

NA  
BCOP

National  
Audit of  
Breast Cancer  
in Older Patients

ABS  
ASSOCIATION OF  
BREAST SURGERY

HQIP  
Healthcare Quality  
Improvement Partnership



Royal College  
of Surgeons  
of England

ADVANCING SURGICAL CARE

# An update from the National Audit of Breast Cancer in Older Patients (NABCOP)

Midlands and East Surgery Study Day, 01 July 2021

**Karen Clements**, Kieran Horgan, Katie Miller, Melissa Gannon, Jibby Medina, David Dodwell and David Cromwell



@NABCOP\_news



Public Health  
England

Protecting and improving the nation's health



- **Patient aged 73 at diagnosis with breast cancer, interviewed just after diagnosis – planned lumpectomy, tamoxifen and radiotherapy**

“Well here I am at nearly 74. Much wiser after the event as usual....I'm relieved now that I've got to the stage where I know exactly what is happening. I know that this is only the first stage...But I'm quite confident that everything that can be done will be done for me, and that is really reassuring.”

- **Patient aged 49 at diagnosis with breast cancer, underwent mastectomy, interviewed at 67**

“think it's difficult for people nowadays if they're asked which sort of treatment they like because it's quite a responsibility....I think it's often people feel they'd rather just be told what the surgeon would like to do. Apparently nowadays that is the choice, well it is in our breast clinics - that they can have a choice of just whether they want the whole breast off, whether they want a lumpectomy, or whether they'd like to leave it to the surgeon to think what he'd like best. And I'm sure I would leave it to the surgeon for what he thought was best if I had choices like that..”



## What is the NABCOP?

- HQIP commissioned national clinical audit
  - Collaboration between ABS and RCS Clinical Effectiveness Unit
  - Started in April 2016
- Audit the standard of care received by women with breast cancer aged 70+ in England and Wales
  - Compare with care received by younger women aged 50-69 years
- Use existing routine data sources from national datasets provided by NCRAS (England) and CaNISC (Wales)



# DATA SOURCES

E = England; W = Wales



## Patient fitness

E: HES, COSD, SACT  
W: PEDW, DAW, WBCCA

## Supportive care

E: COSD  
W: n/a



## Diagnosis and assessment

E: CReg, COSD  
W: WBCCA, DAW

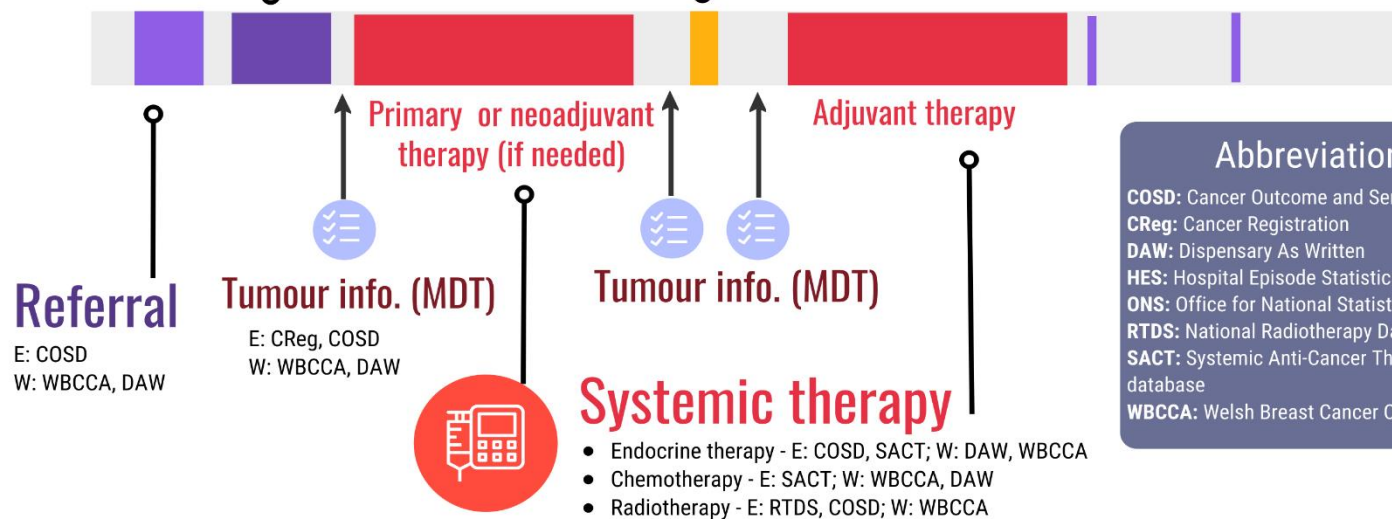
## Surgery

E: HES (COSD, CReg)  
W: PEDW (WBCCA)



## Follow-up

E: ONS  
W: ONS





# Publications from Year 4 work <https://www.nabcop.org.uk/publications-home/>

**National Audit of Breast Cancer**  
Part of the National Clinical Audit and Patient Outcomes Programme

**2020 Annual Report**  
Results of the prospective audit in England and Wales for women diagnosed between January 2014 and December 2018.

A plan for tackling variation in the presentation of breast cancer in older women in England and Wales

NA BCOP National Audit of Breast Cancer in Older Patients

**National Audit of Breast Cancer in Older Patients**  
2020 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

força

Independent cancer patients' voice

NA BCOP National Audit of Breast Cancer in Older Patients

ABS ASSOCIATION OF BREAST SURGERY

HQIP Healthcare Quality Improvement Partnership

Royal College of Surgeons

**A guide to asking important questions along the breast cancer pathway of particular relevance to women aged 70+ diagnosed with breast cancer**

- Researchers have found that the treatment older patients with breast cancer receive is often varied and different from that of younger patients.
- The National Audit of Breast Cancer in Older Patients (NABCOP) was set up to determine if treatment for older patients was consistent with recommended practice and to identify where there are differences compared with younger patients.
- If you are a **woman aged 70+** diagnosed with breast cancer, we hope this guide will be of particular help. We encourage you to **use it with your clinical nurse specialist (CNS)** to talk about some important topics throughout your care.

The picture to the right shows the sequence of steps in a typical breast cancer pathway, from diagnosis to treatment, in English and Welsh hospitals.

Over the page you will find information on each of these steps in the pathway along with some prompts for questions you may find useful to ask as a woman aged 70+.

Please note: This pathway has been simplified for general use by all patients and not all patients will receive all treatments described. Your individual treatment plan will be discussed with you by the breast cancer team.

Below you can write down any thoughts or questions you might have, as you go through the steps on the pathway.

This guide has been developed in collaboration with members of:

BREAST CANCER NOW The research & care charity

Independent cancer patients' voice

NA BCOP National Audit of Breast Cancer in Older Patients

ABS ASSOCIATION OF BREAST SURGERY

HQIP Healthcare Quality Improvement Partnership

Royal College of Surgeons

**Diagnosis of breast cancer**

When your breast cancer was diagnosed, you will have had a breast examination, imaging of your breasts, and a tissue sample or 'biopsy' taken.

The results from these investigations will be reviewed in a multidisciplinary team (MDT) meeting where specialists will discuss what treatments are available to treat your specific breast cancer.

**Supporting you through treatment (& decision making)**

Your breast care team are there to help and support you through your diagnosis and treatment. The questions to the right may help you to work through any concerns you may have before or during treatment.

**Surgery**

This will involve an operation to the breast and possibly to the axilla (armpit). The NABCOP has found that fewer older women have surgery for breast cancer compared with younger women, and so it is important to ask your breast surgeon whether you are a candidate for surgical treatment. If surgery is not an option, you may be offered hormonal (endocrine) therapy as an alternative.

**(Neo) Adjuvant therapy**

Adjuvant therapies are additional treatments you may be offered for breast cancer. Some might be offered *before* your surgery and are called 'neoadjuvant therapy'. You should discuss with your breast cancer team if this is an option for you.

**Follow-up**

Your breast unit will organise appropriate follow-up for you. This may be clinic appointments, telephone consultations or an open access service. The type of follow-up appointments and how often they are organised will depend on your hospital and what treatment(s) you received.

Women aged 71 and over can still ask for breast screening after the 5 years of annual follow-up mammograms – if this applies to you, ask your breast unit or GP for more information\*.

\*Note – due to the COVID-19 pandemic, self-referral for breast screening for women aged 71+ is not available at the time of publication (September 2020). Please consult your GP if you have concerns about unusual breast changes.

**Questions to ask your breast care team:**

- What size is my breast cancer, according to my test results?
- Has my cancer spread e.g. to the armpit nodes?
- How is my general health & fitness for treatment assessed?
- Is surgery an option for my breast cancer?

The items below should be recorded about your breast cancer. **The NABCOP found these are less likely to be recorded in older women.** Ask your breast cancer team if these have been recorded for you:

- ✓ Estrogen/progesterone receptor status
- ✓ HER2 status (if you have invasive breast cancer)
- ✓ Nodal stage (spread to armpit lymph nodes)
- ✓ Tumour grade
- ✓ Tumour size

**Questions to ask your breast care team:**

- How will treatment affect my day to day activities?
- Are there any clinical trials which I could consider?
- What support is available for me if I am a carer for others?
- Who can I talk to for help with my mental health?
- Is there any financial support available for me?

