

Understanding NICE guidance

Information for people who use NHS services

Early and locally advanced breast cancer

NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.

This booklet is about the care and treatment of patients with early and locally advanced breast cancer in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for patients with early and locally advanced breast cancer but it may also be useful for their families, carers or for anyone with an interest in these conditions.

The booklet aims to help you understand the care and treatment options that should be available in the NHS. It describes what NICE has said about the care you should be offered and what this means for you. It does not explain early and locally advanced breast cancer or the tests or treatments for them in detail. Your healthcare team should discuss these with you. There are examples of questions you could ask throughout this booklet to help you with this.

The organisations listed on page 19 can give you, your family and carers more information about early and locally advanced breast cancer.

Contents

Your care	3
Early and locally advanced breast cancer	4
Support during your care	5
Assessment	5
Treatment with surgery	6
Treatment with drugs when surgery is not suitable	8
Treatment with drugs before surgery	8
Tests after surgery	9
Treatments after surgery	10
Complications and menopausal symptoms	17
Follow-up care	18
More information	19
About NICE	20

The advice in the NICE guideline covers:

- some of the tests and treatments that patients with early and locally advanced breast cancer should be offered, in particular:
 - reducing the amount of surgery under your arm
 - breast reconstruction when breast conservation is not possible
 - chemotherapy and endocrine treatments (see pages 10 and 14 of this booklet)
 - biological therapy (see page 16 of this booklet).

It does not specifically look at:

- the care of patients with advanced breast cancer or those with rare or non-cancerous tumours of the breast
- the care of people who do not have breast cancer themselves but have a family history of the disease.

NICE has produced separate advice for the care of patients with advanced breast cancer (www.nice.org.uk/CG81) and people who have a family history of the disease (www.nice.org.uk/CG41).

Your care

Your treatment and care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances. All healthcare professionals should treat you with respect, sensitivity and understanding and explain early or locally advanced breast cancer and the treatments for it simply and clearly.

The information you get from your healthcare team should include details of the possible benefits and risks of particular treatments. You can ask any questions you want to and can always change your mind as your treatment progresses or your condition or circumstances change. Your own preference for a particular treatment is important and your healthcare team should support your choice of treatment wherever possible.

Your treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading, understanding or speaking English. Your healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in putting across your views) if needed.

If you agree, your family and carers should have the chance to be involved in decisions about your care. Family members and carers also have the right to the information and support they need in their roles as carers.

If you are unable to understand a particular issue or are not able to make decisions for yourself, healthcare professionals should follow the advice that the Department of Health has produced about this. You can find this by going to the Department of Health website (www.dh.gov.uk/consent). Your healthcare professional should also follow the code of practice for the Mental Capacity Act. For more information about this, visit www.publicguardian.gov.uk

Early and locally advanced breast cancer

Breast cancer is the most common cancer in women. It also occurs in men, but this is much rarer. About 40,500 women and 260 men are newly diagnosed with breast cancer in England and Wales each year.

Breast cancer happens when some of the cells in the breast start to grow in an uncontrolled way. They form a lump, which may not always be felt, called the primary cancer or primary tumour. Cancers start in a small area but can spread to nearby organs or tissues, or to more distant parts of the body.

Breast cancer is described as 'early' if it is only in the breast or in the breast and the lymph nodes nearby (most often under the arm), and has not spread to other parts of the body. The term 'locally advanced' is used when the cancer is in a large part of the breast and may be present in the lymph nodes, but has not spread to other parts of the body. The cancer is said to be 'advanced' if it has spread to other parts of the body or if it has grown directly into nearby tissues and cannot be completely removed by surgery. (NICE has produced 'Understanding NICE guidance' for patients with advanced breast cancer and their families or carers. See www.nice.org.uk/CG81)

Most breast cancers are discovered in the early stages of the disease. A small proportion of patients with breast cancer already have advanced breast cancer when the disease is discovered.

There are many different types of breast cancer. Your treatment will be tailored to the type of breast cancer that you have.

Invasive and non-invasive breast cancer

As well as being described as early, locally advanced or advanced, breast cancer may also be invasive or non-invasive.

Non-invasive breast cancer is the earliest form of breast cancer. It is said to be non-invasive (or in situ) when it is only found in the milk ducts and has not spread into the surrounding breast tissue. Ductal carcinoma in situ (often shortened to DCIS) is the most common kind of non-invasive breast cancer.

Breast cancer is said to be invasive if the cancer has spread into or 'invaded' the breast tissue surrounding the area where it first developed or has spread into tissue outside the breast. If you have invasive breast cancer, the care and type of treatments you should be offered will depend partly on how far the cancer has spread.

Support during your care

All members of your breast care team should be specially trained to provide information in a form that you can easily understand and to discuss any worries or concerns you have about your treatment and care. A specialist breast care nurse should be available to provide you with support throughout your care, from diagnosis through treatment and follow-up.

If you need more emotional or psychological support during your care, or help with mental health problems such as depression, you should be offered a prompt appointment with a relevant healthcare professional.

