

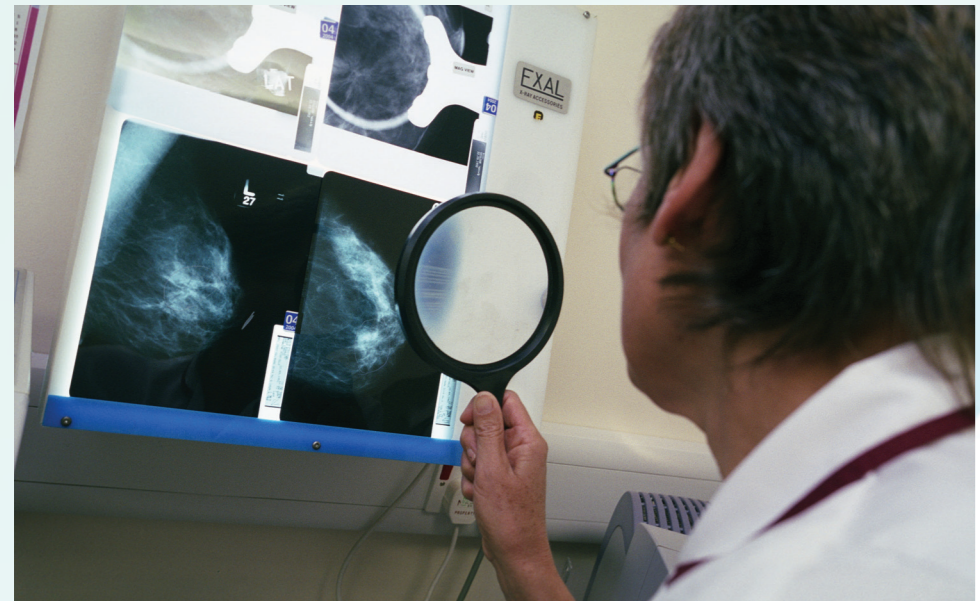
Implementation of and compliance with NICE Clinical Guideline 80 (Early and locally advanced breast cancer: diagnosis and treatment).

A local audit at Salford Royal Foundation Trust

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Background



Breast cancer is the commonest cancer in the UK with a lifetime risk of 1 in 9. In February 2009, the National Institute for Health and Clinical Excellence (NICE) released new clinical

guidelines with recommendations to the NHS on the investigation and treatment of early and locally advanced breast cancer.

Methods

All 49 patients newly diagnosed with early or locally advanced breast cancer between 1st March 2009 and 31st July 2009 at Salford Royal Foundation Trust were retrospectively analysed and compared to ten key standards taken from the NICE clinical guideline 80. Patients diagnosed with inoperable and metastatic cancer during this time period were excluded (15 patients).

Information was taken from the hospital electronic notes system 'iSoft'. Data collection and analysis were double reviewed by two colleagues to validate the data.

Observations

- Sentinel lymph node biopsy is now used much more at Salford Royal than during the audit period, when axillary lymph node clearance was the norm.
- Radiotherapy and chemotherapy were provided by The Christie Hospital so it was sometimes difficult to find out why treatment was postponed beyond 31 days e.g. due to wound healing, or patient choice.
- A policy to routinely perform DEXA scans was introduced in November 2009 and five more patients (17%) had scans after this.
- Annual mammography after a diagnosis of breast cancer does happen, but was only documented in two of the clinic letters. As one year follow-up has not been reached for these patients, it may well be documented at that point.
- No patients/GPs received the written care plan as specified in the NICE guidelines. However, patients received a breast cancer diary including personalised information on their named healthcare professionals, diagnosis and adjuvant therapy, and details of support services. They also received more generalised information booklets on breast cancer.
- No patients were documented as having carers, and if family members attended they had the same opportunity to receive written information as the patients.

