

National Audit of Breast Cancer in Older Patients 2021 Annual Report

Summary of findings for the public and patients



This report has been prepared with:

**NA
BCOP** | National
Audit of
Breast Cancer
in Older Patients

**BREAST
CANCER
NOW** The research
& care charity

independent
cancer patients'
voice

força

strength against cancer

What is the NABCOP?

The NHS runs a number of national clinical audits that evaluate the quality of care delivered by health care services and aim to improve healthcare and outcomes for patients. The **National Audit of Breast Cancer in Older Patients (the NABCOP)** is one of these clinical audits and was commissioned by the **Healthcare Quality Improvement Partnership (HQIP)**. It aims to find out about the quality of care provided by breast cancer services in England and Wales to women aged 70 or older.

What is this report about?

Each year, the NABCOP produces an annual report which looks at how breast cancer is diagnosed and managed in older patients with breast cancer in England and Wales. We compare the care provided to women aged 70 or older against the care provided to those aged between 50 and 69.

This report is a summary of the main findings and recommendations from the NABCOP 2021 Annual Report.

Who is this report for?

This report is for women with breast cancer, as well as the general public, to provide information about the care the NHS delivers to older women diagnosed with breast cancer.

Where can I find more information about the NABCOP?

You can download the NABCOP 2021 Annual Report from our [website](#).

In this report, speech bubbles (like the one below) tell you which pages in the annual report give further information.

Annual report
pages 1 to 10

Please visit www.nabcop.org.uk or follow us on Twitter [@NABCOP_news](https://twitter.com/NABCOP_news) to keep up to date with the progress of this audit and our other work.

Here's a list of what we mean by some of the words we use in this report.

The words are listed in alphabetical order.

Breast-conserving surgery (BCS) – An operation to remove the part of the breast that contains the cancer, along with a margin (border) of normal breast tissue. This is also known as a 'lumpectomy'.

Breast screening – This is where women are invited to have a breast X-ray, called a mammogram, to look for breast cancers that may be too small to see or feel. Typically, in England and Wales, all women aged between 50 and 71 are invited for breast screening every three years as part of a national programme.

Chemotherapy – Drug therapy used to treat cancer. It may be used alone or with other treatments (for example, surgery, radiotherapy or hormone (endocrine) therapy).

Clinical audit – A way to assess if healthcare is being provided in line with clinical standards. For the NABCOP, this means we help NHS organisations to improve the care they provide for older women with breast cancer.

DCIS (ductal carcinoma in situ) – The most common type of non-invasive breast cancer, where the cancer cells have not yet developed the ability to spread outside the breast ducts into the surrounding breast tissue or to other parts of the body.

Endocrine therapy – Drug therapy, also called hormone therapy, used to treat ER-positive breast cancer (see the definition below). This treatment reduces the levels of estrogen and progesterone in the body or blocks their action.

ER-positive breast cancer – Breast cancers that grow in response to the hormone estrogen. Approximately 70% of invasive breast cancers (see the definition below) are ER positive. (ER stands for estrogen receptor.)

Invasive breast cancer – Cancer cells that have spread beyond the breast.

Radiotherapy – Using high-energy X-ray beams to kill cancer cells, targeting one part of the body (for example, the breast).

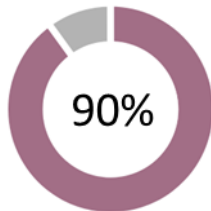


Women diagnosed in England and Wales in 2019 and 2020

We used data for women aged 50 or older, diagnosed in England and Wales between January 2019 and July 2020, to look at the impact the first wave of the COVID-19 pandemic had on breast cancer care.

We compared the data for women diagnosed between April and July 2020 against the data for those diagnosed between April and July 2019.

49% fewer women were **diagnosed with breast cancer**. There were **differences by age**, but overall:



90% fewer women were **diagnosed following routine breast screening** between April and July 2020 than between April and July 2019.

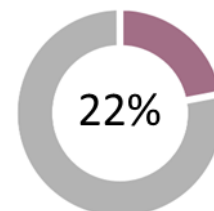


This was most visible for women aged 50 to 69, as invitations to routine breast screening were paused in March 2020 (by individual hospitals in England and by the government in Wales) because of the COVID-19 pandemic.