**Questions to ask your breast surgeon:**

- How can I prepare myself physically & mentally for surgery?
- What are the pros & cons of having a lumpectomy over a mastectomy?
- Is breast reconstruction an option for me?
- How does recovery from this surgery compare to joint replacement surgery?
- What can I do to help myself recover from surgery?
- What are the risks of needing another operation?

**Questions to ask your breast oncologist:**

- What therapy is best for my breast cancer?
- Am I a candidate for chemotherapy, radiotherapy or any other treatments?
- Will the treatment be in the form of tablets, injections or...?
- When will my therapy start and how long will it last?
- What are the side effects of the therapy?
- How will I know if the treatment is working?

**Questions to ask your breast care team:**

- How often will you see me to check I'm ok?
- Where can I find support on adapting to life after breast cancer?
- What are the signs I should look out for of my breast cancer returning?

**Find out more**

- If you would like to know more about the NABCOP or for links to general information about breast cancer, please visit our FAQs page: <https://www.nabcop.org.uk/about/faq/public/>
- For copies of our Public and Patient reports please visit <https://www.nabcop.org.uk/reports/>



## NABCOP 2020 AR:

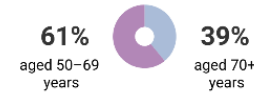
- Patient experience from CPES
- Diagnosis & supportive care
- Results presented by disease group for primary & adjuvant treatment
- Key recommendations for NHS orgs & stakeholders

The aim of the NABCOP is to evaluate process of care and outcomes for women, aged 70 years and over, diagnosed with breast cancer in England and Wales.

**185,648**

women aged 50+ years diagnosed with breast cancer across England and Wales in 2014–2018.

What is the breakdown by age for women diagnosed with breast cancer between 2014–2018?



**?** How did women in England rate their overall care according to the Cancer Patient Experience Survey?

**96%** rated their overall care as 7 or higher on a scale of zero (very poor) to 10 (very good).

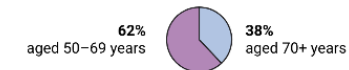
**68%** of women were estimated to have received triple diagnostic assessment in a single visit, with no difference by age at diagnosis.

**96%** of women had reported contact with a clinical nurse specialist, with minimal difference by age group.

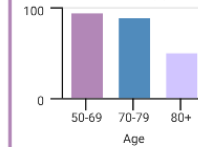
### Treatment allocation by type of breast cancer across England and Wales

#### Early invasive breast cancer

138,099 women



The overall rate of surgery by age group (%)



The percentage of women aged 70+ who had breast surgery varied by NHS organisation.

Women aged 70+ with ER negative breast cancer were more likely to receive surgery compared with women with ER positive breast cancer.

Among women who had **breast conserving surgery**:

**91%** of women aged 50–69 received radiotherapy

**83%** of women aged 70+ received radiotherapy

Among women who had **mastectomy** for high risk early invasive breast cancer:

**68%** of women aged 50–69 received radiotherapy

**60%** of women aged 70+ received radiotherapy

Use of chemotherapy was lower for older women and for women with ER positive breast cancer.

#### Ductal carcinoma in situ

19,819 women



**94%** of women aged 50–69 had surgery  
**82%** of women aged 70+ had surgery

There was greater variation across NHS organisations in surgery rates for women aged 70+ compared with women aged 50–69.

**63%** of women aged 50–69 received radiotherapy\*  
**47%** of women aged 70+ received radiotherapy\*

Rates of radiotherapy after surgery varied across NHS organisations for women of all ages.

\*after breast conserving surgery

#### Metastatic breast cancer

8,188 women



Older women were more likely to present with metastatic breast cancer:  
**3%** of women aged 50–69; **7%** of women aged 70–79; **8%** of women aged 80+

Fewer older women received chemotherapy compared with younger women. Rates of chemotherapy use varied across NHS organisations for women of all ages.

#### GLOSSARY

**Breast conserving surgery (BCS):** an operation to remove a discrete lump or abnormal area of tissue from the breast without removing all breast tissue.

**Chemotherapy:** a drug therapy used to treat cancer, given either before or after surgery.

**ER positive/negative:** breast cancer cells can have receptors to oestrogen on their surface. Breast cancers which have these receptors are called ER positive.

**Mastectomy:** an operation for breast cancer to remove all of the breast tissue.

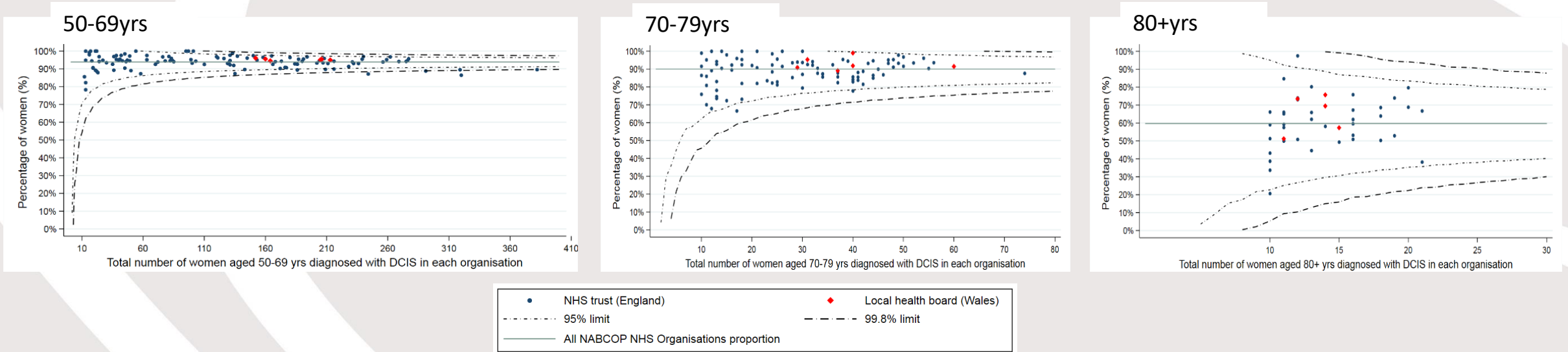
**Radiotherapy:** high-energy x-ray beams to kill cancer cells.



## Ductal Carcinoma In Situ

- 94% of 50-69yrs had surgery
- Compared with 90% of 70-79yrs; 60% of 80+yrs
  - This varied across NHS organisations more in the older women

Figure: Risk-adjusted rates of surgery for DCIS across NHS organisations, by age at diagnosis



