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Association of Breast Surgery	Guideline	3	22	It would be a challenge to ensure supervised support as most NHS facilities do not have access to physiotherapy support for routine post-op care. It is challenging to organise timely physiotherapy support for high risk individual at present.	Thank you for your comment. The committee discussed your concerns. This was added to the equalities and health inequalities assessment form (EHIA). Interventions delivered virtually may help to reduce health inequalities and address access options for people where other interventions are not locally available. This is likely to have a lower impact on NHS resources than being in-person 1-to-1 sessions and could free up resources for face-to-face interventions for those for whom virtual is not appropriate or cannot access.
Association of Breast Surgery	Guideline	3	22	I would suggest discussion of post-op cording after axillary surgery in this document for education and counselling along with impact on recovery of shoulder function and need for exercises.	Thank you for your comment. The committee recommended breast care units to have documented local guidelines for postoperative physiotherapy that have been agreed with the physiotherapy department. These guidelines should include details on the type of upper limb exercises to be carried out, who and when to give information and instructions on these exercises, and that the exercises should be tailored for each person based on their needs.

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Association of Chartered Physiotherapists in Oncology and Palliative Care	Guideline	4	4	We have concerns about the phrase "trained in physiotherapy". The title "Physiotherapist" is a protected title, you cannot claim to be "trained in physiotherapy" without being a physiotherapist, therefore it would seem more sensible for this line to read "is delivered by a qualified physiotherapist". It is the equivalent of saying "trained in nursing" – this phrase would not be used, so it shouldn't be used for physiotherapy.	Thank you for your comment. The recommendation has been amended to clarify that supervised support for upper limb exercises should be delivered by physiotherapy staff members or other appropriately trained allied health professionals.
Association of Chartered Physiotherapists in Oncology and Palliative Care	Guideline	4	5	Referring to the physiotherapy department for people with reduction in movement is a perfect recommendation. However we have concerns that not all physiotherapy departments have cancer specialist physiotherapists. Those who live locally to a cancer specialist hospital are likely to get better access to	Thank you for your comment. We did not find any evidence on the most effective interventions for people with ongoing arm and shoulder pain following breast cancer treatment. Therefore, the committee could not make more detailed recommendations on the training needed for non-specialist physiotherapists who are providing physiotherapy to people who have more long-term arm and shoulder problems.

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				specialist treatment, however those in more rural communities or who are unable to travel far may not have the access to this level of physiotherapy. There needs to be more access to training for generalist physiotherapists so they are better able to support those with cancer related needs.	
Boost Innovations Ltd	Evidence Review	15	Table	We agree that structured exercise might be of benefit, but has there been consideration of the issues centred around doing these exercises if you are a breast form wearer? Boost's customers often report difficulties in completing exercise while wearing traditional breast forms or 'softies' as they are either too heavy or too light. Boost's breast forms have been solving these issues for women, because they are structured differently. We would like to see more	Thank you for your comment. This update was specifically about the most effective interventions to reduce the risk of arm and shoulder mobility problems. The most appropriate type of breast form options were not part of the interventions and therefore we could not make recommendations on this. However, we expect this could form part of the discussions that come with supervised support for upper limb exercises.

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				information and support provided by physios about suitable and comfortable breast form options that can make structured exercise (or group exercise sessions) feel more inclusive to breast form wearers.	
Boost Innovations Ltd	Evidence Review	53	Table	We can see that water based exercise could be beneficial, but once again feel that an understanding of a woman's breast form needs could be considered. Boost breast forms are light and easy to dry and can be worn in a swimsuit. Many of our customers are put off any water-based exercise due to the discomfort of wearing a traditional 'swim' breast prosthesis. We've been told by our customers in our feedback surveys that our products help women gain the confidence to continue their water-based exercise.	Thank you for your comment. This update was specifically about the most effective interventions to reduce the risk of arm and shoulder mobility problems. The most appropriate type of breast forms were not part of the interventions and therefore we could not make recommendations on this. However, we expect this could form part of the discussions that come with supervised support for upper limb exercises.