Hospital breast clinics started sending out invitations again from July 2020.

What you can do

You can arrange a screening appointment if you were meant to go for routine screening in 2020 but were unable to.



22% fewer women were diagnosed by methods which did not involve routine breast screening, such as being referred to the breast clinic by their GP, between April and July 2020 than between April and July 2019.

Annual report
pages V and 6 to 13

What you can do

If you have concerns that your breasts look or feel different from what is normal for you, or you have noticed changes such as a lump, you should discuss this with your GP. You can find out more about the symptoms of breast cancer at

<https://breastcancer.org/information-support/have-i-got-breast-cancer/signs-symptoms-breast-cancer>

By July 2020, for women aged 70 or older, the numbers diagnosed were similar to the numbers before the pandemic.

The aim of breast screening is to detect breast cancers at an early stage. It is offered every three years to all women aged 50 to 71.



More information on screening can be found at:

<https://www.nhs.uk/conditions/breast-cancer-screening/> (for patients in England)

<https://phw.nhs.wales/services-and-teams/screening/breast-screening/> (for patients in Wales)

<https://www.gov.uk/government/publications/breast-screening-for-women-aged-71-or-over> (information on breast screening for patients aged 71 or over)

During March 2020, professional medical organisations published COVID-19 guidance to help doctors know how to make **treatment decisions** for patients diagnosed with breast cancer, based on the characteristics of the breast cancer. This included advice on:

- which patients to prioritise for surgery
- giving radiotherapy in a fewer number of visits (five visits rather than 15 visits became a new option for patients from March 2020), and
- the use of chemotherapy.

Annual report
pages 15 to 21

Breast surgery



Overall, there was not much difference in the percentage of women receiving surgery, with at least **8 in 10 women** diagnosed between April and July 2020 having surgery.

Women aged 80 or over are less likely to have surgery. For this age group, 5 in 10 women diagnosed between April and July 2020 had surgery, compared with 6 in 10 women diagnosed between April and July 2019.

Radiotherapy



12% fewer women had radiotherapy between April and July 2020 than between April and July 2019. The use of radiotherapy was most reduced among older women.

Initial results from a clinical trial, called 'FAST-Forward', show that giving radiotherapy in five visits (called hypofractionated radiotherapy) is as safe and effective as giving radiotherapy in 15 visits (called standard radiotherapy). Between April and July 2020, **72%** of women having radiotherapy had their treatment in five visits to the radiotherapy centre rather than 15 visits. No women had their radiotherapy in five visits between April and July 2019.

Chemotherapy



Among women with invasive breast cancer, **28%** fewer received chemotherapy between April and July 2020 than between April and July 2019. The use of chemotherapy was reduced the most among older women.



Endocrine therapy for invasive breast cancer

Some breast cancers use the hormone estrogen to grow. These are called ER-positive breast cancers. Endocrine therapy reduces the estrogen in the body, or stops it from attaching to the cancer cells. It is normally taken for a few years.

We used data on prescriptions in England to look at how many women with **ER-positive invasive breast cancer** had a prescription from their GP for endocrine therapy, and if the numbers varied by age or region. We looked at this for women diagnosed in England between 2014 and 2017.

Annual report
pages 22 to 25



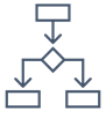
90% of women had a prescription for endocrine therapy.



The use of endocrine therapy was similar among women of different ages and among women with different levels of fitness.



There was not much difference in the use of endocrine therapy across different regions in England.



Outcomes for patients with breast cancer

Annual report
pages 26 to 31

Additional surgery

Some patients who have breast-conserving surgery will go on to need another operation if it is found that not all the cancer was removed. We looked at the number of women diagnosed in England and Wales between 2014 and 2018 who needed additional surgery.



15% of women who had breast-conserving surgery for DCIS or early invasive breast cancer had at least one more breast operation within the following three months.

Women aged 80 or older were slightly less likely to have at least one more breast operation.

