CRS Breast Cancer Working Group

NHS
National Cancer Action Team

Best practice diagnostic guidelines for patients presenting with breast symptoms

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Presentation outline

Background and acknowledgements

Purpose of the guidelines

Process

Content

Discussion – throughout!

WHY DO WE NEED MORE GUIDELINES?!

"I'll be happy to give you innovative thinking. What are the guidelines?"

Three Q

To improve quality and experience –
for patients and staff

Background

- 900 breast cancer diagnoses per week in UK
- hospital breast units under pressure
- expanding commitments
- diagnostic pathways have changed
- screening diagnostic guidelines have been updated
- benefits of making full use of all multidisciplinary team

Purpose

- Cover diagnosis of women referred by their GPs to hospital breast units for the assessment of breast symptoms
- Include all referrals regardless of whether cancer is suspected
- Deal specifically with process of triple assessment, up diagnosis
- Do not extend into management of diagnosed benign or malignant disease
- Primarily aimed at women with new symptoms
- Also apply to previous breast cancer patients with a new concern
- Audience: all health care professionals involved in the management of breast disease in hospitals and the community; patients; those who manage provision, commissioning and funding of services

To be used alongside existing detailed information and guidance:

- Association of Breast Surgery at BASO. *Surgical guidelines for the management of breast cancer*. 2009
- Map of Medicine: *Symptomatic breast disease*. http://healthguides.mapofmedicine.com/choices/map/breast_disease1.html
- National Cancer Action Team. National Cancer Peer Review Programme. *Manual for Cancer Services 2008: Breast Measures*
- National Institute for Health and Clinical Excellence. *Referral guidelines for suspected cancer*. 2005
- National Institute for Health and Clinical Excellence. *Early and locally advanced breast cancer: Diagnosis and treatment*, NICE clinical guideline 80. 2009
- National Institute for Health and Clinical Excellence. *Advanced breast cancer: Diagnosis and treatment*, NICE clinical guideline 81. 2009
- National Institute for Health and Clinical Excellence. *Familial breast cancer: the classification and care of women at risk of familial breast cancer in primary, secondary and tertiary care* (partial update of CG14). 2006
- National Institute for Health and Clinical Excellence, *Guidance on cancer services: Improving outcomes in breast cancer – manual update*. 2002
- National Institute for Health and Clinical Excellence, *Guidance on cancer services: Improving supportive and palliative care for adults with cancer: the manual.* 2004
- NHS Breast Screening Programme. *Guidelines for non-operative diagnostic procedures and reporting in breast cancer screening.* NHSBSP Publication No 50. 2001
- NHS Breast Screening Programme & Royal College of Pathologists. *Guidelines for pathology reporting in breast disease.* NHSBSP Publication No 58(v2). 2005
- NHS Choices. www.nhs.uk
- NHS Improvement. *Ensuring better treatment: Going further on cancer waits. An improvement guide for supporting sustainable delivery.* 2009
- Royal College of Pathology. *Tissue pathways for breast pathology*. 2009

Skills for Health - *M1: Assess individuals with suspected breast disease.* https://tools.skillsforhealth.org.uk/competence/show?code=M1

Process of development

- Multidisciplinary
- DH; CRS; Breakthrough Breast Cancer
- Review by professional groups

1. What are the main difficulties facing breast clinics in 2010?

Some Concerns

- Can you manage the overall quantity of referrals?
- Are you managing the 2 week wait for all?
- Can you sustain the quality of your service?
- How will you deal with screening expansion?
- Do you have digital mammography? – if not, is it planned?
- Do you have extended role practitioners in nursing and radiography? –if not is this planned?
- What will breast diagnostic services look like in 5 years time?