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Boost Innovations Ltd	Guideline	2	14	We agree that information should be presented in a format suitable for the person to take away to refer to later. However, we believe that this information should also include support on active-wear suitable breast forms, bras and shapers as well as the exercises themselves. Boost's customer base (over 2,000 women and growing) report that getting advice on suitable breast forms (of which the Boost is one of the most innovative on the market) is difficult, Some of our customers have told us that not accessing a suitable breast form has been a barrier to swimming and exercise. We would love to see these practical issues addressed when women are first introduced to their exercise programmes or recommendations. As an active-wear breast form specialist with an innovative product, we would	Thank you for your comment. This update was specifically about the most effective interventions to reduce the risk of arm and shoulder mobility problems. The most appropriate type of breast form options, bras and shapers were not part of the interventions and therefore we could not make recommendations on this. However, we expect this could form part of the discussions that come with supervised support for upper limb exercises.

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				contribute towards the cost of printing information to be given in a pack, or would provide QR codes where women could access our digital fitting tools to help them find advice directly from us about our innovative breast form products.	
Cardiff and Vale University Health Board (Breast Centre)	Guideline	2	14	Breastcancernow.org have free nationally available exercise booklets available in pdf download and audio format directly from the website, or written (English only) booklets can be ordered, along with options for large print, Braille and audio CD.	Thank you for your comment. It has been shared with our Adoption and Implementation Team who will consider it as part of any planned work to put the guidance into practice.
Cardiff and Vale University Health Board (Breast Centre)	Guideline	2	14	The BAPS App Wales provides free video format of recommended exercises	Thank you for your comment. It has been shared with our Adoption and Implementation Team who will consider it as part of any planned work to put the guidance into practice.
Cardiff and Vale University Health Board (Breast Centre)	Guideline	2	14	Currently there are minimal nationally available resources in languages other than English. This may create a health	Thank you for your comment. The recommendation for people who are at high risk, is based on the criteria used in the PROSPER trial which is the paper that

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				inequality for patients who do not speak or read English and are unable to follow video advice due to a lack of digital hardware or skills. We recommend these patients should also be considered a moderate risk for supervised support if they don't already fall in to the high risk categories.	provided evidence for the effectiveness of this type of intervention. There was no evidence for other people in which this intervention would be most effective, and so the committee decided to limit the people who are considered high risk to those specified in the PROSPER trial. Other people who may benefit from supervised support are covered by an additional recommendation. The additional recommendation is for people who are having surgery and have not been identified as being at high risk of developing shoulder problems or people who are having radiotherapy without surgery. This could include people who do not speak English or who cannot access virtual information sources. The committee also recommended that supervised support should be tailored to the person's needs and preferences. The rationale includes committee's discussions about possible health inequalities and how tailoring supervised support to person's needs and preferences could help overcome these health inequalities. For

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					example, face to face support should be available when virtual support is not appropriate, such as when virtual support is not available in a person's language, or when someone cannot access virtual support.
Cardiff and Vale University Health Board (Breast Centre)	Guideline	3	9	We would clarify that a history of frozen shoulder on the contralateral side should also be considered a high risk factor	Thank you for your comment. We have added to the rationale that people should be considered at high risk if they have any of the pre-existing shoulder conditions in the contralateral side.
Cardiff and Vale University Health Board (Breast Centre)	Guideline	3	16	Radiotherapy distribution may not be decided until after surgery so patients identified as low risk pre-op should also be reviewed for additional risk factors post-operatively	Thank you for your comment. The committee acknowledged that this could happen in clinical practice. Therefore, they recommended that people who need axillary node clearance or radiotherapy to the axilla or supraclavicular nodes after surgery should be identified as being at high risk of developing shoulder problems.
Cardiff and Vale University Health Board (Breast Centre)	Guideline	3	22	We would support this recommendation as current practice focuses mainly on regaining Range of Movement (ROM) but supervised support would also provide the opportunity to assess and	Thank you for your comment.

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				support quality of movement, muscle balance and strength plus confidence to return to higher levels of function and exercise.	
Cardiff and Vale University Health Board (Breast Centre)	Guideline	3	22	Provides an opportunity for more targeted conversations regarding Exercise Prescription and National Exercise Guidelines and how they relate to cancer diagnosis.	Thank you for your comment.
Cardiff and Vale University Health Board (Breast Centre)	Guideline	4	14	We support this guidance and identify that the range of complexity in this patient population is wide and would benefit from a tiered approach utilising Physiotherapy trained support staff as well as qualified Physiotherapy staff who have undergone post-graduate training in breast cancer surgery.	Thank you for your comment. The recommendation has been amended to clarify that supervised support for upper limb exercises should be delivered by physiotherapy staff members or other appropriately trained allied health professionals, such as occupational therapists. Physiotherapy staff members could include trained support staff as week as qualified physiotherapists.
Cardiff and Vale University Health Board (Breast Centre)	Guideline	4	14	Nationally available training is available through a variety of organisations and include (but not limited to):	Thank you for your comment. It has been shared with our Adoption and Implementation Team who will consider it