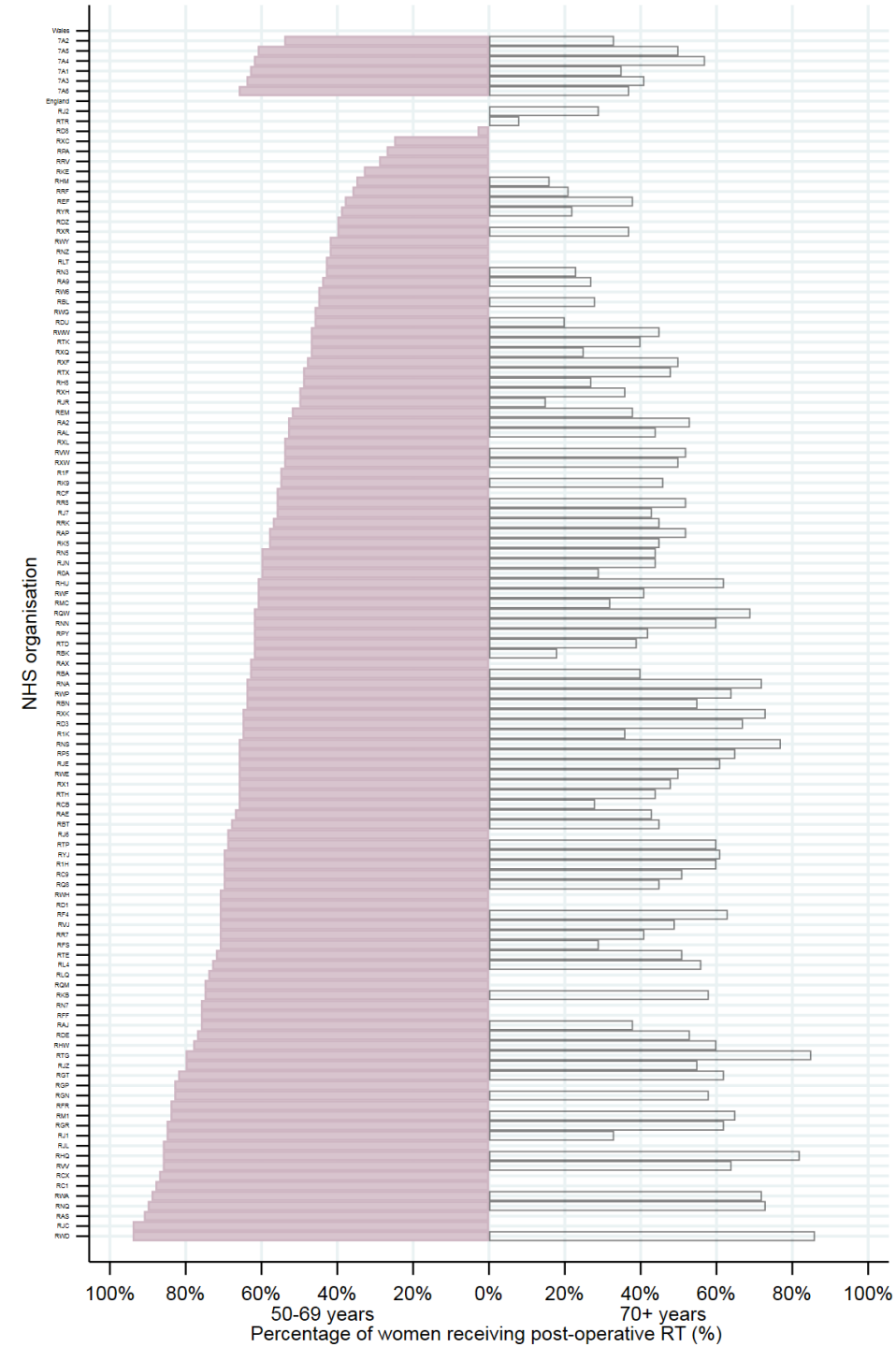




## Ductal Carcinoma In Situ

- Older women were less likely to receive RT
- RT following breast conserving surgery, varied across NHS organisations for all ages

*Figure: Observed percentage of women with DCIS receiving radiotherapy after breast conserving surgery, by diagnosing NHS organisation and age at diagnosis.*



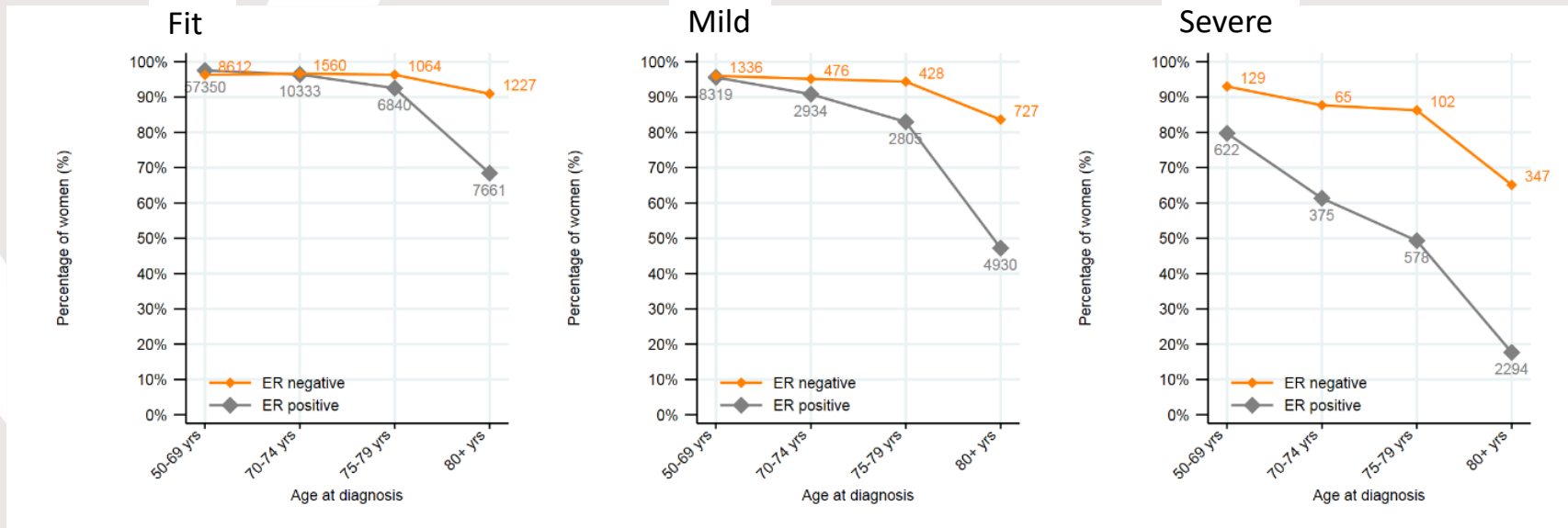




## Early Invasive Breast Cancer

- Older women with ER –ve BC more likely to receive surgery, compared with women with ER +ve BC

Figure: Impact of patient fitness on the likelihood of receiving surgery for early invasive breast cancer

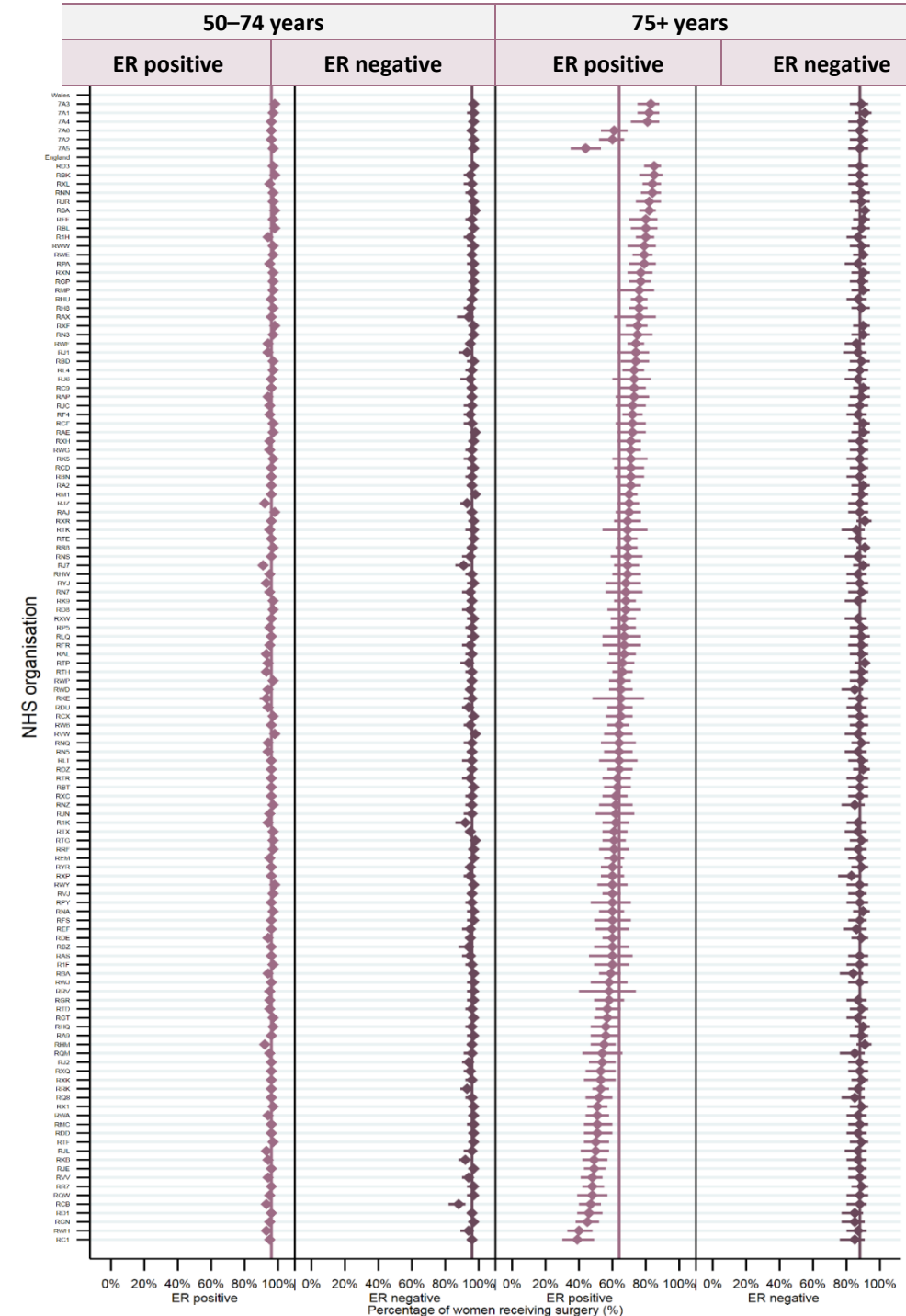




## Early Invasive Breast Cancer

- Surgery for older women with ER +ve BC varied by NHS organisation

*Figure: Risk-adjusted percentage (95% confidence interval) of women receiving primary surgical treatment for early invasive breast cancer, by diagnosing NHS organisation, age at diagnosis and ER status*





## NABCOP 2020 recommendations - treatment



Consider adopting a more prescriptive policy concerning the management of DCIS that covers the use of surgery & adjuvant therapies in older women, in the context of any comorbidities & frailty.



