

National Breast Cancer Audit – next steps

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National Cancer Audits

Current

- Bowel Cancer
- Head & Neck Cancer
- Lung cancer
- Oesophagogastric cancer

New

- Prostate Cancer - undergoing procurement
- Breast cancer - procurement 2012 -13

Previous

- Mastectomy and Breast Reconstruction

HQIP announcement - October 2011

- 11 new topics for national clinical audit
- Joining 29 projects already forming the National Clinical Audit and Patient Outcomes Programme (NCAPOP)
- 2011-12 topics:
 - Chronic Obstructive Pulmonary Disease
 - Emergency Laparotomy
 - The National Vascular Registry
 - Prostate Cancer

Remaining 7 topics

“to be procured following this”

- Healthcare for individuals with learning difficulties
- Specialist rehabilitation for patients with complex needs
- Chronic kidney disease in primary care
- Ophthalmology
- Breast cancer
- Rheumatoid and early inflammatory arthritis
- Healthcare for individuals with sexually transmitted diseases and HIV

National Breast Cancer Audit

Stakeholders

- Association of Breast Surgery
- British Association of Plastic, Reconstructive and Aesthetic Surgery
- Royal College of Surgeons of England (Clinical Effectiveness Unit)
- RCR (Royal College of Radiologists) Clinical Radiology
- RCR (Royal College of Radiologists) Clinical Oncology
- Royal College of Pathologists
- Royal College of Nursing
- NHS Breast Screening Programme
- National Cancer Intelligence Network
- United Kingdom Association of Cancer Registries
- West Midlands Cancer Intelligence Unit
- NHS Information Centre
- Breakthrough Breast Cancer
- Breast Cancer Care

NCAPOP

NATIONAL CLINICAL AUDIT AND PATIENT OUTCOMES PROGRAMME

- Set of centrally-funded national projects
- Provide local trusts with a common format by which to collect audit data
- Analyse data centrally and feed back comparative findings
- Help participants identify necessary improvements for patients
- Most projects in England and Wales; some also include Scotland and Northern Ireland

HQIP Process

- Specification development meetings
 - HQIP review of proposal design features against DH commissioning requirements
 - Discuss risks and consider need for refinements and additions
- Tender for a provider (OJEU in accordance with EU requirements)
 - Contract duration
 - Contract Value
 - Programme Aims

National Breast Audit: key points to consider

- To look at the ***process of care of all patients, all treatments, and all relevant outcomes***
 - short and long-term clinical outcomes, PROMs, recurrence and survival
 - impact of changes in early management
 - include palliative care
 - ongoing as opposed to limited time
 - minimise data collection burden
 - feedback to participating organisations
 - designed and delivered in partnership

Likely Key Components

- Data collection from all cancer networks and NHS trusts treating women men with breast cancer (in England and Wales)
- Development of continuous, prospective data collection with clearly defined cycles of analysis and reporting
- Agreed minimum dataset, with minimal duplication of data entry
- Patient Reported Outcome Measures (PROMS) captured
- Effective programme delivery with integrated methodology
- Engagement of key stakeholders
- Effective data linkage to other data sources
- Effective and timely reporting portfolio

Specific audit objectives in proposal

1. **Pre-treatment assessment processes** - including whether patients with early invasive breast cancer are undergoing ultrasound assessment and needle biopsy of the axilla, translation of MDT decisions into clinical management, development of written care plans
2. Whether **patients suitable for breast conservation are offered appropriate surgery including oncoplastic procedures**, such that there is adequate removal of the tumour (resulting in clear resection margins) with good cosmetic outcome, and whether neo-adjuvant therapy is offered to increase the possibility of breast conserving surgery for larger tumours
3. Whether **women suitable for mastectomy are offered breast reconstruction**
4. Whether, for patients with invasive breast cancer, **pathological information (size, grade, nodal status, ER and HER2 status) is available at the first relevant multi-disciplinary team meeting**

Specific audit objectives in proposal

5. The **time delay between important aspects of care** (between diagnosis and start of treatment, and date of surgery and start of adjuvant *treatment*)
6. The **use of adjuvant radiotherapy, chemotherapy and hormonal** therapies in patients with different tumour characteristics and given the type of surgery chosen
7. The **quantity and quality of the information provided to patients** at various stages in the diagnosis and treatment pathway
8. Whether **patients were offered sufficient information to make informed decisions** regarding clinical trial participation.

NICE Breast Quality Standard (August 2011)

1. People presenting with symptoms that suggest breast cancer are referred to a unit that performs diagnostic procedures in accordance with NHS Breast Screening Programme guidance.
 2. People with early invasive breast cancer are offered a pre-treatment ultrasound evaluation of the axilla and, if abnormal lymph nodes are identified, ultrasound-guided needle biopsy (fine needle aspiration or core). Those with no evidence of lymph node involvement on needle biopsy are offered sentinel lymph node biopsy when axillary surgery is performed.
 3. People with early breast cancer undergoing breast conserving surgery, which may include the use of oncoplastic techniques, have an operation that both minimises local recurrence and achieves a good aesthetic outcome.
1. People with early breast cancer who are to undergo mastectomy have the options of immediate and planned delayed breast reconstruction discussed with them.
 1. People with newly diagnosed invasive breast cancer and those with recurrent disease (if clinically appropriate) have the ER and HER2 status of the tumour assessed and the results made available within 2 weeks to allow planning of systemic treatment by the multidisciplinary team.
 2. People with early invasive breast cancer, irrespective of age, are offered surgery, radiotherapy and appropriate systemic therapy, unless significant comorbidity precludes it.
 3. People with early invasive breast cancer do not undergo staging investigations for distant metastatic disease in the absence of symptoms.
1. People with early invasive breast cancer are involved in decisions about adjuvant therapy after surgery, which are based on an assessment of the prognostic and predictive factors, and the potential benefits and side effects.

NICE Breast Quality Standard (August 2011)

9. People having treatment for breast cancer are offered personalised information and support, including a written follow-up care plan and details of how to contact a named healthcare professional.
9. Women treated for early breast cancer have annual mammography for 5 years after treatment. After 5 years, women who are 50 or older receive breast screening according to the NHS Breast Screening Programme timescales, whereas women younger than 50 continue to have annual mammography until they enter the routine NHS Breast Screening Programme.
10. People who develop local recurrence, regional recurrence and/or distant metastatic disease have their treatment and care discussed by the multidisciplinary team.
11. People with recurrent or advanced breast cancer have access to a 'key worker', who is a clinical nurse specialist whose role is to provide continuity of care and support, offer referral to psychological services if required and liaise with other healthcare professionals, including the GP and specialist palliative care services.
12. People who have a single or small number of potentially resectable brain metastases, a good performance status and who have no (or minimal) other sites of metastatic disease are referred to a neuroscience brain and other rare CNS tumours multidisciplinary team.

Top priorities national breast cancer audit

Topic area	Question	Audit design	Methodology