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				The CanRehab Trust Specialist Instructor / Physiotherapy course PROSPER training via FutureLearn.com The Pink Ribbon Programme Instructor training available via the website or APPI Pilates Breast Cancer Specialist post-certification via The ScarWork Certification training	as part of any planned work to put the guidance into practice.
Guys and St Thomas' NHS Foundation Trust	Guideline	1	7	Given that this guideline addresses early and advanced breast cancer patients, the opportunity to highlight the management of the wider patient symptom burden has been missed. According to research 90% of breast cancer patients experience fatigue for example. (Please ignore if this	Thank you for your comment. This update has focused on arm and shoulder mobility problems and the committee were therefore unable to look at the management of fatigue. We are reviewing which other sections of the guideline should be updated so this may be covered by other updates.

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				will be covered in a further section of the guideline).	
Guys and St Thomas' NHS Foundation Trust	Guideline	2	5	Physiotherapy local guidelines should be created with consultation of a specialist physiotherapist within the area of oncology/breast cancer	Thank you for your comment. The committee recommended breast care units to have documented guidelines for postoperative physiotherapy and that these guidelines should be approved by the physiotherapy department. We have not specified the type of physiotherapist that should approve the guidelines as this may vary depending on what local services are available. Ideally this would be a specialist cancer physiotherapist, but this might not always be possible, so we did not define the type of physiotherapist in more detail.
Guys and St Thomas' NHS Foundation Trust	Guideline	2	5	Local exercise guidelines should include specific exercise recommendations based on surgery performed e.g. mastectomy, axillary surgery, implant reconstruction and each flap reconstruction (BAPRAS guidelines)	Thank you for your comment. The committee recommended breast care units have documented local guidelines for postoperative physiotherapy. These guidelines should include details on the type of upper limb exercises to be carried out after surgery, and that the exercises should be tailored for each person based on their needs. This would include modifying the exercises according to the surgery performed if necessary.

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Guys and St Thomas' NHS Foundation Trust	Guideline	2	6	Functional exercises should take into consideration physical activity recommendations for oncology patients as per ACSM (Schmidt and Courneya, 2010). Exercise guidelines should state that prior to commencing any new exercise programme a specialist physiotherapist is consulted to ensure safety and specificity.	Thank you for your comment. The recommended upper limb exercises are specific to arm and shoulder rehabilitation after breast cancer surgery or radiotherapy and should already be taking safety and specificity into account. These are exercises that the local physiotherapy department have agreed ensuring they are safe for people to do them. The committee recommended breast care units to have documented guidelines for postoperative physiotherapy and that these guidelines should be approved by the physiotherapy department. We have not specified the type of physiotherapist that should approve the guidelines as this may vary depending on what local services are available. Ideally this would be a specialist cancer physiotherapist, but this might not always be possible, so we did not define the type of physiotherapist in more detail.
Guys and St Thomas' NHS Foundation Trust	Guideline	2	8	Challenge relating to question 1: Complexity of clinical presentation secondary to variety of the pathway, treatments and symptom burden	Thank you for your comment. It has been shared with our Adoption and Implementation Team who will consider it as part of any planned work to put the guidance into practice.

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				following Suggestion to overcome challenge: We have employed specialist physiotherapist for breast patients integrated within the wider oncology physiotherapy team and the breast clinic.	
Guys and St Thomas' NHS Foundation Trust	Guideline	2	8	1.12.6 Exercise discussions should be conducted by a physiotherapist with knowledge of radiotherapy and its side effects and surgery and its consequences. Exercise advice should also consider co morbidities and the side effects of cancer surgery/treatment e.g. fatigue, lymphoedema risks/treatment, osteoporosis, axillary web syndrome. Suggestion to overcome challenge: Research in to the best way to deliver holistic information to patient due to	Thank you for your comment. The committee recommended breast care units to have documented local guidelines for postoperative physiotherapy that have been agreed with the physiotherapy department. We have not specified the type of physiotherapist that should approve the guidelines as this may vary depending on what local services are available. Ideally this would be a specialist cancer physiotherapist, but this might not always be possible, so we did not define the type of physiotherapist in more detail. These guidelines should include details on the type of upper limb exercises to be carried out, who and when to give information and instructions on these exercises, and that