Investigate and address any shortfalls in care within NHS organisations with a comparatively low rate of surgery for women aged 70+ years with ER positive breast cancer.



Counsel women with high risk early invasive BC on the benefits & risks of adjuvant radiotherapy, based on tumour characteristics & objective assessment of patient fitness, rather than chronological age alone.



# Fitness assessment for older patients in breast clinic

- Now available as 'fillable' digital PDF
- NEW – For English NHS trusts, items on fitness assessment form can be recorded as part of the **updated COSD version 9 dataset**
  - CancerStats2 repository available to check levels of data completeness

Download the form from the NABCOP website:  
<https://www.nabcop.org.uk/resources/fitness-assessment-tool/>

NA BCOP National Audit of Breast Cancer in Older Patients

FITNESS ASSESSMENT FOR OLDER PATIENTS IN BREAST CLINIC

Does the patient already have a known diagnosis of dementia?  No (complete all the assessments)  
 Yes (omit AMTS assessment)

**Clinical Frailty Scale\*** (Please circle the appropriate number)

<p><b>1 Very Fit</b> – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p> <p><b>2 Well</b> – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</p> <p><b>3 Managing Well</b> – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p> <p><b>4 Vulnerable</b> – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.</p> <p><b>5 Mildly Frail</b> – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</p> <p><b>6 Moderately Frail</b> – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.</p>	<p><b>7 Severely Frail</b> – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).</p> <p><b>8 Very Severely Frail</b> – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p> <p><b>9 Terminally Ill</b> – Approaching the end of life. This category applies to people with a life expectancy &lt;6 months, who are not otherwise evidently frail.</p>
--	--

**Scoring frailty in people with dementia**  
 The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal. In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In severe dementia, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.  
 2. K. Rodwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

**Abbreviated Mental Test Score**  
 Ask the following questions to the patient. Each question that is correctly answered scores one point:

1. What is your age?	<input type="checkbox"/>	6. Can the patient recognise two persons (e.g. the doctor, nurse etc.)?	<input type="checkbox"/>
2. What is the time to the nearest hour?	<input type="checkbox"/>	7. What is your date of birth? (day and month sufficient)	<input type="checkbox"/>
3. Give the patient an address, ask him/her to repeat it at the end of the test e.g. 42, West Street	<input type="checkbox"/>	8. In what year did World War 1 begin?	<input type="checkbox"/>
4. What is the year?	<input type="checkbox"/>	9. Name the present monarch/prime minister	<input type="checkbox"/>
5. What is the name of the hospital/ number of residence where the patient is situated?	<input type="checkbox"/>	10. Count backwards from 20 to 1	<input type="checkbox"/>

Patient chose not to answer all questions  Total score = ..... / 10

Note: A score of 6 or less suggests delirium or dementia, although further tests are necessary to confirm the diagnosis

• Does the patient have severe\* cardiorespiratory disease? Yes / No  
 \* severe = less than ordinary physical activity or rest causes tiredness, palpitations or shortness of breath

• Does the patient have any other non-breast locally advanced / metastatic malignancy? Yes / No





## NABCOP 2020 recommendations – assessing patient fitness



Ensure all patients aged 70 years and over, at the initial clinic visit for suspicion of breast cancer, have the following information recorded: Clinical Frailty Scale, Abbreviated Mental Test Score, indication of whether or not the patient has an established diagnosis of dementia and severe comorbidities.



Strive to submit the fitness assessment data items to NCRAS as part of COSD V9.0 submissions 9 (for English NHS Trusts).



## NABCOP 2020 recommendations – data completeness and recorded molecular marker status



Identify a clinician responsible for reviewing and feeding back, to staff within their breast units, on their data returns.



Review data uploads regularly, and ensure the following are uploaded to NCRAS:

- *Tumour size*
- *TNM stage*
- *WHO performance status*
- *ER & HER2 status for invasive breast cancer*



Review how to improve the recording of recurrence in local medical records and ensure this information is uploaded to NCRAS and Canisc.



Carry out and record full tumour characterisation, including assessment of ER and HER2 status, for all patients with invasive breast cancer for use at multidisciplinary team meetings; in line with NICE guidance.



## NHS organisation data viewer



Identify a clinician responsible for reviewing and feeding back, to staff within their breast units, on their data returns.

NA  
BCOP

National  
Audit of  
Breast Cancer  
in Older Patients

### NABCOP 2020 Annual Report: NHS Organisation Data Viewer

Report Chapter	Topic
Chapter 4.2	<a href="#">Data Quality</a>
DQ_Summary	<a href="#">Data Quality (DQ) summary, by NHS Organisation, of Table 4.1</a>
DQ_Time	<a href="#">Data Quality (DQ) over time, by NHS Organisation</a>
Ind_Summary	<a href="#">Individual summaries, by NHS Organisation, of figures from Chapter 6 onwards</a>
Ind_Summary_Compare	<a href="#">A summary that allows for comparison of two selected NHS Organisations</a>
Chapter 6.1	<a href="#">Route to diagnosis</a>
Chapter 6.2	<a href="#">Triple diagnostic assessment in a single visit</a>
Chapter 6.3	<a href="#">Involvement of a breast clinical nurse specialist (CNS) or key worker</a>
Chapter 7.1	<a href="#">Surgical treatment for DCIS</a>
Chapter 7.2	<a href="#">Radiotherapy treatment for DCIS</a>
Chapter 8.1	<a href="#">Surgical treatment for early invasive breast cancer</a>
Chapter 8.2	<a href="#">Radiotherapy treatment for early invasive breast cancer treated with surgery</a>
Chapter 8.3	<a href="#">Adjuvant chemotherapy plus trastuzumab for HER2 positive early invasive breast cancer</a>
Chapter 9	<a href="#">Chemotherapy for metastatic breast cancer at initial presentation</a>
Chapter 10	<a href="#">Reported recurrence for all patients</a>
Recurrence_Time	<a href="#">Rate of recurrence over time, by NHS Organisation</a>

Version	Description and Amendment History	Date
1	Version published on 9 July 2020.	09-Jul-20
2	Version published on 29 March 2021. Correction made by M Gannon to % reported in Observed rates of adjuvant chemotherapy plus trastuzumab (%) (columns G&H) on "Chp8_EIBC_HER2CT"	29-Mar-21

**Document Control**

The controlled copy of this document is held by the work area it covers. Any copies of this document held outside of that area, in whatever

CONTENTS

Data Quality

DQ\_Summary

DQ\_Time

Ind\_Summary

Ind\_Summary\_Compare

Chp6\_Referral\_Route

Chp6\_TDA

Chp6\_CNS

Chp7\_DCIS\_Surgery

Chp7\_DCIS\_RT

Click in the cell below to scroll & pick the NHS organisation you want to be highlighted in the subsequent tabs:

▼

Click in the cell below to scroll & pick an NHS organisation you would like to compare the above organisation with in the "Ind Summary Compare" tab:

\* Click here (on CONTENTS tab) to scroll & select NHS Organisation \*



# Organisation Data Viewer - The Dudley Group NHS Foundation Trust

Rec  
3

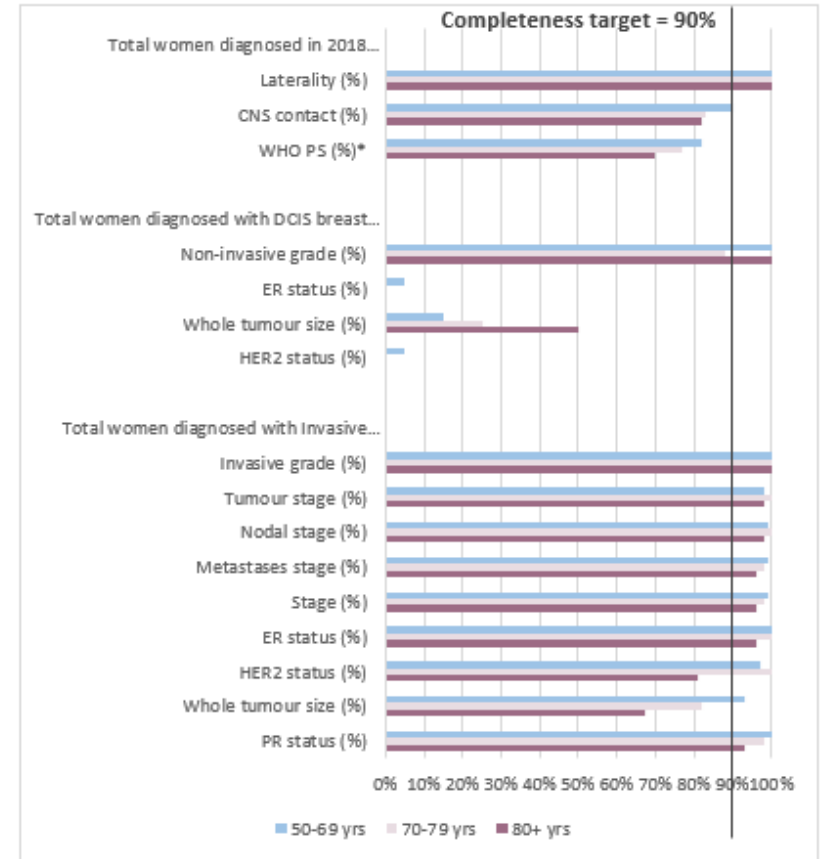
The figure on this tab provides a visual summary of the NHS organisation-level data completeness shown on the "Data Quality" tab of this workbook

