



# Healthcare services for breast cancer

## Introduction

### 'Improving Outcomes in Breast Cancer'

In 1996, the Department of Health published a document called *Improving Outcomes in Breast Cancer*. It recommended which healthcare professionals should be involved in the treatment, management and care of women with breast cancer. It also recommended how these services should be organised so that women with breast cancer across England and Wales would receive high-quality healthcare.

The document's recommendations helped to shape and improve the delivery of healthcare for women with breast cancer and define a framework for modern breast cancer care. For example, it recommended that all women with breast cancer should be cared for by a specialist team that includes different healthcare professionals with expertise in managing breast cancer. This team should ensure that women receive helpful information (from talking to a team member and from printed leaflets and so forth). It also recommended that breast cancer should be diagnosed using the so-called 'triple assessment', which should be carried out during one appointment. (The triple assessment is described later in this document.) Another of the document's key recommendations was that healthcare professionals should look at the way they organise check-ups for women after they have completed their initial treatment for breast cancer, with the aim of reducing the number of tests and check-ups needed.

### 'Improving Outcomes in Breast Cancer: Update'

The National Institute for Clinical Excellence (NICE) has now published an updated version of the document, called *Improving Outcomes in Breast Cancer: Update*, for the NHS in England and Wales. Further recommendations have been added and some of the original recommendations have been updated.

Both the original document and the updated NICE version have the general name 'service guidance'. This type of guidance makes recommendations about how health services should be delivered.

It's important to appreciate that many service guidance recommendations require large-scale changes in the way that a section of the NHS works. Although such changes can't be made overnight, the NHS is working to put all the guidance recommendations into practice.

**The key recommendations from the updated NICE version are summarised in the following sections.** More information on these and the other recommendations is given in the full version of *Improving Outcomes in Breast Cancer: Update*, which also includes a summary of the evidence that was considered when the recommendations were being prepared. The full version is available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).

Although service guidance does sometimes refer to appropriate forms of investigation and treatment, it doesn't provide detailed information on these

areas. Information on investigations and treatment for breast cancer can be obtained elsewhere (NHS Direct Online, [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk), is a good starting point, with links to other sources of information on breast cancer).

## Key recommendations

### **Women\* should be treated by a multidisciplinary team**

A multidisciplinary team is one that includes professionals with different skills. The NICE guidance recommends that a woman with breast cancer should be cared for by a multidisciplinary team of healthcare professionals, known as a breast care team. This is because the diagnosis, treatment and care of women with breast cancer can be very complex and is best provided by bringing together people with all the necessary skills, knowledge and experience. Breast care teams are specialists in looking after breast cancer patients.

### **Membership of the breast care team**

The NICE guidance says that all breast care teams should normally include, as a minimum:

- surgeons who are experienced in breast surgery
- nurses who specialise in the care of women with breast cancer and who have been trained to provide support and information
- radiologists (doctors) who have training and experience in imaging techniques, such as mammography (the use of X-rays to show breast cancer) and ultrasound (where sound waves are used to build a picture of the area)
- pathologists with experience in breast cancer (pathologists look at samples taken from the cancer and provide crucial information about the specific type of cancer and how advanced it is)

- oncologists (doctors) with experience in chemotherapy (treatment using cancer medicines), radiotherapy (treatment using X-rays) and hormone therapy (treatment that affects the way hormones work in the body).

A woman will usually see a particular member of her breast care team, depending on the treatment she is receiving – in particular, breast care nurses have a vital role in supporting women with breast cancer through their diagnosis and treatment, and ensuring continuity of care. At any visit, though, a woman may need to see another healthcare professional, such as a radiographer or physiotherapist, for particular tests, information or aspects of treatment. In many cases healthcare professionals such as these will also work as part of the breast care team. (Radiographers are involved in imaging areas of the body and treating patients using radiation therapy; physiotherapists are trained to help people through exercise and activity.)

### **The role of the team**

Breast care teams diagnose breast cancer and provide most of the treatment. The teams are responsible for providing information, advice and support for women and their families or carers during their illness. This builds on original recommendations that members of the breast care team should have special training in communication and counselling skills. Finally, the local breast care team should communicate with the woman's GP and other professionals involved in the woman's care, such as therapists.

### **Where teams are based**

Breast care teams are based at cancer units in local hospitals and in hospital centres that specialise in the treatment of cancer. Some breast teams serve more than one hospital. Most women will be treated by whichever team is providing their local service.

\*As breast cancer is largely a condition that affects women, we have referred to 'women' rather than 'people' throughout this document. However, men should have equal access to specialist breast services.

Sometimes a woman may need to visit a specialist cancer centre for treatment. Usually, such visits will be for radiotherapy, which is commonly used for early breast cancer as well as for more advanced disease. The specialist cancer centre may be based at a hospital some distance from the woman's home, so she may have to travel quite a long way for her appointment(s).