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				undergo radiotherapy would be valuable in providing patient centred, specific information.	the exercises should be tailored for each person based on their needs. We have edited the recommendation and rationale to include further details on this. The committee recommended further research on the most effective and cost-effective way of delivering the intervention (for example type of physiotherapy or exercise, mode of delivery, number of sessions) to reduce arm and shoulder problems after breast cancer surgery or radiotherapy
Guys and St Thomas' NHS Foundation Trust	Guideline	2	10	It is recommended that patients have baseline shoulder assessment prior to surgery/radiotherapy to determine risk status to allow for radiotherapy treatment planning. Also exercise advice should be given post operatively when most relevant for patient. However this could have service implications for local physiotherapy services who do not currently provide these services.	Thank you for your comment. The committee were aware that there is currently variation in practice. They feel that the recommendations are therefore a service development opportunity for places which do not provide these services. The recommendations can therefore help to improve access to care and support after surgery. The committee also discussed and agreed that baseline shoulder assessment could be done by a member of the clinical team (for example, clinical nurse specialist) alongside standard post operative assessments. This would include assessment of the person's medical history

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					and asking the person if they have experienced any of the issues listed in the recommendation (for example asking if they have stiffness of their shoulder or if the function of their shoulder is reduced). This would reduce the impact on physiotherapy services.
Guys and St Thomas' NHS Foundation Trust	Guideline	2	13	When exercises commence should be agreed locally, or following consultation with a specialist physiotherapist or surgeon. Commencing exercise day 1 following a free flap reconstruction could compromise blood supply and success, and with implant reconstruction it could compromise implant fixation	Thank you for your comment. The committee agreed that time to start exercises should be discussed with the person because the decision about starting time will depend on the person's circumstances such as the type of surgery. Therefore, we have changed the bullet point 'explain the exercises should be started the day after surgery' to 'explain when the exercises should be started'. There is more information in the rationale about what considerations would be relevant when having these discussions with the person.
Guys and St Thomas' NHS Foundation Trust	Guideline	3	3	Challenge relating to question 1: Volume of patients at pre surgical stage. Suggestion to overcome	Thank you for your comment. It has been shared with our Adoption and Implementation Team who will consider it

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				challenge: Research in to use of a risk stratification tool within this group of patients using a national/locally agreed triage tool based on the published new NICE guidelines. An opportunity to research alternative methods of delivering pre-assessment information via a physiotherapist in a group setting alongside the wider MDT (breast CNS).	as part of any planned work to put the guidance into practice. The committee discussed your suggestion but decided against making this research recommendation because they agreed that research should be prioritised to address the research gaps they had already identified.
Guys and St Thomas' NHS Foundation Trust	Guideline	3	6	Also consider previous breast, axillary, h&n surgery or radiotherapy within field of treatment and location of lines e.g. PICC, portacath and also previous functional ability and circumstances of patient. Assessing pre operative shoulder function is essential to determine baseline ability and assist with potential radiotherapy treatment planning	Thank you for your comment. The list of factors in the recommendation are evidence based on the PROSPER trial as this is the group of people where there was evidence of the effectiveness of this type of intervention. No other factors were included as there was no evidence to identify other people who would benefit. The list of pre-existing shoulder conditions in the recommendation are examples, and the third bullet point should cover all non-specific shoulder pain. The committee highlighted that 'non-specific shoulder pain' and 'stiffness' are likely to capture most people with shoulder problems. There is