Results

No.	Standard	N 2009	Compliance 2009
1.	Pretreatment ultrasound evaluation of the axilla should be performed for all patients being investigated for early invasive breast cancer	47	96% (45)
2a.	Minimal surgery, rather than lymph node clearance, should be performed to stage the axilla for patients with early invasive breast cancer and no evidence of lymph node involvement on ultrasound or a negative ultrasound-guided needle biopsy.	40	43% (17)
2b.	Sentinel lymph node biopsy is the preferred technique.	16	94% (15)
3.	Discuss immediate breast reconstruction with all patients who are being advised to have a mastectomy, and offer it except where significant comorbidity or (the need for) adjuvant therapy may preclude this option.	39	95% (37)
4.	Start adjuvant chemotherapy or radiotherapy as soon as clinically possible within 31 days of completion of surgery in patients with early breast cancer having these treatments, except where there are clinical contraindications to starting these treatments	24	50% (12)
5.	Patients with early invasive breast cancer should have a baseline dual energy X-ray absorptiometry (DEXA) scan to assess bone mineral density if they: <ul style="list-style-type: none"> – are starting adjuvant aromatase inhibitor treatment – have treatment-induced menopause – are starting ovarian ablation/suppression therapy 	29	14% (4)
6.	Treat patients with early invasive breast cancer, irrespective of age, with surgery and appropriate systemic therapy, rather than endocrine therapy alone, unless significant comorbidity precludes surgery.	47	96% (45)
7a.	Offer annual mammography to all patients with early breast cancer, including ductal carcinoma in situ, until they enter the NHS Breast Screening Programme/Breast Test Wales Screening Programme.	11	0% (0)
7b.	Patients diagnosed with early breast cancer who are already eligible for screening should have annual mammography for 5 years	36	6% (2)
8.	Clinical Follow-up - Patients treated for breast cancer should have an agreed, written care plan, which should be recorded by a named healthcare professional (or professionals), a copy sent to the GP and a personal copy given to the patient. This plan should include: <ul style="list-style-type: none"> – designated named healthcare professionals – dates for review of any adjuvant therapy – details of surveillance mammography – signs and symptoms to look for and seek advice on – contact details for immediate referral to specialist care, and – contact details for support services, for example support for patients with lymphoedema. 	47	0% (0)
9.	Written Information for patients - Patients should be offered written information to help them make informed decisions about their healthcare. This should cover the condition, treatments and the health service providing care. Information should be available in formats appropriate to the individual, taking into account language, age, and physical, sensory or learning disabilities.		
9a.	Written information on their illness or condition	47	77% (36)
9b.	Written information on the treatment and care they should be offered	47	70% (33)
9c.	Written information on 'Understanding NICE guidance'	47	0% (0)
9d.	Written information on the service providing their treatment and care	47	0% (0)
10.	Written information for carers - If the patient agrees, families and carers should have the opportunity to be involved in decisions about treatment and care and receive the same written information mentioned in the previous paragraph except where there is no carer involved or where sharing information may compromise the patient's confidentiality or wishes	0	N/A

Recommendations

1. Development of a proforma as a prompt for clinicians to consider the NICE guidelines.
2. Documentation of:
 - Any discussion about immediate reconstruction for patients having mastectomy, or the reasons why this was not discussed e.g. adjuvant therapy likely
 - The date that chemotherapy, or radiotherapy, was started with any reasons for delay stated explicitly
 - The need for regular follow-up, together with the date of the next planned mammogram
3. Revision of the breast cancer diary to include the details specified by NICE in criteria (8) and (9) with a summary copy sent to the patient's GP about their care.
4. Re-audit once these changes have been put into place. The audit will be completed in August 2010 when the five month period March to July 2010 can be directly compared.

Conclusions

- Salford Royal are doing well as the NICE guidelines were only released one month before the audit period.
- We were already working towards some of the standards before the audit was carried out e.g. increasing sentinel node biopsy, baseline DEXA scans, and revising the breast cancer diary.
- The poor percentage compliance rates are not indicative of our actual performance.
- **Documentation** of evidence of compliance with the standards, or reasons for deviation from them, will prove our compliance in the re-audit.