Unplanned overnight hospital stays after chemotherapy

Some patients who have chemotherapy experience severe side effects and need to stay in hospital overnight. We looked at this among women who had chemotherapy after surgery for early invasive breast cancer diagnosed in England between 2014 and 2018.



29% of women who had chemotherapy after surgery had at least one overnight stay in hospital because they were unwell after having chemotherapy.

Women with worse levels of overall fitness, or women under the age of 75, were more likely to have at least one overnight stay in hospital after having chemotherapy.

What you can do

If you have breast cancer, ask your breast cancer team how they have considered your overall health and fitness when deciding on your treatment options. (All breast units should be assessing the fitness of their older patients.) Ask them if they use the NABCOP fitness assessment form and the NABCOP guide to the breast cancer pathway (see page 5).



The NABCOP 2020 online survey

The NABCOP carried out an online survey which asked breast units in England and Wales about their experience of providing breast cancer care during the first wave of the COVID-19 pandemic.

Annual report pages 37 to 44

You can see the questions we asked and the responses we received on our website at <https://www.nabcop.org.uk/resources/nabcop-2021-annual-report-supplementary-materials/>

Some of the things we found were as follows.



1 in 3 NHS organisations told us they used the NABCOP fitness assessment form for their patients before they started breast cancer treatment.

As a result of the COVID-19 pandemic, NHS organisations had taken up some new practices which had had a positive impact on how they managed breast cancer care.



8 in 10 NHS organisations had started seeing their patients using video or telephone facilities.

6 in 10 NHS organisations had 'virtual' meetings to discuss the care of patients.

The NABCOP's 2021 recommendations

The **NABCOP** will continue to look at how patients are diagnosed with breast cancer and the treatment they receive.

Breast cancer teams should do the following.

- Make sure that they continue to upload data on breast cancer treatments to the national databases in England and Wales.
- Review the number of patients who have at least one further operation after their first breast-conserving surgery, and the number of patients having an overnight stay in hospital after chemotherapy, to see if their practice can be improved and so reduce unnecessary visits to hospital.
- Use the **NABCOP fitness assessment form for older women with breast cancer** to consider the overall health and fitness of all patients aged 70 or older who are attending a breast clinic for the first time.

In light of the NABCOP findings, **patients with breast cancer** are encouraged to consider the suggestions shown in the 'What you can do' green bubbles throughout this document.

You can also ask your breast cancer team to talk you through the **NABCOP guide to the breast cancer pathway for older women** to make sure you have a chance to ask any questions that may come up about your care.

The NABCOP fitness assessment form for older women with breast cancer

To help decide what treatments to recommend to patients with breast cancer, all breast units should assess the fitness of older patients.

We have created an assessment form to be a consistent and simple approach to recording patients' health and fitness. If you would like to see the form, please visit <https://www.nabcop.org.uk/resources/fitness-assessment-tool/>. In England this form is now being recorded in our national data for women with breast cancer.

Who will be asked to fill in the assessment form?

Breast services will not use the form for every woman with breast cancer. It is recommended for patients who are **aged 70 or older and attending a breast cancer clinic for the first time**.

What is on the form, and why?

The form has four parts. Each part has questions that assess different parts of the woman's overall health. The information is important for the breast cancer team to understand which treatment should be recommended. The form includes some questions which test memory, as well as questions about:

- how well the patient is able to manage day-to-day activities (for example, washing, dressing and cooking), and
- whether or not the patient has any other health conditions (for example, any medical conditions which affect the heart or lungs).

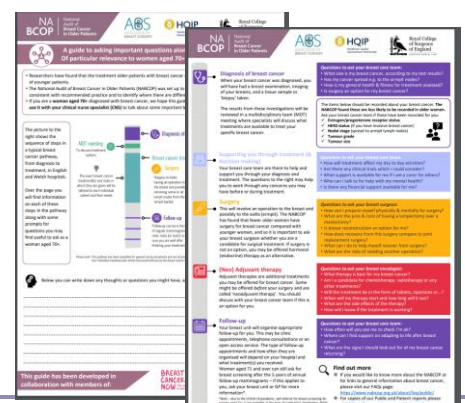
The NABCOP guide to the breast cancer pathway for older women

To help encourage conversations between patients and the breast care team looking after them, we worked with our patient and charity representatives to develop a two-page guide to asking important questions.