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					also a recommendation for people who are not assessed as being at high risk of developing shoulder problems but who may still benefit from supervised support.
Guys and St Thomas' NHS Foundation Trust	Guideline	3	16	We agree with the pre operative assessment of people who are having surgery for breast cancer as being high risk of developing shoulder problems and would like to add other commonly performed adjunct surgeries eg LVA (lymphovenous anastomosis) reconstruction and autologous reconstruction.	Thank you for your comment. The list of factors in the recommendation are evidence based on the PROSPER trial as this is the group of people where there was evidence of the effectiveness of this type of intervention. No other factors were included as there was no evidence to identify other people who would benefit. The list of pre-existing shoulder conditions in the recommendation are examples, and the third bullet point should cover all non-specific shoulder pain. The committee highlighted that 'non-specific shoulder pain' and 'stiffness' are likely to capture most people with shoulder problems. There is also a recommendation for people who are not assessed as being at high risk of developing shoulder problems but who may still benefit from supervised support.
Guys and St Thomas' NHS Foundation Trust	Guideline	3	18	This recommendation will likely require new implementation guidelines in practice and	Thank you for your comment. It has been shared with our Adoption and Implementation Team who will consider it

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				dedicated resource where breast surgery is completed without direct access to timely physiotherapy. Those at risk of shoulder problems following surgery need urgent physiotherapy input to prevent delay in reaching the desired arm position for radiotherapy. Without timely physiotherapy onward cancer treatment could be delayed or even cancelled. Breast units must develop a relationship with local physiotherapy services to ensure urgency of referrals for those who require radiotherapy following surgery. Resource in to Education and upskilling for non-specialist physiotherapists is required to ensure understanding of needs for breast patients.	as part of any planned work to put the guidance into practice. The committee agreed that breast care units should have a good relationship with physiotherapy services and have recommended that local guidelines should be agreed with the physiotherapists.

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Guys and St Thomas' NHS Foundation Trust	Guideline	3	18	Please also consider supervision in circumstances where post operative recovery could be impacted through additional cancer treatments. For example the effects of hormone therapy on joints, pain, bone health/density/osteoporosis, mood, fatigue and energy levels and chemotherapy effects (used as neoadjuvant or adjuvant intervention) for example, peripheral neuropathy and falls risk, pain, fatigue, mood, cognitive effects. Always consider quality of life with any intervention/prescription of exercise	Thank you for your comment. We expect that local guidelines will include information about the effects of additional cancer treatment. The recommendation for people who are at high risk, is based on the criteria used in the PROSPER trial which is the paper that provided evidence for the effectiveness of this type of intervention. There was no evidence for other people in which this intervention would be most effective, and so the committee decided to limit the people who are considered high risk to those specified in the PROSPER trial. Other people who may benefit from supervised support are covered by an additional recommendation. This should include people whose post operative recovery could be impacted through additional cancer treatments. The committee also recommended that supervised support should be tailored to the person's circumstances, needs and preferences. We included quality of life as one of the outcomes in our review. Some of the

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					included studies reported quality of life (Ammitzboll 2020; Bruce 2022; De Groef 2017; De Groef 2018; Haines 2010; Hayes 2013; Kilbreath 2012; Mutrie 2007; Odynets 2019a and 2019b, Rafn 2018; Reis 2013; Testa 2014; Zhou 2019) and the results were discussed with the committee. Quality of life questionnaires have also been included as one of the outcomes in the research recommendations, so more evidence about this should be available in future.
Guys and St Thomas' NHS Foundation Trust	Guideline	3	28	This recommendation may be a challenge to implement in practice as some local physiotherapy services might not have access to virtual or group therapy for example. Also with regards to equality considerations not all physiotherapy services will have access to specific oncology specialists and therefore might not be aware that sex of therapist could have an impact.	Thank you for your comment. The committee discussed your concerns. This was added to the equalities and health inequalities assessment form (EHIA). The committee recommended a range of different ways to provide these interventions. This means when virtual or group services are not available, then people could be offered face to face and individual support. Although the use of chaperones is not stated in the recommendations, this should be available for people who need them. We have included a link to the NICE guideline on

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				Use and availability of chaperones should be prioritised	patient experience in adult NHS services which highlights the importance of knowing the patient as an individual and their needs and preferences.
Guys and St Thomas' NHS Foundation Trust	Guideline	4	5	Challenges relating to question 1: Availability of physiotherapist assessment within the time frame of the breast pathway eg urgency of referral post surgery and imminent radiotherapy Suggestion to overcome challenge: Ensure patients and the wider MDT are aware of available physiotherapy support to enable proactive referrals. Physiotherapists should therefore be embedded within the breast MDT. Factor in flexibility to outpatient physiotherapist clinics.	Thank you for your comment. It has been shared with our Adoption and Implementation Team who will consider it as part of any planned work to put the guidance into practice.
Guys and St Thomas' NHS Foundation Trust	Guideline	4	12	Also consider frequency, intensity of intervention in research	Thank you for your comment. We have included your suggestions to Appendix K in the evidence review. This appendix has more details about the research recommendations.

