NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Early and locally advanced breast cancer: diagnosis and management (update)

This guideline will update the NICE guideline on Early and locally advanced breast cancer: diagnosis and management NG101.

The guideline will be developed using the methods and processes outlined in developing NICE guidelines: the manual.

1 Why the update is needed

New evidence that could affect recommendations was identified through the surveillance process. Topic experts, including those who helped to develop the existing guideline, advised NICE on whether areas should be updated or new areas added. Full details are set out in the surveillance review decision. This update will focus on 2 areas:

- Neoadjuvant chemotherapy regimens
- Gonadal function suppression (formerly Ovarian function suppression)

Other areas identified by the surveillance review will be updated separately (see the proposed outline for the guideline below and the breast cancer guidelines hub page).

Neoadjuvant chemotherapy regimens

The current recommendations focus on whether to add platinum to anthracycline-containing neoadjuvant chemotherapy regimens for people with triple negative invasive breast cancer (a type of breast cancer in which the cells do not have receptors for the hormones oestrogen and progesterone, or for a protein called human epidermal growth factor 2). New evidence which supports the existing advice to consider such an addition, and new evidence on overall survival outcomes, has been identified by the 2023 surveillance review. This may allow the recommendations and the information on potential risks and benefits to be updated.

Some, but not all people with triple negative breast cancer will have BRCA germline mutations and some people with BRCA germline mutations, will have other subtypes of breast cancer. There are currently no recommendations on the addition of platinum to anthracycline-containing neoadjuvant chemotherapy regimens specifically for people with BRCA germline mutations. Previously, no evidence was identified for this group, but the 2023 surveillance review suggests there may now be some evidence to support the development of advice in this area.

There are no recommendations in the current guideline on the use of platinum in neoadjuvant chemotherapy regimens for people with human epidermal growth factor 2 (HER2)-positive breast cancer. Anthracycline-based regimens may not be suitable for some people in this group because of an increased risk of cardiotoxicity, particularly if they are having pertuzumab with trastuzumab, as is recommended by NICE technology appraisal TA424. The surveillance review identified some evidence relating to the use of carboplatin, a platinum-based treatment, for people with HER2 - positive breast cancer. Intelligence gathering suggests there is currently variation in practice in this area, and there may be a benefit in reviewing the evidence for platinum-based regimens as an alternative to anthracycline-based neoadjuvant regimens for this group.

Gonadal function suppression (formerly Ovarian function suppression)

The current advice focuses on considering ovarian function suppression in addition to endocrine therapy, as part of the treatment for breast cancer, in premenopausal women with oestrogen receptor (ER)-positive early or locally advanced invasive breast cancer. The recommendations are based on evidence from studies where ovarian function suppression (a type of gonadal function suppression) was given in addition to tamoxifen as an endocrine therapy. New evidence identified by the surveillance review indicates that a combination of ovarian function suppression and aromatase inhibitors may be a suitable or better alternative than the combination of ovarian function suppression and tamoxifen. The evidence in this area will be reviewed as part of this update. This update will not look at ovarian function suppression as a means of preserving fertility during treatment for breast cancer.

The current guideline also recommends that both premenopausal women and men with ER-receptor-positive early or locally advanced invasive breast cancer are

offered tamoxifen as an initial adjuvant endocrine therapy. However, there are currently no recommendations on use of gonadal function suppression in men with endocrine therapy. The evidence in this area will also be reviewed as part of this update.

A separate planned update of the NICE guideline on advanced breast cancer: diagnosis and treatment (CG81) will look at the recommendations on ovarian function suppression as part of the treatment for breast cancer in premenopausal and perimenopausal women with ER-positive advanced breast cancer.

2 Who the guideline is for

This guideline is for:

- All healthcare professionals involved in the care of people with early and locally advanced breast cancer
- NHS managers and commissioners of breast cancer services
- People using breast cancer services, their family members and carers and the public.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government and Northern Ireland Executive.

Equality considerations

NICE has carried out an equality and health inequalities assessment during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

Where evidence is available, the guideline will look at inequalities, for example, those relating to age, disability, ethnicity, sex, socioeconomic factors and geographical location.