This guide is particularly relevant to women aged 70 or older, with question prompts for patients to discuss key elements of their care and treatment with their wider breast care team, supported by their clinical nurse specialist.

If you would like to see the guide and use it, please visit

<https://www.nabcop.org.uk/resources/the-nabcop-guide-to-the-breast-cancer-pathway-for-older-women/>





Find out more

For general information about breast cancer, and the use of patient data to improve outcomes, please visit the following websites.

General information about breast cancer

- Breast Cancer Now – www.breastcancer.org
- A leaflet from Public Health England on breast screening for women aged 71 or over – <https://www.gov.uk/government/publications/breast-screening-for-women-aged-71-or-over>
- Cancer Research UK – www.cancerresearchuk.org
- Flat Friends UK – www.flatfriends.org.uk
- The Haven website – www.breastcancerhaven.org.uk
- Independent Cancer Patients' Voice (ICPV) – www.independentcancerpatientsvoice.org.uk
- Macmillan Cancer Support – www.macmillan.org.uk
- NHS choices – <https://www.nhs.uk/conditions/breast-cancer/>

Information about the use of patient data to improve outcomes

- use MY data – www.usemydata.org

This report was prepared by the members of the NABCOP project team, with the help of others who care for older patients with breast cancer in England and Wales, as well as patients and patient representatives.



The Royal College of Surgeons of England is a professional membership organisation and registered charity, which exists to advance surgical standards and improve patient care.

Registered charity number: 212808



The Association of Breast Surgery is a registered charity dedicated to advancing the practice of breast surgery and the management of breast conditions for the benefit of the public. It is a multi-professional membership association, which promotes training, education, clinical trials and guideline composition and adoption. For further information, please visit www.associationofbreastsurgery.org.uk

Registered charity number: 1135699

Patient groups with representation within the NABCOP Clinical Steering Group:



Breast Cancer Now is the charity that's steered by world-class research and powered by life-changing care. They're here for anyone affected by breast cancer, the whole way through, providing support for today and hope for the future. Visit <https://breastcancernow.org/>

Breast Cancer Now is a charity registered in England and Wales (1160558), Scotland (SC045584) and the Isle of Man (1200).



Independent Cancer Patients' Voice (ICPV) is a patient advocate group independent of (not linked to) established UK cancer charities and aware of the value of medical research to both public health and to the national economy.

www.independentcancerpatientsvoice.org.uk

Registered charity number: 1138456



Força - strength against cancer is a registered charity based in Lymington with the objective of promoting the physical and mental health of people living with or affected by cancer in Hampshire and Dorset through the provision of financial assistance, support, education and practical advice. Run by a team of volunteers, the charity's flagship project, Nourish, provides chemotherapy patients at Lymington New Forest Hospital with healthy meals to take home after treatment. The Support project provides specialist bras free of charge to patients post-mastectomy. The team also provide ad-hoc financial support to individuals. <https://www.forcaagainstcancer.org.uk/>

Registered Charity Number: 1159552

Commissioned by



The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement in patient outcomes and, in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies. www.hqip.org.uk/national-programmes

Registered charity number: 1127049

Acknowledgements

This work uses data that has been provided by patients and collected by the NHS as part of their care and support.

The English data is collated, maintained and quality assured by the National Cancer Registration and Analysis Service, which is part of Public Health England (PHE). Access to the data was facilitated by the PHE Office for Data Release.

The Welsh data is collated, maintained and quality assured by the Wales Cancer Network.

Copyright



All rights reserved. If you want to reproduce large parts of this publication (in any way), you will need to apply for the copyright owner's written permission. You should contact the publisher to do this. You can reproduce brief extracts from this publication without the copyright owner's written permission, as long as you say where the extracts have come from.

Copyright © 2021 Healthcare Quality Improvement Partnership (HQIP)