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Guys and St Thomas' NHS Foundation Trust	Guideline	5	4	Also consider short term and long term adherence in research	Thank you for your comment. The timeframe has been added to the details of the research recommendation which are described in Appendix K of the evidence review.
Guys and St Thomas' NHS Foundation Trust	Guideline	6	17	Exercise discussions with patients should be delivered by physiotherapists	Thank you for your comment. The committee recommended breast care units to have documented local guidelines for postoperative physiotherapy that have been agreed with the physiotherapy department. These guidelines should include details on the type of upper limb exercises to be carried out, who and when to give information and instructions on these exercises, and that the exercises should be tailored for each person based on their needs. As this pathway is agreed by the physiotherapy department, any discussions with the patient should be relevant and appropriate, even if delivered by a clinician who is not a physiotherapist.
Guys and St Thomas' NHS Foundation Trust	Guideline	6	30	The physiotherapist delivering exercise prescriptions should have an understanding of breast surgery and the implications of cancer and its treatment	Thank you for your comment. The committee recommended breast care units to have documented local guidelines for postoperative physiotherapy that have been agreed with the physiotherapy

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				consequences, precautions and red flags	department. These guidelines should include details on the type of upper limb exercises to be carried out, who and when to give information and instructions on these exercises, and that the exercises should be tailored for each person based on their needs. As this pathway is agreed by the physiotherapy department, any discussions with the patient should be relevant and appropriate, even if delivered by a clinician who is not a physiotherapist.
Guys and St Thomas' NHS Foundation Trust	Guideline	7	14	We are concerned this description creates ambiguity around who is able to deliver exercise information. Information should be delivered by a qualified physiotherapy practitioner to provide the exercise and field questions. A referral process should be in place to support functional recovery	Thank you for your comment. The committee recommended breast care units to have documented local guidelines for postoperative physiotherapy that have been agreed with the physiotherapy department. These guidelines should include details on the type of upper limb exercises to be carried out, who and when to give information and instructions on these exercises, and that the exercises should be tailored for each person based on their needs. As this pathway is agreed by the physiotherapy department, any discussions with the patient should be

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					relevant and appropriate, even if delivered by a clinician who is not a physiotherapist. The recommendations in this section of the guideline set out the care that should be in place for someone who will benefit from supervised support for arm and shoulder mobility after surgery or radiotherapy. In addition there is a recommendation that specifically addresses referral for people with persistent reductions in arm and shoulder mobility.
Guys and St Thomas' NHS Foundation Trust	Guideline	8	2	Not all patients can access virtual health advice/input. Additionally those undergoing cancer treatment require physical assessment and input alongside exercise intervention e.g. myofascial/scar release to ease shoulder complaints, axillary web syndrome (Fourie and Robb, 2009). Additionally please consider the psychological impact/distress of cancer and its treatment and virtual input may not be appropriate in all cases	Thank you for your comment. We have added to the rationale and discussion your suggestions for when virtual support is not the best option. This includes people undergoing cancer treatment who require physical assessment and input alongside upper limb exercises and people with psychological impact and distress from cancer and its treatment. The recommendation about what should be included with supervised support states that this should be dependent on a person's needs and should be tailored to those needs. This means that face-to-face

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				dependent on need and preferences and emotional impact of diagnosis	support should be offered if it is considered most appropriate.
Guys and St Thomas' NHS Foundation Trust	Guideline	General	General	Both physical and psychological outcome measures are recommended to measure effectiveness of any physiotherapy intervention	Thank you for your comment. We included quality of life as one of the outcomes in our review. Quality of life questionnaires include mental health measurements. Three of the included studies reported these outcomes (Bruce 2022; De Groef 2017; De Groef 2018) and the results were discussed with the committee. Quality of life questionnaires have also been included as one of the outcomes in the research recommendations, so more evidence about this should be available in future.
NHSE	Committee membership list	General	General	We have noted that there is no stakeholders list but there is an option for others to register as a stakeholder. It is noticed by the office that one of the key AHP professional groups, Occupational Therapists should be sighted in the commitment members list (or if relevant the stakeholders list). Given their scope of practice and work	Thank you for your comment. The Royal College of Occupational Therapists were on the list of stakeholders who were contacted and made aware about the guideline update.