[Back to Contents](#)

Data Quality (DQ) Summary for women aged 50+ years, diagnosed with breast cancer in 2018 at:  
NHS Organisation Name  
NHS Organisation Code

	50-69 yrs	70-79 yrs	80+ yrs
<b>Total women diagnosed in 2018 (N)</b>	154	53	56
Laterality (%)	100%	100%	100%
CNS contact (%)	90%	83%	82%
WHO PS (%)*	82%	77%	70%
<b>Total women diagnosed with DCIS breast cancer in 2018 (N)</b>	20	NP	NP
Non-invasive grade (%)	100%	88%	100%
ER status (%)	5%	0%	0%
Whole tumour size (%)	15%	25%	50%
HER2 status (%)	5%	0%	0%
<b>Total women diagnosed with Invasive breast cancer in 2018 (N)</b>	134	45	54
Invasive grade (%)	100%	100%	100%
Tumour stage (%)	98%	100%	98%
Nodal stage (%)	99%	100%	98%
Metastases stage (%)	99%	98%	96%
Stage (%)	99%	98%	96%
ER status (%)	100%	100%	96%
HER2 status (%)	97%	100%	81%
Whole tumour size (%)	93%	82%	67%
PR status (%)	100%	98%	93%

\*dated, within 2m of diagnosis & prior to treatment starting



Identify a clinician responsible for reviewing and feeding back, to staff within their breast units, on their data returns.





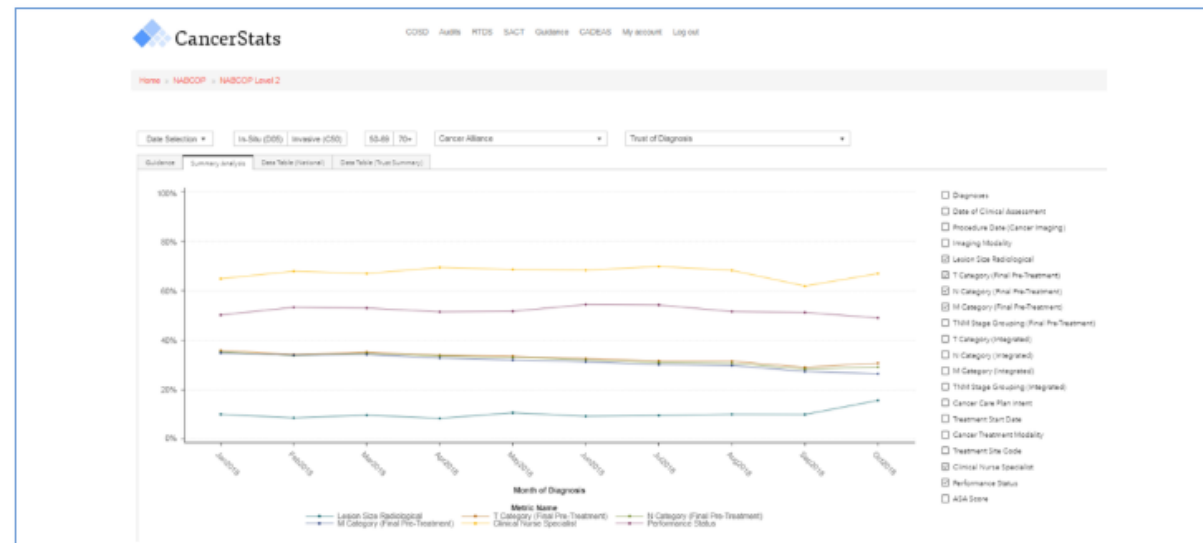
## CancerStats reports



Identify a clinician responsible for reviewing and feeding back, to staff within their breast units, on their data returns.

### The NABCOP Level 2: Data Completeness Reports

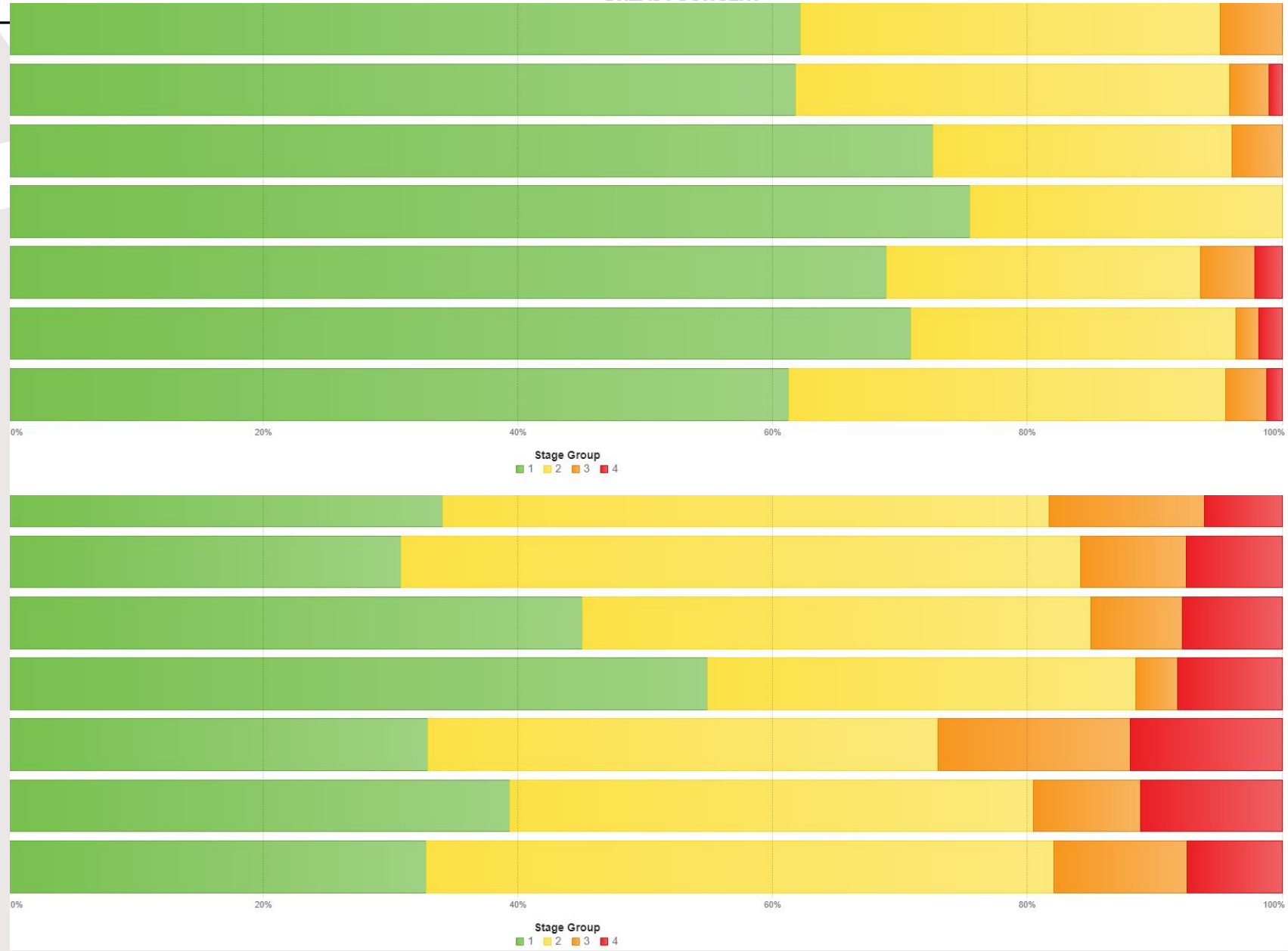
Enable users to monitor **COSD data returns** in real time, and update their data within the current calendar year.