### **Women should be treated promptly**

Another key recommendation in the updated NICE guidance is that women should not have to wait longer than 4 weeks to start any form of treatment. In addition, the guidance recommends that women should receive the results from their initial tests to diagnose breast cancer (the so-called 'triple assessment') within 5 working days. (As the name suggests, there are three parts of a triple assessment: examination of the breast by the doctor, imaging the breast using X-rays and/or ultrasound, and taking a sample from the breast, usually by using a needle to take out some of the cells in the area.) It's not possible to have the results immediately because the sample has to be sent to a laboratory so that the pathologist can examine it.

### **Services should be more consistent**

In general, there are two starting points that may lead to an eventual diagnosis of breast cancer. In some women, breast cancer is first suspected because routine breast cancer screening shows a possible problem. Other women first notice a lump or other breast symptom and see their GP.

Currently, through the breast cancer screening programme, women in the age group 50 to 64 years\* are offered a routine X-ray test, known as a mammogram, to detect possible breast cancer. If this mammogram gives any cause for concern, the woman is called for further assessment.

If the woman has seen her GP for breast symptoms, and her GP thinks these raise a possibility of breast cancer, he or she will refer the woman to the breast care team for assessment.

Until now, the breast cancer screening service has been organised separately from the other parts of the NHS that deal with women with breast cancer, so there are some differences in policies and procedures.

One of the key recommendations in the NICE service guidance is that those involved in organising and providing cancer services in England and Wales should review their arrangements for the assessment and subsequent management for women following breast cancer screening and for those referred by their GP. This review should pay particular attention to the quality-assurance systems that are in place. The aim is to ensure that, regardless of whether a woman's first step is to have a screening mammogram or to see her GP, local services are well integrated and all women have the same high-quality healthcare.

### **Intensive, hospital-based follow-up is not beneficial**

Women who have completed their treatment and those who continue to receive long-term treatment for their breast cancer usually have regular check-ups from members of the breast care team – this stage is known as 'follow-up'. This means that women have to visit a hospital at regular intervals (for example, every 6 or 12 months) to see one or more team members. They may have more examinations and may routinely have further tests such as liver and bone scans. Follow-up check-ups can also be provided by a woman's GP.

\*The age group 50 to 64 years was recommended in the 1986 Forrest report; the *NHS Cancer Plan* published in 2000 recommends that the upper age should be increased to 70 years – the breast cancer screening programme is in the process of extending the age group for screening at the moment. The full title of the Forrest report is: *Breast Cancer Screening: Report to the Health Ministers of England, Wales, Scotland and Northern Ireland by a Working Group Chaired by Professor Sir Patrick Forrest (1986)*. The *NHS Cancer Plan* was published by the Department of Health is available from [www.doh.gov.uk/cancer/cancerplan](http://www.doh.gov.uk/cancer/cancerplan)

The main purpose of follow-up is to assess the progress of treatment and help the woman with any complications or side effects. In addition, it has been believed that these regular check-ups and tests allow doctors to identify the early signs of cancer that has returned so that further treatment can be started.

However, medical studies have shown that when breast cancer has returned or begun to spread it is much more likely that the woman herself will recognise this, and so the most important issue is for her to have a clear route back to her breast care team for advice. Having regular follow-up appointments at hospital and additional complex tests, such as scans, hasn't been shown to translate into an improvement in the woman's quality of life or to make it more likely that treatment will be successful.

The updated recommendations in the NICE guidance say that long-term routine follow-up involving hospital specialists or complex additional examinations or tests hasn't been shown to offer any benefit to the woman, and that where long-term routine follow-up check-ups are needed, they may best be carried out by the woman's GP.

Some follow-up check-ups will usually continue for 2 or 3 years after treatment (longer if the woman is still taking long-term medication at the end of this period). The exception is when the woman is being or has been treated as part of a clinical trial that requires a particular pattern of follow-up investigation – in this case she will probably continue to have regular appointments with her specialist.

## Further information

It's important to remember that your local services may be a little different from those described here – the NICE guidance sets out the way that the breast cancer services should develop over the coming years.

If you have any questions about your health or the health of a member of your family or a friend, speak to your GP. If you or a loved one has breast cancer and you have questions about the information here, or about treatment and healthcare in general, talk to a member of the breast care team. In addition, further information on breast cancer and support groups is available from NHS Direct (which you can access on the Internet at [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)).

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Copies of this document can be obtained from the NHS Response Line by telephoning 0870 1555 455 and quoting reference N0126. The full guidance, reference N0125, has also been published and a CD with all documentation including the research evidence on which the guidance is based is available, reference N0127

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