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				within the cancer services, we recommend to include their views and comments in relation to the diagnosis and management of breast cancer.	
NHSE	EHIA	2		Socioeconomic status and deprivation. There is no reference to digital exclusion and the impact deprivation can have on being to access virtual content. This includes both geographical issues with poor connectivity in rural communities, affordability of data, and devices suitable for access. Recommend this is referenced and considered both in the guideline and in the EHIA.	Thank you for your comment. We have added the following text to the rationale section within the guideline and the committee discussion section within the evidence review. The committee were aware that some people may not be able to access virtual services for a range of reasons, such as a lack of access to suitable devices, living in areas of poor connectivity and difficulties with using the technology. However, including virtual services in the recommendations should not provide barriers to these people accessing support, as they can be given the option of face-to-face sessions. The committee also highlighted that face to face physiotherapy may be more beneficial for people with complex needs or those at higher risk (for example people from minority ethnic family backgrounds, people

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					with disabilities, neurodiverse people, those who experience physical difficulties with recovery or rehabilitation) because they might need specific instructions and feedback. Problems with digital exclusion have been highlighted and it has been recognised the impact deprivation can have on people's ability to access virtual content. The committee already recommended that supervised support should be tailored to the person's needs and preferences. They added to the rationale and discussion that face to face support should be available for those who cannot easily access virtual support.
NHSE	EHIA	3		Geographical are variation. There is no reference to digital exclusion and the impact deprivation can have on being to access virtual content. This includes both geographical issues with poor connectivity in rural communities, affordability of data, and devices suitable for	Thank you for your comment. We have added and addressed your concerns to the EHIA form, rationale and discussion. Problems with digital exclusion have been highlighted and it has been recognised the impact geographical issues can have on people's ability to access virtual content. The committee already recommended that

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				access. Recommend this is referenced and considered both in the guideline and in the EHIA.	supervised support should be tailored to the person's needs and preferences. They added to the rationale and discussion that face to face support should be available for those who cannot easily access virtual support.
NHSE	Guideline	2	6	This line would benefit from adding additional words so the full line would be "The guidelines should include details of how to give information about functional exercises including the need to make reasonable adjustments" NHS England » Reasonable adjustments	Thank you for your comment. The recommendation has been amended to state that the exercises should be tailored for each person based on their needs. The second recommendation also refers to the NICE guideline on patient experience in adult NHS services to ensure that information is provided in an appropriate way for each person.
NHSE	Guideline	4	4	This line would benefit from a clearer explanation on what is meant by "staff who have been trained in physiotherapy". Could the activity be a delegated task or intervention if trained appropriately by physiotherapy to any profession including wider AHP and nursing colleagues (e.g. support workers; healthcare assistants, Macmillan	Thank you for your comment. The recommendation has been amended to clarify that supervised support for upper limb exercises should be delivered by physiotherapy staff members or other appropriately trained allied health professionals, such as occupational therapists.

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				nurse etc.)? Additionally, AHP colleagues such as occupational therapists, who work with patients in supporting them to perform daily activities, they do not need to be trained by physiotherapy but should work collaboratively with physiotherapy colleagues, incorporating the assigned physiotherapy activities into the overall care plans. Recommend clarification on "staff who have been trained in physiotherapy".	
NHSE	Guideline	4	5	Other interventions or departments e.g. occupational therapy could be considered by patients and services to manage reduction in arm and shoulder mobility. Occupational therapists consider coping strategies and/or adaptive equipment, such as special bras or arm sleeves, to help alleviate discomfort and promote healing. It would also affect the physiotherapy activity	Thank you for your comment. The committee noted that staffing and services in local physiotherapy departments can vary. Therefore, keeping the referral to the physiotherapy department gives scope for a wider range of staff who are suitably qualified to care for people who have persistent reduction in arm and shoulder mobility after breast cancer surgery or radiotherapy. This update was specifically about the most effective interventions to reduce the