Content

1. Referral
2. Assessment
3. Multidisciplinary meeting
4. Quality Indicators
5. Algorithms

Referral

1. Referral from primary care to breast clinic
2. Lump, lumpiness, change in texture
3. Nipple symptoms
4. Breast pain
5. Axillary lump (in absence of clinical breast abnormality)
6. Communication

Assessment

1. One-stop assessment
2. Breast lump, lumpiness, change in texture
3. Nipple symptoms
4. Breast pain
5. Axillary lump
6. Women with breast implants
7. Breast lumps in men

2. How can new diagnostic guidelines help to address the difficulties facing breast units?

Some key messages

- Role of GPs
- Information, communication and support
- One stop assessment
- Clinical examination
  - by *"a suitably trained member of the multidisciplinary team. This may be a nurse practitioner, radiographer, radiologist, breast clinician or surgeon"*
- Imaging
  - *Suitably trained*; Digital; 40; MRI
- Biopsy (mainly image guided)
  - *"Needle core biopsy is preferred rather than FNAC"*

Breast pain

- *"is a common symptom and if of short duration with no other clinical concern may be managed initially in a primary care setting*
- *When there are associated, or incidental, focal clinical signs in the breast (localised tenderness, nodularity, swelling or a lump) follow the lump imaging protocol (2.3). If infection or abscess is suspected an initial ultrasound scan should be performed and any fluid or pus aspirated and cultured.*
- *Breast pain alone is not an indication for imaging."*

X-ray mammography

- *"is not indicated for the majority of patients aged < 40 years. Mammography should be provided in all women with proven malignancy even if < 40 years.*
- *X-ray mammography is used in the investigation of women aged = > 40 years with the addition of ultrasound when indicated.*
- *Mammography should include MLO and CC views of each breast. Digital mammography is preferred to film screen mammography, particularly for women aged < 50 years and those with dense breast tissue."*

Assessment of the axilla

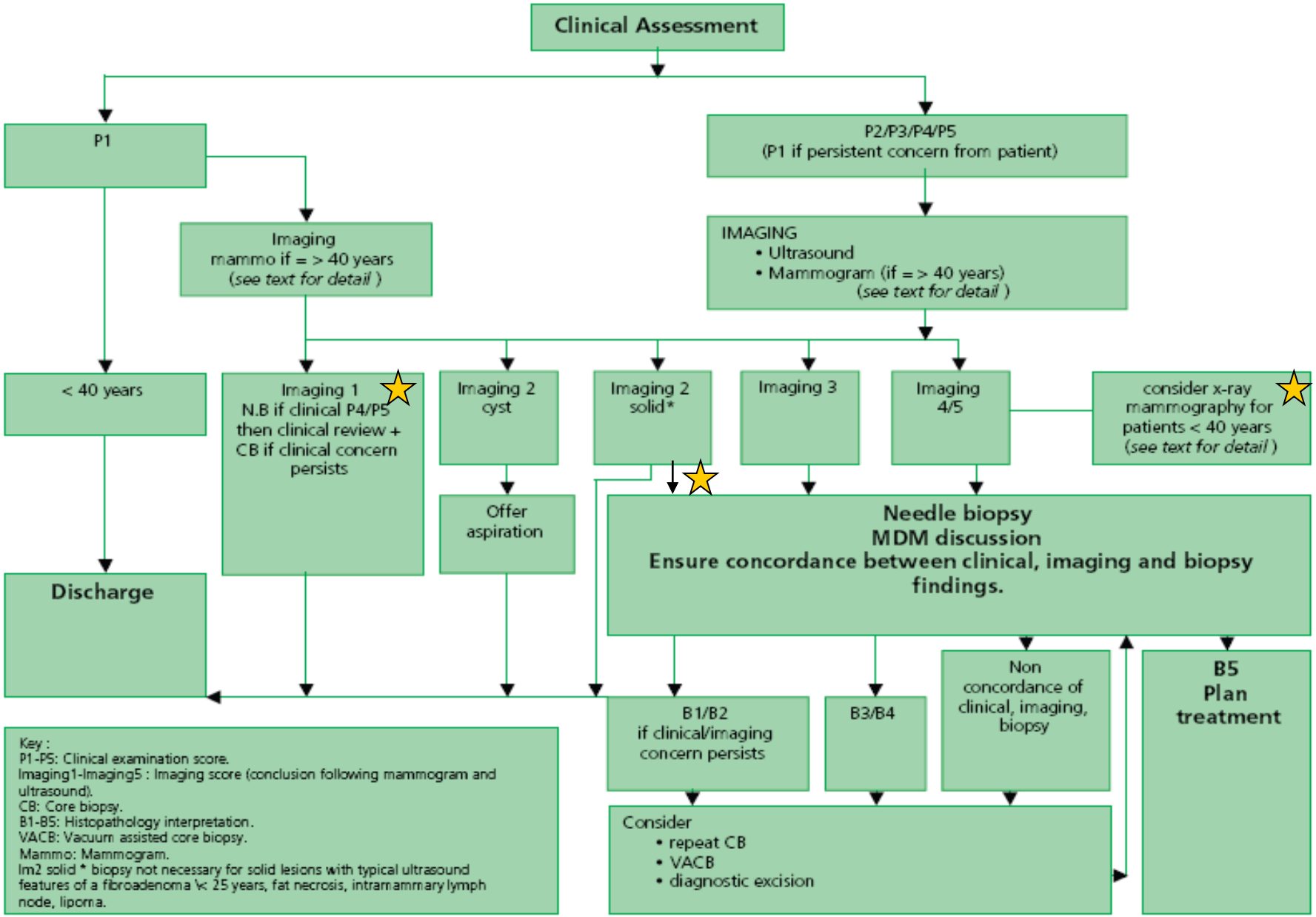
- *"Ultrasound of the axilla should be carried out in all patients when malignancy is expected.*
- *If lymph nodes showing abnormal morphology on ultrasound are found, needle sampling should be carried out under ultrasound guidance.*
- *Lymph node sampling may be performed using FNAC or needle core biopsy (published studies have shown no significant differences in sensitivity or specificity)"*