## CancerStats reports

- Invasive breast cancer stage as published in AR 2020
- Diagnosed in 2018
- East Midlands Cancer Alliance Trusts
- Screen-detected vs non screen-detected





# NABCOP 2020

## – Data Completeness

Table: Availability of core data items for women diagnosed in 2018



Review data uploads regularly, and ensure the following are uploaded to NCRAS:

Tumour size

TNM stage

**WHO performance status**

ER & HER2 status for invasive breast cancer

Data item	Total % available	% availability of data items by country and age at diagnosis								
		All			England (n = 36,645)			Wales (n = 2,251)		
		50–69 years	70–79 years	80+ years	50–69 years	70–79 years	80+ years	50–69 years	70–79 years	80+ years
<b>All tumours</b>										
Total women	38,896	22,851	9,511	6,534	21,513	8,979	6,153	1,338	532	381
Laterality	100%	100%	100%	99%	100%	100%	99%	100%	99%	99%
Clinical nurse specialist contact	72%	73%	74%	70%	74%	75%	70%	46%	56%	64%
WHO performance status <sup>a</sup>	56%	58%	57%	51%	61%	60%	54%	5%	7%	7%
<b>Non-invasive tumours</b>										
Total women	4,417	3,273	883	261	3,078	835	250	195	48	11
Grade	97%	97%	96%	87%	97%	96%	87%	99%	98%	100%
ER status	31%	29%	34%	45%	29%	34%	43%	31%	23%	82%
Non-invasive tumour size	12%	12%	12%	9%	8%	8%	6%	75%	77%	82%
HER2 status	7%	6%	6%	10%	6%	6%	8%	17%	13%	45%
<b>Invasive tumours</b>										
Total women	34,479	19,578	8,628	6,273	18,435	8,144	5,903	1,143	484	379
Grade	100%	100%	99%	99%	100%	99%	100%	100%	99%	99%
Tumour stage	94%	96%	95%	87%	97%	95%	88%	89%	85%	61%
Nodal stage	94%	97%	95%	86%	96%	95%	85%	100%	100%	100%
Metastasis stage <sup>b</sup>	93%	95%	95%	85%	96%	95%	87%	89%	85%	61%
Overall stage	92%	94%	94%	84%	95%	95%	86%	82%	77%	55%
ER status	91%	92%	91%	86%	92%	91%	85%	97%	94%	93%
HER2 status	85%	89%	86%	74%	89%	86%	73%	94%	91%	83%
Whole tumour size	79%	83%	81%	65%	83%	82%	67%	77%	69%	35%
PR status	59%	61%	59%	56%	61%	59%	55%	60%	66%	62%

**Note:** Data items are ordered within sections based on total % available (highest % to lowest %).

Items are shaded according to level of data completeness according to quintiles: 0–20%, 20–40%, 40–60%, 60–80%, 80–100%

<sup>a</sup> WHO performance status reported within two months of diagnosis and prior to primary treatment starting.

<sup>b</sup> A recording of 'MX' within the data received is interpreted as intentionally unmeasured and not counted as missing.



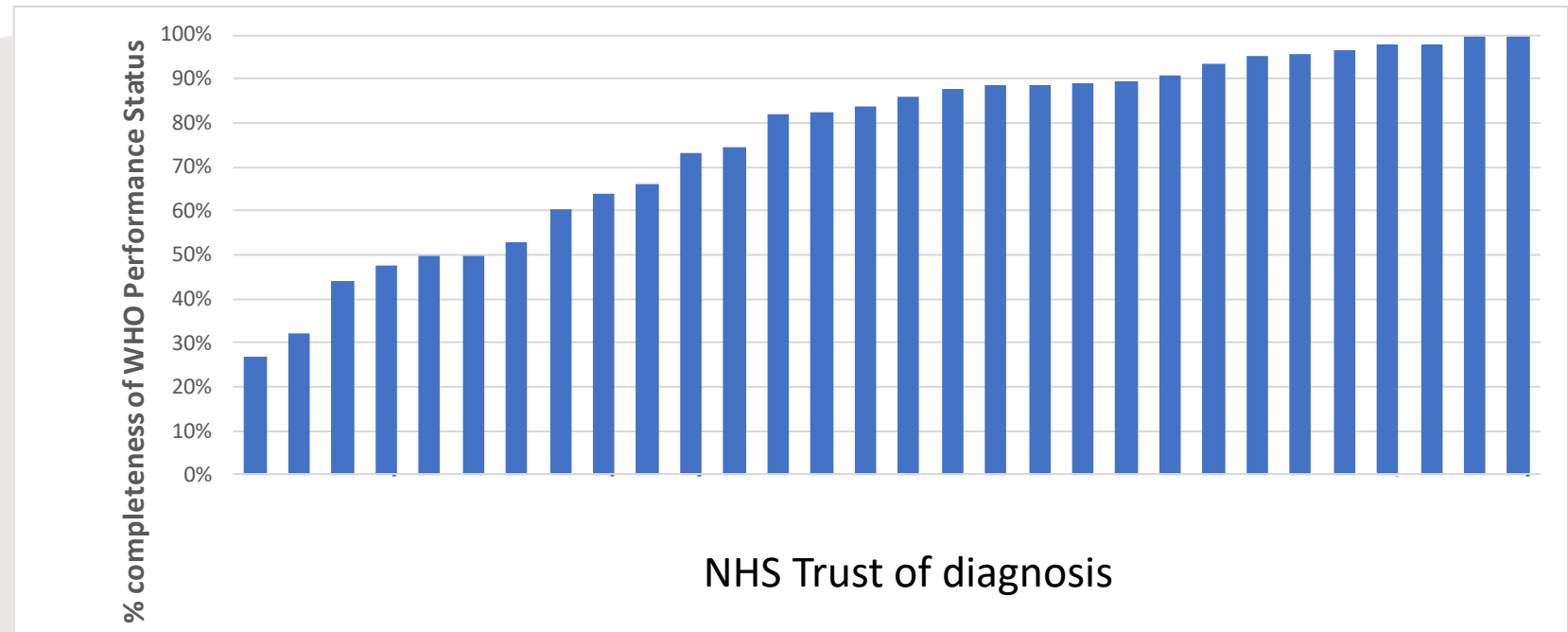
## WHO Performance Status data completeness (COSD completeness 2019\_2020)



Review data uploads regularly,  
and ensure the following are  
uploaded to NCRAS:

Tumour size  
TNM stage

**WHO performance status**  
ER & HER2 status for invasive  
breast cancer







## % Full Stage at MDT by NHS Trust in 2020 (COSD submission)



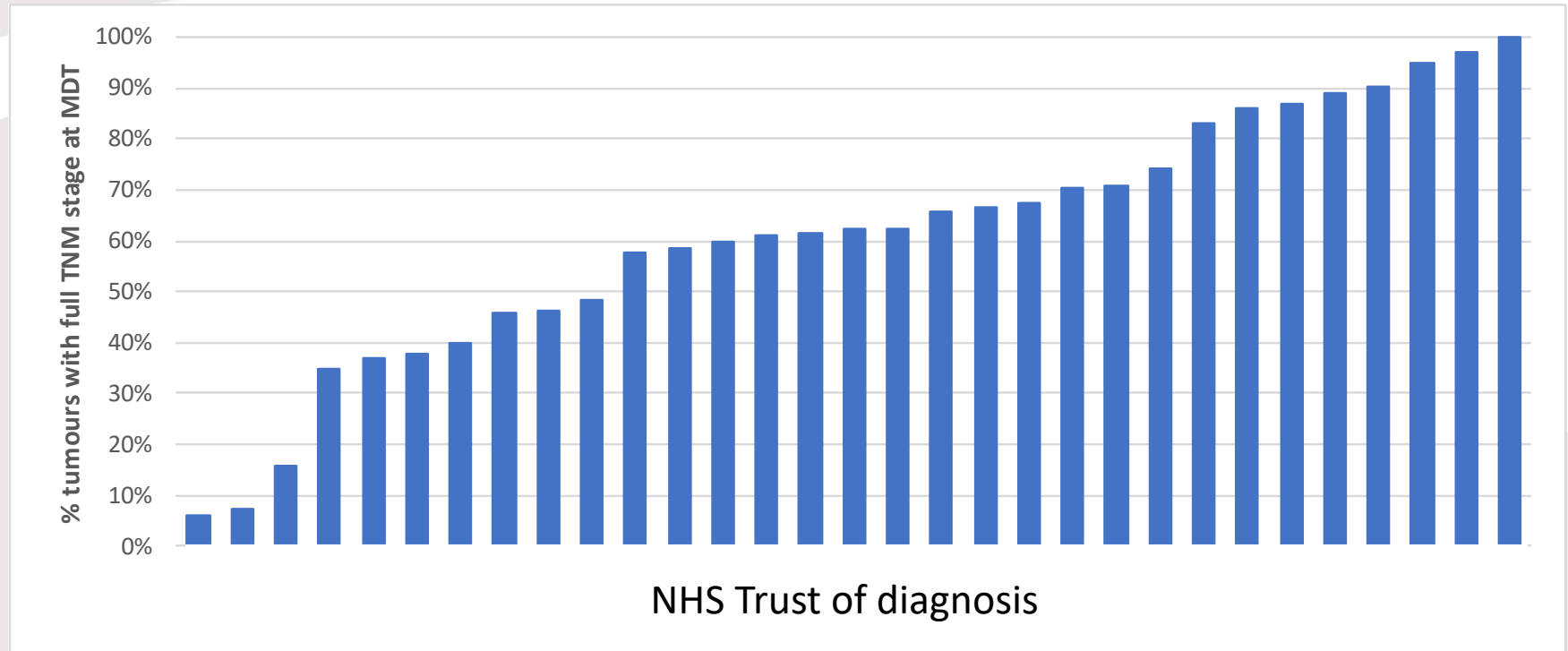
Review data uploads regularly, and ensure the following are uploaded to NCRAS:

Tumour size

**TNM stage**

WHO performance status

ER & HER2 status for  
invasive breast cancer

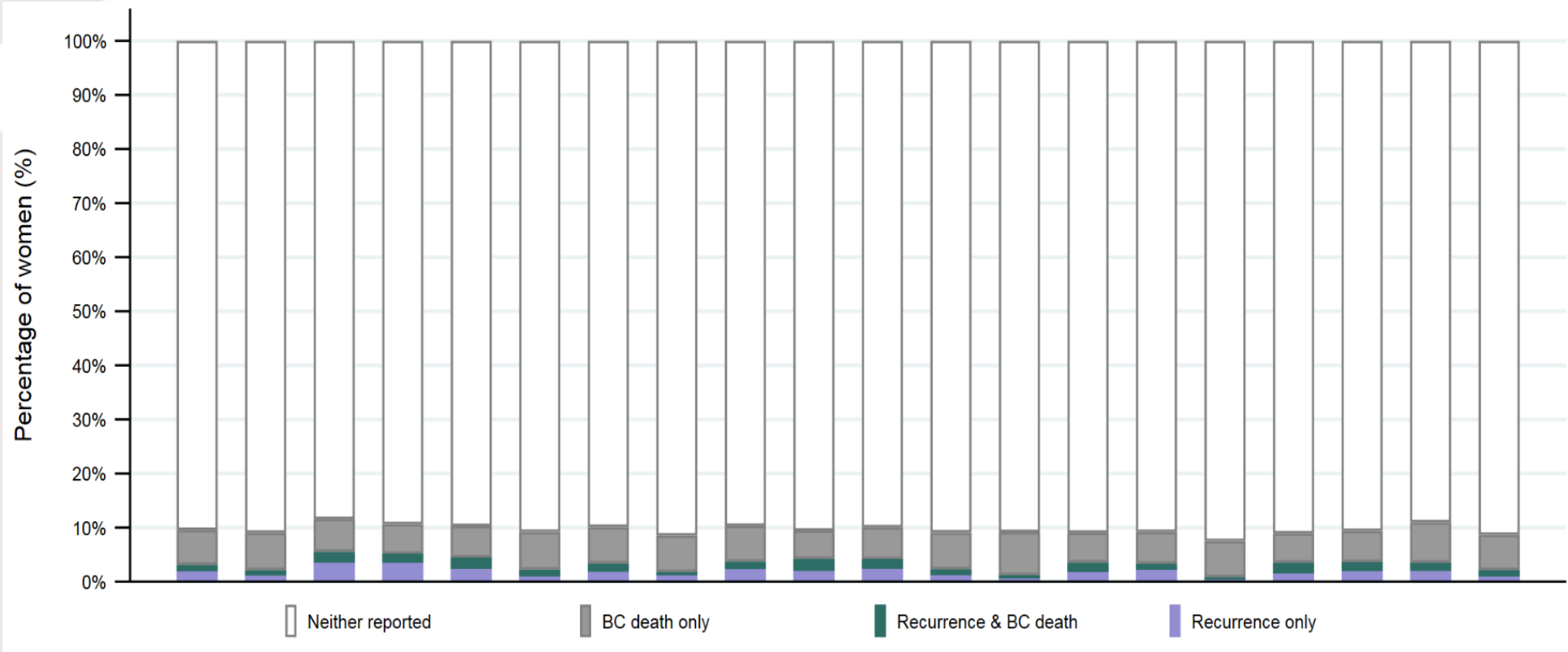




# Focus on better reporting of recurrence



Review how to improve the recording of recurrence in local medical records and ensure this information is uploaded to NCRAS and Canisc.



**Figure:** Recorded rates of any recurrence by geographical region at diagnosis, for all patients diagnosed from 2014–2018.



## NABCOP 2020 recommendations – diagnosis & supportive care



Ensure women receive all components of the triple diagnostic assessment (TDA) at their initial clinic visit for suspected breast cancer.

- *Submit data on TDA in a single visit to NCRAS as part of COSD v9*



Ensure that women are assigned a named breast clinical nurse specialist (CNS) to provide information & support; submit data on this assignment to NCRAS.



Ensure patients have sufficient information about their care & treatment(s) and are engaged in a shared-decision making process by asking patients for feedback at regular intervals.



## Triple diagnostic assessment in a single visit

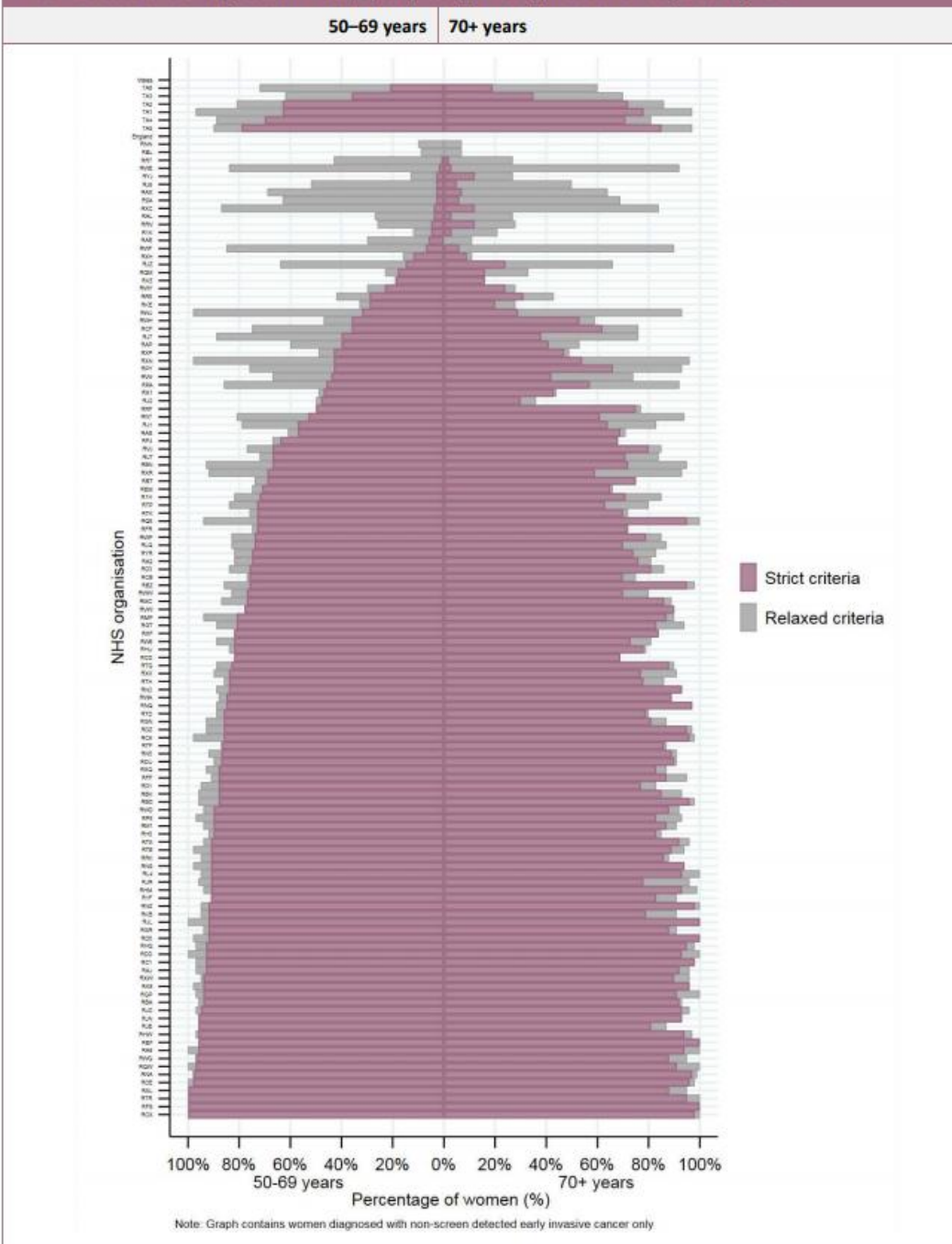


Ensure women receive all components of the triple diagnostic assessment (TDA) at their initial clinic visit for suspected breast cancer. Submit data on TDA in a single visit to NCRAS as part of COSD v9

### New in COSD V9 – Triple Diagnostic Assessment in a single visit

Data Item No.	Data Item Section	Data Item Name	Description	National code definition	Data Dictionary Element
BR4400	BREAST - TRIPLE DIAGNOSTIC ASSESSMENT	TRIPLE DIAGNOSTIC ASSESSMENT	Was a triple diagnostic assessment completed for the patient in a single visit, following initial referral?	Yes	BREAST TRIPLE DIAGNOSTIC ASSESSMENT INDICATOR
				No	
				Not Known	

Figure 6.5. Receipt of triple diagnostic assessment in a single visit among women with non-screen detected early invasive breast cancer diagnosed in 2018, by diagnosing NHS organisation and age at diagnosis