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				that the patients engage in. Recommend this is referenced and considered in the guideline.	risk of arm and shoulder mobility problems. The most appropriate adaptive equipment such as special bras or arm sleeves was not part of the interventions and therefore, we could not make recommendations on this. However, we expect this could form part of the discussions that come with supervised support for upper limb exercises.
NHSE	Guideline	4	16	What does adding the word "family" add to this sentence? It may be useful to align with the government guidance on writing about ethnicity https://www.ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-ethnicity	Thank you for your comment. The word 'family' is part of the terms listed in the NICE style guide when we talk about people's ethnicity.
NHSE	Guideline	4	17	Suggest increasing emphasis and strengthen by expanding this to "people with mental and/or physical disabilities"	Thank you for your comment. Your suggestion has been added to both research recommendations. These research recommendations were developed to find evidence about the most effective and cost effective way of delivering interventions to reduce arm and shoulder problems after breast cancer surgery or radiotherapy and about the

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					acceptability, adherence to and satisfaction with these interventions for different groups including people with learning disabilities or cognitive impairment, or physical disabilities, or both.
NHSE	Guideline	5	8	What does adding the word "family" add to this sentence? It may be useful to align with the government guidance on writing about ethnicity https://www.ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-ethnicity	Thank you for your comment. The word 'family' is part of the terms listed in the NICE style guide when we talk about people's ethnicity.
NHSE	Guideline	5	9	Suggest increasing emphasis and strengthen by expanding this to "people with mental and/or physical disabilities"	Thank you for your comment. Your suggestion has been added to both research recommendations. These research recommendations were developed to find evidence about the most effective and cost effective way of delivering interventions to reduce arm and shoulder problems after breast cancer surgery or radiotherapy and about the acceptability, adherence to and satisfaction with these interventions for different groups including people with learning disabilities or

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					cognitive impairment, or physical disabilities, or both.
NHSE	Guideline	7	10	The rationale states that "there was no evidence about interventions delivered virtually, but the committee agreed to recommend this option as it may help to reduce health inequalities and address access options for people where other interventions are not locally available". Whilst this is true there is no reference to digital exclusion and the impact deprivation can have on being to access virtual content. This includes both geographical issues with poor connectivity in rural communities, affordability of data, and devices suitable for access. Recommend this is referenced and considered both in the guideline and in the EHIA.	Thank you for your comment. The committee agreed with your comments and we have added the following text to the rationale section within the guideline and the committee discussion section within the evidence review. The committee were aware that some people may not be able to access virtual services for a range of reasons, such as a lack of access to suitable devices, living in areas of poor connectivity and difficulties with using the technology. However, including virtual services in the recommendations should not provide barriers to these people accessing support, as they can be given the option of face-to-face sessions. The committee also highlighted that face to face physiotherapy may be more beneficial for people with complex needs or those at higher risk (for example people from minority ethnic family backgrounds, people with disabilities, neurodiverse people, those who experience physical difficulties

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					with recovery or rehabilitation) because they might need specific instructions and feedback.
The Royal College of Surgeons of Edinburgh	General	General	General	The Royal College of Surgeons of Edinburgh are content with and supportive of this draft guideline.	Thank you for your comment.
The Royal College of Surgeons of Edinburgh	General	General	General	However it may be helpful to highlight that the recommendations described are more relevant to patients undergoing some form of axillary surgery. NB: There are patients who do not undergo such surgery e.g. DCIS or very frail patients.	Thank you for your comment. The committee noted that these recommendations are also relevant to other people with breast cancer having surgery, including people with ductal carcinoma in situ (DCIS) because they may have a lumpectomy and people with high grade DCIS need to be able to get into position for radiotherapy. The recommendations are also relevant to frailer people because they may already have poor arm movements and upper limb exercises may be helpful to make them able to have radiotherapy. Although the recommendation to offer supervised support is for people having breast cancer surgery, there is another recommendation to consider supervised support for other

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					people. This means that other people may still benefit from supervised support if it is considered beneficial.
The Royal College of Surgeons of Edinburgh	General	General	General	There are also similarities in the context when the patient who is at high risk of arm and shoulder problem is also at high risk of lymphoedema, so it may be helpful to mention this, and/or to highlight the relevant guideline on lymphoedema as appropriate.	Thank you for your comment. The recommendations for lymphoedema are directly above the arm and shoulder mobility recommendations in the guideline section 1.12 Complications of local treatment and menopausal symptoms and so people should be able to identify any related information.
The Royal College of Surgeons of Edinburgh	General	General	General	It is good that NICE guideline now describes its relevance to other populations including LGBT+, minority ethnic groups, disabilities etc. and at the same time admits the lack of evidence.	Thank you for your comment.

**None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.*