annual Report findings, and engagement with the report: This included promotion through the website and social media, as well as through direct email communications. For example, the 2021 report was emailed for 923 stakeholders and opened by 58% of these (an increase of 71% compared with 2020). In addition, NABCOP team members delivered three presentations at the ABS conference in May 2021; one virtual conference oral presentation and two virtual conference posters. As well as members of the project team participating in workshops to promote audit findings: At the Midlands and East Surgeons Study day (1 July), and a joint NABCOP/Mammary Fold online webinar for surgical trainees (19 Oct). Three NABCOP peer-reviewed papers were published across 2020/2021. NB congratulated the team for these presentations and publications, and offered to facilitate closer collaboration with SIOG to showcase NABCOP at a global level if useful. All NABCOP publications are available to view

via the [website](#). LW questioned how many times the Annual Report has been cited. The team will look into this and add to the communications dashboard for future presentations.

- For the second time, NHS organisations in England can request a patient-level dataset of the data used for their organisation, as reported in the 2021 Annual Report. This aims to help trusts understand local treatment patterns for older women with breast cancer. Two trusts have already requested this. An offer has been made to make this available to Wales.
- KH re-visited the NABCOP Quality Improvement Goals, and confirmed that these continue to be the improvement goals for the audit. They are as follows:
  - Increase the rate of surgery for fit older women with early invasive breast cancer (EIBC) – Division of age groups into three cohorts (50-69, 70-79, 80+) provided more insight into care & treatment.
  - Increase the use of reliable, consistent description of patient frailty and cognition.
  - Improve completeness of key clinical data items, specific to the audit.
- The NABCOP Fitness Assessment Form is available to download from the [NABCOP website](#). All items are part of COSD V9 data returns for English NHS trusts

**Action 25/11:01:** The CSG members will revisit the 'NABCOP guide to the breast cancer pathway for older women', with their breast cancer teams, and provide feedback via [nabcop@rcseng.ac.uk](mailto:nabcop@rcseng.ac.uk) or the Survey Monkey\* link available on the NABCOP website (\*<https://www.nabcop.org.uk/resources/the-nabcop-guide-to-the-breast-cancer-pathway-for-older-women/>).

**Action 25/11:02:** PT will look into the number of citations of NABCOP Annual Reports to add to the communications dashboard for future presentations.

#### **2.c. CancerStarts reports – to monitor completeness of COSD data items:**

- KC outlined the NABCOP data items – including information on completion of TDA in a single visit and the fitness assessment form – being collected by COSD V9; whose completeness can be viewed via the CancerStats portal. KC will provide information (to the team) on the completeness of the NABCOP data items being collected via COSD V9 – by English trusts – to inform the 2022 report chapter on the fitness assessment.

**Action 25/11:03:** KC will provide information (to the team) on the completeness of the NABCOP data items being collection via COSD V9 – by England trusts – to inform the 2022 report chapter on the fitness assessment.

#### **2.d. The Care Quality Commission (CQC):**

- KH provided an update. The CQC have agreed to include some NABCOP indicators within their pre-visit questionnaires. The proposed indicators are: Re-operation rates after BCS for DCIS, and Re-operation rates after BCS for EIBC.

#### **2.e. Publications based on 2021 report cohort: (i) Hypofractionated radiotherapy (across the COVID-19 pandemic), and (ii) Post-Mastectomy radiotherapy:**

- (i) Changes in the use of hypofractionated radiotherapy regimens for early breast cancer across the COVID-19 pandemic in a population-based cohort study of older women in England and Wales. The findings were:
  - 26Gy5F increased from:
    - <1% in radiotherapy starting in February 2020
    - to 13% of radiotherapy starting in March 2020
    - increasing steeply up to 73% across April-July 2020
  - Use characterised by:
    - no known nodal involvement,
    - no comorbidities (some age difference),
    - initial breast conserving surgery (some age difference)
  - Target site among radiotherapy April-July 2020:
    - breast / post-mastectomy chest wall only 85% had 26Gy5F
    - radiotherapy to the breast plus regional nodes 23% had 26Gy5F
- (ii) Survival outcomes after post-mastectomy radiotherapy (PMRT) amongst older women with early invasive breast cancer

- Aim to assess how overall survival differs among women who do or do not receive PMRT by (i) breast cancer risk, (ii) patient age and fitness (frailty and comorbidity).
- The Cohort to include women aged 50+ yrs with EIBC, diagnosed between 2014-2018, who received a mastectomy.
- The planned work includes performing survival analysis to evaluate the effect of age and patient fitness on survival outcomes after PMRT.