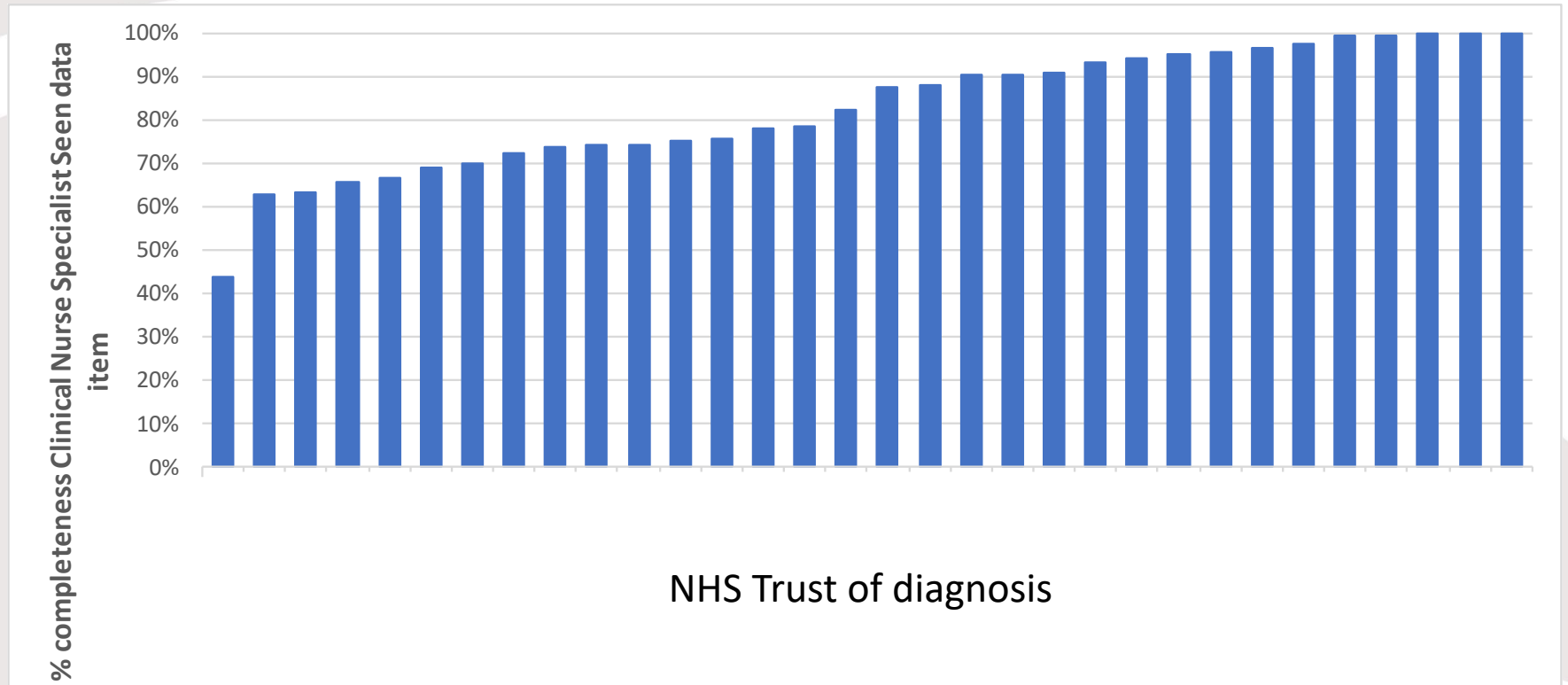




## Clinical Nurse Specialist seen by Mids and East NHS Trust (COSD completeness 2019\_2020)



Ensure that women are assigned a named breast clinical nurse specialist (CNS) to provide information & support; submit data on this assignment to NCRAS.







# 2021 ANNUAL REPORT currently under embargo

Anticipated publication date  
12 August 2021

## National Audit of Breast Cancer in Older Patients

Part of the National Clinical Audit and Patient Outcomes Programme

### 2021 Annual Report

Results of the prospective audit in England and Wales for women  
diagnosed between January 2014 and July 2020





# ET prescriptions for invasive breast cancer (IBC)

## Cohort:

- ✓ Women (50+ years) diagnosed with invasive breast cancer in England between 2014-2017

## Data source:

- ✓ Primary Care Prescription Database (PCPD) – community pharmacy dispensed prescriptions for endocrine therapy in 2018

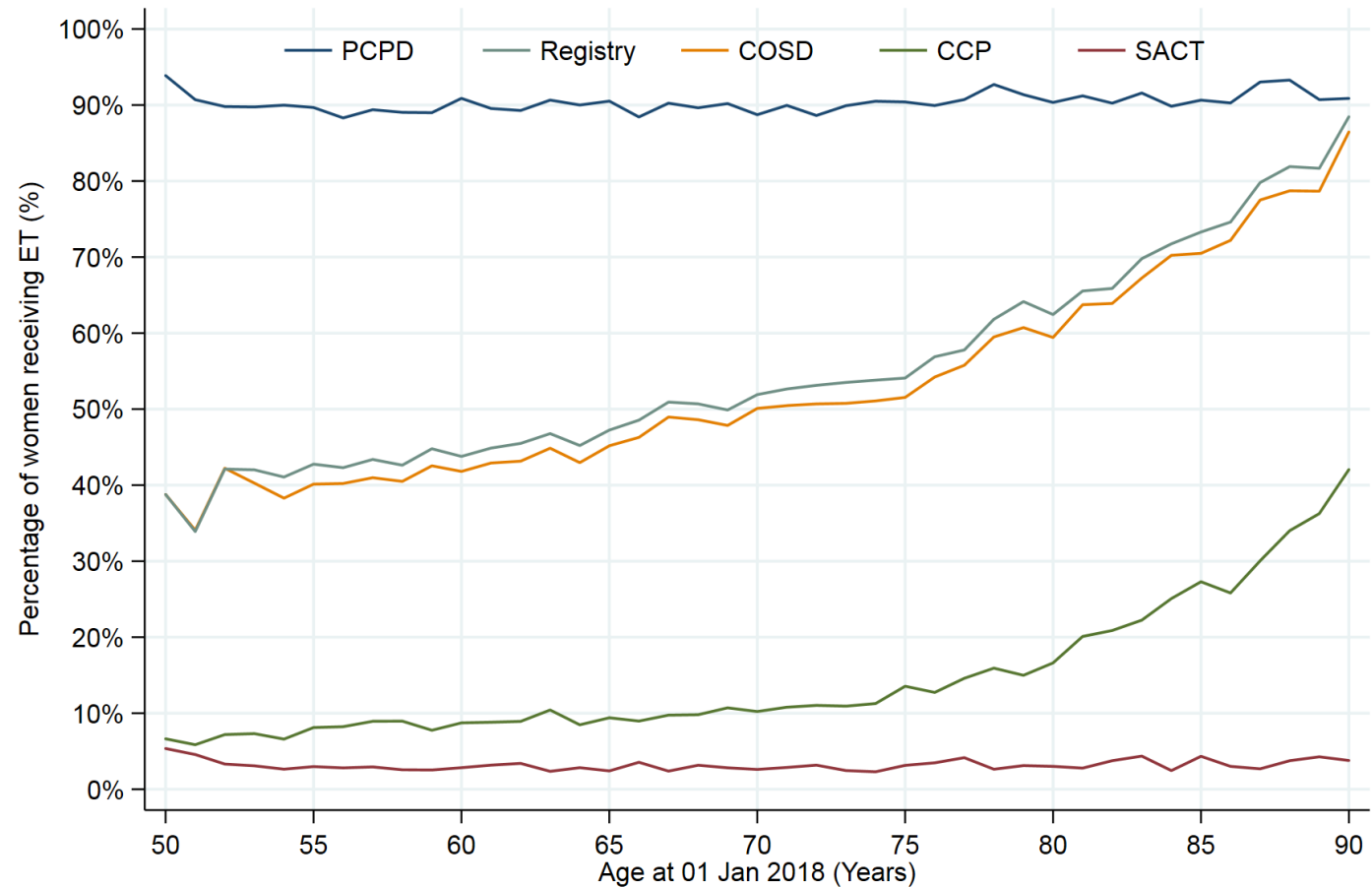
## Aim:

- ✓ To understand the value of the PCPD in analysing endocrine therapy (ET) use amongst women with breast cancer.
- ✓ To investigate prescribing patterns of endocrine therapy treatment, by age, receipt of surgery, and level of patient fitness.



# Reported use of ET by data source and age within the PCPD, among women with ER positive IBC

90% recorded  
as having ET  
in the PCPD







# *Thank you to all the Breast Units in England and Wales*



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

#datasaveslives



[www.nabcop.org.uk](http://www.nabcop.org.uk)



[nabcop@rcseng.ac.uk](mailto:nabcop@rcseng.ac.uk)



[@NABCOP\\_news](https://twitter.com/NABCOP_news)