3 What the update will cover

3.1 Who is the focus?

Groups that will be covered

For neoadjuvant chemotherapy regimens

- Adults (18 and over) with newly diagnosed invasive adenocarcinoma of the breast of any size (T1 to T4), with or without spread to locoregional lymph nodes (N0 to N3) and with no distant metastases (M0):
  - for whom neoadjuvant chemotherapy is being considered and who have any of the following:
    - ◊ triple negative breast cancer
    - ◊ HER2-positive breast cancer
    - ◊ BRCA germline mutations with any receptor profile

For gonadal function suppression

- Adults (18 and over) with newly diagnosed invasive adenocarcinoma of the breast of any size (T1 to T4), with or without spread to locoregional lymph nodes (N0 to N3) and with no distant metastases (M0):
  - for whom gonadal function suppression is being considered as part of their endocrine therapy, who have ER-positive breast cancer and have:
    - ◊ female reproductive organs and are premenopausal or perimenopausal, or
    - ◊ male reproductive organs.

No specific subgroups of people have been identified as needing specific consideration.

Groups that will not be covered

- Adults (18 and over) with newly diagnosed ductal carcinoma in situ (DCIS) with no invasive component.
- Adults (18 and over) with Paget's disease of the breast with no invasive component.

- All groups that were excluded from the scope of the existing guideline, including adults with invasive adenocarcinoma of the breast and distant metastases (clinical or pathological M1).

3.2 Settings

Settings that will be covered

All settings in which NHS-commissioned care is provided.

3.3 Activities, services or aspects of care

Key areas that will be covered in this update

We will look at evidence in the areas below when developing this update. We will consider making new recommendations or updating existing recommendations in these areas only.

1 Neoadjuvant chemotherapy regimens.
   - Platinum-containing neoadjuvant chemotherapy regimens.

2 Gonadal function suppression (formerly Ovarian function suppression).
   - Gonadal function suppression in combination with endocrine therapy.

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

Proposed outline for the guideline

The table below outlines all the areas that will be included in the guideline. It sets out what NICE plans to do for each area in this update.

Proposed outline for the guideline Area in the guideline	**What NICE plans to do**
1.1 Pre-operative assessment	Evidence on genetic testing (recommendation 1.1.4) will not be reviewed as part of this update but will be reviewed and existing recommendations updated as needed, as part of a future planned update. All other sections - No evidence review: retain recommendations from existing guideline.
1.2 Providing information and psychological support	Evidence on psychological support (recommendation 1.2.2) will not be reviewed as part of this update but will be reviewed and existing recommendations updated as needed, as part of a future planned update. All other sections - No evidence review: retain recommendations from existing guideline.
1.3 Surgery	No evidence review: retain recommendations from existing guideline.
1.4 Surgery to the axilla	No evidence review: retain recommendations from existing guideline.
1.5 Breast reconstruction	No evidence review: retain recommendations from existing guideline.
1.6 Diagnostic assessment and adjuvant therapy planning	No evidence review: recommendations on adjuvant therapy planning may be amended to also consider neoadjuvant therapy planning as part of the neoadjuvant therapy update (see section 1.11).
1.7 Endocrine therapy	Review evidence on gonadal function suppression (formerly ovarian function suppression) (recommendations 1.7.4 and 1.7.5): update existing recommendations as needed. (Recommendation 1.7.2 may also be amended, depending on the outcome of this review). All other sections - No evidence review: retain recommendations from existing guideline.

1.8 Adjuvant chemotherapy for invasive breast cancer	No evidence review: retain recommendations from existing guideline.
1.9 Bisphosphonate therapy	No evidence review: retain recommendations from existing guideline.
1.10 Radiotherapy	No evidence review: retain recommendations from existing guideline.
1.11 Primary systemic therapy	Review evidence on neoadjuvant chemotherapy regimens (recommendations 1.11.4 and 1.11.5): update existing recommendations as needed. Relevant existing and new NICE Technology Appraisals will be incorporated into the section on neoadjuvant chemotherapy. There will be no evidence review but recommendations in the existing guideline will be editorially updated by committee (Recommendations 1.11.1 - 1.11.3). All other sections - No evidence review: retain recommendations from the existing guideline.
1.12 Complications of local treatment and menopausal symptoms	Evidence on reducing the risk of lymphoedema (recommendations 1.12.1-1.12.4) and on managing lymphoedema (new area in the guideline) is undergoing review and recommendations being updated or developed as needed, as a separate update (see Lymphoedema - update). Evidence on menopausal symptoms will not be reviewed as part of this update, but will be reviewed and existing recommendations updated or new recommendations developed as needed, as a part of a future planned update. All other sections - No evidence review: retain recommendations from the existing guideline.
1.13 Follow up	No evidence review: retain recommendations from existing guideline.