## **2.f. Additional publications: (i) Systematic review, (ii) relationship between travel burden and use of radiotherapy (2020 report cohort):**

- (i) The association between guideline adherence, age and overall survival among women with non-metastatic breast cancer: a systematic review
  - 16 studies were included from a systematic search of MEDLINE and EMBASE
  - The review found significant variation in study designs, treatment recommendations selected, and definitions of adherence.
- (ii) Does travel burden influence the use of radiotherapy after surgery in women with early invasive breast cancer? *M. Sketchley, LSHTM MSc Health Data Science project (September 2021)*
  - This topic was discussed at the last CSG meeting. The study found that travel burden had a small impact on the use of radiotherapy. This will be written up for publication in the future.

## **3. Developments in National Breast Cancer Audits in 2022**

### **3.a. How the Recommendations from the 2022 NABCOP report will inform the next stage of work:**

- DC provided an update. HQIP are to commission a programme of work including five new national clinical audits under a single contract for a new National Cancer Audit Collaborating Centre (NCACC); the five audits include one on secondary (Metastatic) Breast Cancer.
- The NABCOP will not continue in its current format. Rather there will be a single integrated audit programme for breast cancer consisting of an audit of primary breast cancer and an audit of metastatic breast cancer, in women and men of all ages.
- HQIP aim for the Invitation to Tender for the collaborating centre to go live in November-December 2021. HQIP intend for the NABCOP contract to be extended until the collaborating centre is established.
- The current contract with HQIP to deliver the NABCOP will be extended beyond June 2022 to allow the publication of the 2022 Annual Report and transitional process. HQIP will continue to work with the NABCOP through this transition.
- The RCS Clinical Effectiveness Unit will be bidding for NCACC contract. The new NCACC is due to start from September 2022, at the earliest.
- AG questioned how the move relates to the Breast Screening Audit. DD noted that the NABCOP have informed HQIP that there is an NHS Breast Screening Audit but they are unsure of how this may progress. AG requested to discuss this further with the team outside the meeting.

**Action 25/11:04:** AG and the PT will discuss how the NHS Breast Screening Audit might influence the forming of the Primary Breast Cancer Audit.

## **4. NABCOP 2022 Annual Report**

- Year 6 (2021/22) datasets:
- KC provided an updated on the NCRAS England Data. The 'Gold standard' dataset was expected December 2020 (for the 2021 report), but was delayed due to factors associated with the COVID-19 pandemic. This will be delivered by November 2021. The 'Gold standard' dataset expected in December 2021 (for the 2022 report) will also be delayed (ETA TBC 2022). The NABCOP anticipate receiving four years of data from the Primary Care Prescription Database (PCPD, for understanding primary endocrine therapy); dispensed from 2015 onwards and linked to 2014-19 diagnoses. The Rapid Cancer Registration Data (RCRD) is anticipated to cover women diagnosed from August 2020 until March 2021 (TBC). Note: The RCRD does not contain all key data items e.g. molecular markers.

- JM gave an update on the WCN data. The team expect to receive the Welsh 'Gold standard' registration dataset on 25<sup>th</sup>/26 November 2021. The WCN will not be providing any unvalidated data up to 2021.

**4.a. Timeline to publication of 2022 reports – 12 May (TBC):** Contingent on timely receipt of the datasets, the team aim to publish the 2022 Reports on 12th May 2022; the week before the ABS Conference. The first draft is to be submitted to HQIP at the end of January 2022 (draft 0), and a draft (draft 1) will be shared with the CSG for feedback in w/c/ 21 February. Feedback from the CSG is to be submitted by 4 March. The team will keep the CSG updated on whether the current timeline is feasible.

**4.b. Content of 2022 report:** KH provided an update. The NABCOP 2022 Annual Report will include/report on:

- A reflection on NABCOP's achievement over the last 5 years – incl. fitness assessment for older women in breast clinics. AG queried as to whether NABCOP data would be made available for other research (through application). JM noted that there currently is a formal process to apply for data from HQIP and that all data the NABCOP uses are available through the Office of Data Release. AG felt that this could be publicised more and suggested it be announced at the next ABS conference. DC added that it could be beneficial to share some of the NABCOP statistical code, and that this topic could be discussed further outside the meeting.
- Secondary (metastatic) breast cancer – as requested by Breast Cancer Now. MR gave an overview of this.
- Characteristics and care among women newly diagnosed with breast cancer 2014-2019
- Diagnosis and treatment patterns in England & Wales in 2020/2021 (using the Rapid Cancer Registration Dataset for England and the data from the Wales Cancer Network)
- Outcomes for patients diagnosed from 2014 to 2019 (using 'gold standard' dataset)
- Reporting on therapies received by older patients including primary endocrine therapy – from linking the audit dataset to the Primary Care Prescription Database (PCPD)
- JM invited the CSG to provide feedback on the proposed 2022 Annual Report chapters before the end of 2021.