Multidisciplinary Meeting

Discussion of all who undergo triple assessment

- *"All patients who undergo needle biopsy during assessment should be discussed.*
- *Patients in whom there is a discrepancy between the clinical findings and imaging should be discussed in order to decide whether further investigation should be undertaken."*

5. Algorithm A. Assessment: Lump/Lumpiness



Appendix A:
Example of information for patient leaflet

- *Why have I been referred to a breast clinic? What should I do now?*
- *How long will I have to wait for my appointment?*
- *Do I need to tell the clinic anything before my appointment?*
- *Do I need to make any special preparations before attending the clinic?*
- *Can I bring someone with me to the clinic?*

Appendix A:
Example of information for patient leaflet

- *How do I get to the clinic?*
- *Will I be able to reclaim my travel expenses from attending the clinic?*
- *When should I arrive at the clinic?*
- *How long will I be at the clinic?*
- *Who will I see at the clinic?*
- *What tests will I need?*
- *When will I get my results?*
- *What if I want more information?*

Appendix B:
Example, pre-clinic patient questionnaire

- Age / occupation / number of children / allergies
- Have you had any serious illnesses in the past?
- Are you taking any drugs regularly?
- Have you had any breast problems in the past?
- Have you noticed any lumps or other changes in your breasts recently?

Appendix B:
Example, pre-clinic patient questionnaire

- Is there a history of (breast / ovarian / colon / rectum) cancer in your family?
- Are you currently using the contraceptive pill?
- Are you currently pregnant?
- Have you ever taken Hormone Replacement Therapy?
- Have you had a hysterectomy?

