



Surveillance report 2018 – Advanced breast cancer: diagnosis and treatment (2009) NICE guideline CG81

Surveillance report

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Surveillance decision

We will not update the guideline on [advanced breast cancer](#) at this time.

We will amend the relevant sections of the guideline to cross-refer to the published NICE technology appraisals and other NICE guidance related to the diagnosis and treatment of advanced breast cancer. This amendment will include the removal of the footnote in NICE's technology appraisal guidance [on the use of trastuzumab for the treatment of advanced breast cancer](#) (TA34). Details are included in [appendix A: summary of evidence from surveillance](#).

Reason for the decision

Assessing the evidence

We found 301 studies through surveillance of this guideline.

This included evidence on assessment, systemic disease-modifying therapy, supportive care and managing complications that supports current recommendations.

We also identified evidence that was not consistent with current recommendations on diagnosis, providing information and support, and management strategies for lymphoedema. We asked topic experts whether this evidence would affect current recommendations. Topic experts agreed that the new evidence was considered to be insufficient in volume and the results insufficiently conclusive to impact recommendations in these areas.

We found evidence on management of liver metastases, role of surgical resection of the primary tumour and predictors of treatment response, which were not covered in the guideline. This evidence was considered to be insufficient in volume and the results insufficiently conclusive to consider for inclusion in the guideline at this time.

Related NICE guidance

For any evidence relating to published or ongoing NICE technology appraisals, the guideline surveillance review deferred to the technology appraisal decision. Since

publication of NICE guideline CG81, several technology appraisals have published in this area and are included in the NICE Pathway on [advanced breast cancer](#).

We will amend the relevant sections of the guideline to cross-refer to the relevant published NICE technology appraisals. This amendment will include the removal of the footnote in NICE technology appraisal guidance 34.

We will amend the relevant section of the guideline to cross-refer to the published NICE diagnostics guidance related to the diagnosis of advanced breast cancer.

A statement will be added to the guideline noting that this is a clinical area in which new technologies are developed and assessed frequently and for clinicians to refer to the NICE Pathway on [advanced breast cancer](#) in conjunction with the guideline.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the evidence and views of topic experts and stakeholders, we decided that an update is not necessary for this guideline.

See [how we made the decision](#) for further information.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 8 years after the publication of NICE's guideline on [advanced breast cancer](#) (NICE guideline CG81) in 2009.

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence

We found 43 studies in a search for randomised controlled trials and systematic reviews published between 22 January 2015 and 18 July 2017.

We also considered evidence identified in previous surveillance 3 and 6 years after publication of the guideline. This included 258 studies identified by search and identified in comments received during consultation.

From all sources, we considered 301 studies to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See [appendix A](#): summary of evidence from surveillance for details of all evidence considered, and references.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline and other correspondence we have received since the publication of the guideline.

Views of stakeholders

Stakeholders commented on the decision not to update the guideline. Overall, 3

stakeholders commented.

The following 2 stakeholders agreed with the decision to not update the guideline:

- Novartis Pharmaceuticals Ltd
 - Whilst the stakeholder agreed with the proposal not to update the guideline, they suggested there would be value in incorporating published technology appraisals. To address this feedback, the surveillance review decision is to amend the relevant sections of the guideline to cross-refer to the relevant published NICE technology appraisals. A statement will also be added to the recommendations noting that this is a clinical area in which new technologies are developed and assessed frequently and for clinicians to refer to the NICE Pathway on advanced breast cancer in conjunction with the guideline.
- Royal College of Nursing
 - This stakeholder agreed with the proposal not to update the guideline. They also commented that they agree with the need for further evidence on lymphoedema management and psychological care.

The following stakeholder disagreed with the decision to not update the guideline:

- Breast Cancer Care
 - This stakeholder suggested that the guideline should strengthen recommendations on providing information and support to patients with advanced breast cancer. The suggestion is to include: advice on referrals to specific metastatic breast cancer support services, making a diagnosis with a holistic needs assessment, improve communication between services, recommend access to a clinical nurse specialist, and utilisation of multidisciplinary team meetings. On reviewing the comments provided by the stakeholder, there was no anticipated impact on the guideline as these areas were considered to be adequately covered in [recommendation 1.4.1](#), NICE's quality standard on [breast cancer](#) (QS12) and NICE's guidelines on [improving outcomes in breast cancer](#) (CSG1) and [improving supportive and palliative care for adults with cancer](#) (CSG4). NICE guideline CG81 cross-refers to the cancer service guidelines and incorporates the relevant advice within the recommendations. All these recommendations and related NICE guidelines are brought together in the NICE Pathway on [advanced breast cancer](#).
 - This stakeholder suggested that the recommendation to discontinue trastuzumab at disease progression should change to mirror clinical practice as many oncologists continue with treatment at this point. On reviewing [recommendation 1.3.12](#) on trastuzumab, it specifies discontinuation when the disease has progressed outside the central nervous system. The recommendation is based on the evidence that the drug does not cross the blood-brain barrier and is therefore not effective in treating metastatic disease of the central nervous system and progression outside the central nervous system is an indication that the treatment is no longer effective. Guidance [on the use of trastuzumab for the treatment of advanced breast cancer](#) is covered in NICE technology appraisal guidance 34. Clinical practice should follow NICE recommendations and any use of trastuzumab outside the summary of product characteristics would be off-label and the responsibility of the prescribing clinician.

- This stakeholder suggested that consideration should be given to a new recommendation supporting the use of stereotactic radiotherapy for brain metastases. On reviewing the evidence provided by the stakeholder, there was no anticipated impact on the guideline as the references did not provide adequate data in the abstracts to draw sufficient conclusions. NICE guideline CG81 contains a research recommendation calling for the need to compare stereotactic radiotherapy with whole brain radiotherapy in a randomised controlled trial. The management of brain metastases is being covered in a [NICE guideline](#) currently in development. If appropriate, the NICE Pathway on advanced breast cancer will cross-refer to the guideline on brain metastases when it publishes.
- This stakeholder suggested that [recommendation 1.5.14](#) should be updated to reflect the current practice of offering bisphosphonates to all patients with bone metastases. Also, there was a suggestion for guidance on the prescription of bisphosphonates for people with primary breast cancer. Evidence identified at the surveillance review supports the current recommendations to consider offering bisphosphonates to patients newly diagnosed with bone metastases. NICE guideline CG81 does not cover the management of primary or early breast cancer as this population is covered in NICE's guideline on [early and locally advanced breast cancer: diagnosis and treatment](#) (CG80).

See [appendix B](#) for stakeholders' comments and our responses.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

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