1.14 Lifestyle	No evidence review: retain recommendations from existing guideline.

Recommendations in areas that are being retained from the existing guideline may be edited to ensure that they meet current editorial standards, and reflect the current policy and practice context.

Areas that will not be covered by the guideline

1. Diagnosis and treatment of advanced breast cancer.
2. Identifying people in primary care with suspected early and locally advanced breast cancer and referring them to secondary care.
3. Bisphosphonates used for the prevention or treatment of osteoporosis.
4. The management of breast cancer and related risks in people with a family history of breast cancer.

Related NICE guidance

Published

- Tumour profiling tests to guide adjuvant chemotherapy decisions in early breast cancer. (2018) NICE diagnostics guidance DG34.
- Suspected cancer: recognition and referral. (2015) NICE guideline NG12.
- Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer. (2013) NICE guideline CG164.
- Fertility problems: assessment and treatment (2013) NICE guideline CG156.
- Advanced breast cancer: diagnosis and management. (2009) NICE guideline CG81.
- Improving supportive and palliative care for adults with cancer. (2004) NICE guideline CSG4.
- Improving outcomes in breast cancer. (2002) NICE guideline CSG1.

In development

- Lymphoedema: prevention and management in people with early, locally advanced and advanced breast cancer (update). NICE guideline update to NG101. Publication date to be confirmed.

- Atezolizumab as neoadjuvant (with chemotherapy) and adjuvant (as monotherapy) treatment for early triple negative breast cancer. NICE technology appraisal guidance. Publication date to be confirmed.
- Pembrolizumab with neoadjuvant chemotherapy and adjuvant endocrine therapy for treating ER-positive and HER2-negative early breast cancer. NICE technology appraisal guidance. Publication date to be confirmed.
- Trastuzumab deruxtecan for neoadjuvant treatment of HER2-positive high-risk early breast cancer. NICE technology appraisal guidance. Publication date to be confirmed.
- Tumour profiling tests to guide adjuvant chemotherapy decisions in lymph node positive early breast cancer. NICE diagnostics guidance. Publication date to be confirmed.

NICE guidance that will be incorporated unchanged in this guideline

- Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early and locally advanced breast cancer (2022) NICE technology appraisal guidance TA851
- Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer (2016) NICE technology appraisal guidance TA424.

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to early and locally advanced breast cancer:

- Shared decision making (2021) NICE guideline NG197
- Medicines optimisation (2015) NICE guideline NG5
- Patient experience in adult NHS services (2012) NICE guideline CG138
- Medicines adherence (2009) NICE guideline CG76

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

3.5 Key issues and draft questions

While writing the scope for this updated guideline, we have identified the following key issues and draft review questions related to them:

1 Neoadjuvant chemotherapy regimens

1.1 What is the clinical and cost effectiveness of a platinum-containing neoadjuvant chemotherapy regimen compared to a non-platinum-containing neoadjuvant chemotherapy regimen in people with triple negative invasive breast cancer?

1.2 What is the clinical and cost effectiveness of a platinum-containing neoadjuvant chemotherapy regimen compared to a non-platinum-containing neoadjuvant chemotherapy regimen in people with invasive breast cancer of any receptor subtype and BRCA germline mutations?

1.3 What is the clinical and cost effectiveness of a neoadjuvant chemotherapy regimen containing a platinum and a taxane compared to an alternative neoadjuvant chemotherapy regimen containing an anthracycline and a taxane in people with HER2-positive invasive breast cancer?

2 Gonadal function suppression (formerly Ovarian function suppression)

2.1 What is the clinical and cost effectiveness of ovarian function suppression combined with either aromatase inhibitors or tamoxifen compared to each other or tamoxifen alone, in people with ER-positive invasive breast cancer who have female reproductive organs and are premenopausal or perimenopausal?

2.2 What is the clinical and cost effectiveness of gonadal function suppression combined with aromatase inhibitors compared to tamoxifen in people with ER-positive invasive breast cancer who have male reproductive organs?

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence for the review questions above are:

- survival
  - overall survival
  - disease-free survival
- breast cancer mortality
- local and/or locoregional recurrence
- distant metastases
- adverse events (including treatment-related mortality and morbidity)
- adherence to or completion of treatment
- quality of life (using validated measures such as the EQ-5D)
- pathological complete response
- breast conservation rate
- long term consequences of treatment
- new contralateral disease

Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 27th March to 19th April 2024.

The guideline is expected to be published in March 2025.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.