3. How can we test them and measure their impact?

Quality indicators

National requirement:	
QI1	***Referral/Access*** All patients with breast symptoms referred to a specialist are seen within two weeks of referral. (operational standard = 93%)
Developmental markers of quality:	
QI2	***Delayed Diagnosis Cancers*** Less than 1% of new symptomatic cancers per annum are diagnosed between 3 and 12 months after triple assessment. (marker of quality = 99%)
QI3	***Cancer Diagnosis*** All patients with symptomatic invasive cancer receive the diagnosis within 5 working days of initial assessment. (marker of quality = TBA)
QI4	***Physical Examination*** All patients should have a physical examination and the level of suspicion for malignancy should be recorded using the P1-5 scale. (marker of quality = 95%)
QI5	***Ultrasound*** X-ray mammography is not indicated for the majority of patients aged less than 40 and ultrasound imaging is the method of choice. (marker of quality = TBA)
QI6	***Imaging*** For patients having ultrasound and/or X-ray imaging, the level of suspicion for malignancy should be recorded using the U1-5 and R/M1-5 scales. (marker of quality = 95%)
QI7	***Fine Needle Aspiration Cytology [FNAC]*** Needle core biopsy is preferred rather than FNAC for lesions suspicious of cancer. (marker of quality = 95%)
QI8	***Needle Biopsy*** For patients having needle core biopsy and/or fine needle aspiration cytology (FNAC), the level of suspicion for malignancy should be recorded using the C1-5 and B1-5 scales. (marker of quality = 95%)
QI9	***Triple Assessment*** All patients 'requiring' Triple Assessment (clinical, imaging, and needle biopsy) have this performed at their first visit. (marker of quality = 95%)
QI10	***Imaging Under 40 Years*** All patients aged <40 years with ultrasound features categorized as U4-U5 should undergo X-ray mammography. (marker of quality = 95%)

Appendix C. Quality indicators and their measurement

No.	Quality Indicator (QI)	Data Source	Comment	Section
National requirement:				
QI1	***Referral/Access*** All patients with breast symptoms referred to a specialist are seen within two weeks of referral (operational standard = 93%)	Cancer Waiting Times data	QI1 – Monitored at national level in the Cancer Waiting Times targets as the 2 week wait target 'Time from GP referral' to 'date first seen'. The QI would be monitored by referral type (urgent [U], non urgent [NU]), gender, age and socio-economic status (SES) to look at effect of new 2 week for all policy to see where feedback can be provided to GPs on inappropriate referrals.	1.1
Developmental markers of quality:				
QI2	***Diagnosis Delayed Cancers*** Less than 1% of new symptomatic cancers per annum are di… between 3 … after … (mar…	CWT, HES/CDS, CR data, NCDR	QI2 - Monitor time from assessment clinic attendance i.e. 'date first seen' to … physical examination results [P1-P5], x-ray …U1-U5], needle biopsy results - …[B1-B5] results for …ES/CDS and	2.1
QI3	C… A… in… dis… days… (marker…		…the …e.	2.1
QI4	***Physical Examina…*** All patients should have … physical examination and the level of suspicion for		…t clinic who have …5. QI4b - Would also look at physical examination sensitivity i.e. proportion of patients	2.1A 2.8

Developmental markers of quality

Table 2 New Data Items Required in the National Cancer Data Set

No.	Data item	Codes	Definition
Section: Diagnosis and imaging			
1	Date of breast clinical/physical examination	dd/mm/yy	Outpatient appointment at assessment clinic
2	Hospital of breast clinical/physical examination	Org code	Organisation code (code of provider)
3	Result of breast clinical/physical examination	P1	Normal
		P2	Benign
		P3	Uncertain
		P4	Suspicious
		P5	Malignant
4			...ic
5			
6			
7			...ic
8			
9			
10	Date of ultrasound of the axilla	dd/mm/yy	
11	Hospital of ultrasound of the axilla	Org code	Organisation code (code of provider)
12	Results of ultrasound of the axilla	U1	Normal
		U2	Benign
		U3	Indeterminate/probably benign
		U4	Suspicious of malignancy
		U5	Highly suspicious of malignancy
Section: Pathology			
	Date breast FNAC sample taken	dd/mm/yy	Already included in NCDS
	Hospital of breast FNAC	Org code	
	Pathologist reporting breast FNAC	GMC code	
13	Results of breast cytology fine needle aspiration cytology (FNAC)	C1	Inadequate/unsatisfactory specimen
		C2	No evidence of malignancy
		C3	Probably benign
		C4	Suspicious of malignancy
		C5	Malignant
	Date breast core biopsy taken	dd/mm/yy	Already included in NCDS
	Hospital of breast core biopsy	Org code	
	Pathologist reporting breast core biopsy	GMC code	
14	Results of breast core biopsy	B1	Unsatisfactory / normal tissue
		B2	Benign
		B3	Uncertain malignant potential
		B4	Suspicious
		B5	Malignant
		B5a	*In situ*
		B5b	Invasive
		B5c	Not assessable

National Cancer Data Set

Discussion