**Action 25/11:05:** CSG members will provide feedback on the proposed 2022 Annual Report chapters by the end of December 2021.

**Action 25/11:06:** W/c 21 Feb 2022; the PT will share Draft 1 of the NABCOP Annual Report 2022 with the CSG for feedback. CSG will submit feedback by 4 March 2022.

**4.c. Plan to disseminate and communicate findings:** incl. Presence at ABS 2022, 16 -17 May. These will follow the usual strategies.

## 5. Update on collaborations

**5.a. Recurrence pilot:** KC gave an overview. A pilot project is taking place among six NABCOP CSG members, to review the level of breast cancer recurrence within their units, and analyse the level of reporting of this information within COSD data returns.

**5.b. Working Group for Improving Breast Cancer Survival in those over 70:** CH provided an update on the Working Group for Improving Breast Cancer Survival in those over 70, who have met 3 times. The group are next due to meet in February 2022. The aim of the group is to improve 5 year breast cancer cause specific survival in patients 70 and over in the UK, with the aim of matching the best survival rates currently recorded worldwide. The group have developed 5 SMART interventions that aim to change behaviour of professionals and the public, and improve breast cancer specific survival in patients aged 70 and over:

1. The NABCOP fitness assessment indicators should be completed on 100% of patients over 70 years and this uploaded to COSD.

2. The default for patients with ER positive breast cancer who are fit for surgery, or can be made fit for surgery, should be surgical excision, following holistic assessment and informed consent.
3. All patients over 70 years who have had breast conservation surgery should have the opportunity to discuss the risks of RT and come to a shared decision as opposed to assigning to no Radiotherapy at MDT (in accordance with NICE 2018).
4. Medically fit patients over 70 with ER negative and / or HER2 positive, poor prognosis breast cancer should be referred to an oncologist for discussion of chemotherapy and / or HER2 directed therapy
5. Breast cancer cause specific survival should be measured and monitored for those over 70

**5.c. GIRFT:** TI gave an overview of the Getting It Right First Time (GIRFT) breast surgery report. The GIRFT report was published alongside 18 other reports. TI thanked JM for circulating the report. TI noted that the inclusion of PROMs in breast cancer audits going forward could help with international benchmarking.

## 6. Any other business:

**6.a. Suggested dates of next meetings: Tuesday 26 April 2021** (virtual or at the Royal College of Surgeons of England building – TBC).

<b>Actions from Clinical Steering Group meeting: 25 November 2021</b>	<b>Owner</b>	<b>Due Date</b>
<b>Action 25/11:01:</b> The CSG members will revisit the ‘NABCOP guide to the breast cancer pathway for older women’, with their breast cancer teams, and provide feedback via <a href="mailto:nabcop@rcseng.ac.uk">nabcop@rcseng.ac.uk</a> or the Survey Monkey* link available on the NABCOP website (* <a href="https://www.nabcop.org.uk/resources/the-nabcop-guide-to-the-breast-cancer-pathway-for-older-women/">https://www.nabcop.org.uk/resources/the-nabcop-guide-to-the-breast-cancer-pathway-for-older-women/</a> ).	CSG	April 2022
<b>Action 25/11:02:</b> PT will look into the number of citations of NABCOP Annual Reports to add to the communications dashboard for future presentations.	PT	April 2022
<b>Action 25/11:03:</b> KC will provide information (to the team) on the completeness of the NABCOP data items being collection via COSD V9 – by England trusts – to inform the 2022 report chapter on the fitness assessment.	KC	April 2022
<b>Action 25/11:04:</b> AG and the PT will discuss how the NHS Breast Screening Audit might influence the forming of the Primary Breast Cancer Audit.	AG & PT	April 2022
<b>Action 25/11:05:</b> CSG members will provide feedback on the proposed 2022 Annual Report chapters by the end of December 2021.	CSG	December 2021
<b>Action 25/11:06:</b> W/c 21 Feb 2022; the PT will share Draft 1 of the NABCOP Annual Report 2022 with the CSG for feedback. CSG will submit feedback by 4 March 2022.	PT & CSG	4 March 2022

**Catherine Foster**

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