For more general information and support see page 19.

Questions you might like to ask your healthcare team

- Please tell me more about the different types of breast cancer.
- Are there any support organisations in my local area?
- Can you provide any information for my family/carers?
- Are there any counselling services that might be available for me?

Assessment

For most patients with early or locally advanced breast cancer, mammograms (X-rays of the breast) and ultrasound scans will provide the information needed for you and your healthcare team to decide what steps to take next. However, some patients may be offered a type of scan called magnetic resonance imaging (usually shortened to MRI) of the breast and armpit if:

- the size of the cancer is not clear from mammograms and ultrasound
- the breast cancer is of a particular type called 'invasive lobular cancer'.

Patients with early invasive breast cancer should be offered an ultrasound scan of the armpit to look for possible spread of the breast cancer to the lymph nodes. If your lymph nodes appear abnormal then you should be offered an ultrasound-guided needle biopsy, which is a procedure to take a tissue sample from a lymph node.

Decisions about these treatments should be made between you and your healthcare team, and based on your understanding of the possible risks and benefits involved.

Treatment with surgery

Surgery is usually the first method of treatment for early or locally advanced breast cancer. The type of surgery you should be offered depends on the type of cancer you have.

Breast conserving surgery

Many women with early breast cancer can be treated with an operation to remove just the tumour and a small amount of breast tissue around it. This is called breast conserving surgery and is sometimes referred to as a lumpectomy or wide local excision. In some patients, a second operation may be needed.

If you have been diagnosed with Paget's disease, a type of cancer that affects the area around the nipple, breast conserving surgery should be offered if the cancer has not spread into other areas of the breast. You should be offered surgery to remove the tumour and at the same time to reconstruct the breast to give the most natural appearance possible. This is called oncoplastic surgery.

Mastectomy and breast reconstruction

Some women with early or locally advanced breast cancer will need to have a mastectomy, which is an operation to remove the whole breast. This is done to give the best chance of removing the cancer or if there is not enough healthy breast tissue to allow breast conserving surgery.

If your healthcare team have advised you to have a mastectomy, they should talk to you about the possibility of breast reconstruction carried out at the same time as breast removal (called immediate reconstruction). You should have the chance to discuss any appropriate options for breast reconstruction with your healthcare team, even if they are not available in your area.

There may be reasons why immediate reconstruction is not suitable, such as the presence of other conditions, or it may not be possible or advisable until other treatments have been completed.

Lymph node surgery

If you have early invasive breast cancer, you should be offered a procedure to find out whether it has spread to the lymph nodes under the arm (known as axillary lymph nodes) and, if so, how much of the armpit (known as the axilla) is affected. The preferred procedure for this is called sentinel lymph node biopsy (sometimes shortened to SLNB). A sample is taken from the lymph nodes under the arm, which is then sent to the laboratory and examined under a microscope to see if there is any cancer. As the sentinel lymph nodes are the first nodes that the breast drains through, this is a good indicator of whether or not the cancer has spread.

If you have ductal carcinoma in situ, you should only be offered sentinel lymph node biopsy if you are having a mastectomy or if you have signs showing that you may be at risk of invasive disease. These may include having a tumour that is big enough to feel or your mammogram shows many specks of calcium spread over a wide area.

If your sentinel lymph nodes are found to contain cancer, you should be offered removal of some of the remaining lymph nodes under the arm. The preferred procedure for this is called axillary lymph node dissection, which involves an operation on the armpit to remove a section of fatty tissue containing lymph nodes. If there are only a few single cancer cells in your lymph nodes, you should be considered 'lymph-node negative' and should not be offered further surgery to the lymph nodes.

Questions you might like to ask about surgery

- How soon will I have my surgery? How long will it take to recover?
- If I need surgery to check the lymph nodes, can this be done at the same time as the breast surgery? If cancer is found in the lymph nodes, will it be removed straight away?
- If I want breast reconstructive surgery that is not available at my hospital, can I be referred elsewhere?
- Can I have breast reconstruction at a later date?

Decisions about these treatments should be made between you and your healthcare team, and based on your understanding of the possible risks and benefits involved.

Treatment with drugs when surgery is not suitable

Most patients with invasive breast cancer should be offered surgery as first treatment to remove the tumour, whatever their age. However, sometimes patients have other significant illnesses or conditions that mean surgery is not suitable for them. In this situation you may be offered treatment with a type of medication called endocrine therapy (sometimes known as hormone or hormonal therapy). Endocrine therapy is described in more detail on page 14.

Treatment with drugs before surgery

If you have been diagnosed with early invasive breast cancer and wish to be treated with breast conserving surgery, you may not be able to have your operation straight away. This may be because the tumour is large. You may be offered chemotherapy (see page 10) before surgery to help shrink the tumour to allow the breast conserving surgery to be carried out or make it easier to perform. Having breast conserving surgery instead of mastectomy after chemotherapy may increase the risk of the cancer coming back, and your healthcare team should discuss this with you.

If you have been diagnosed with locally advanced breast cancer or a type of cancer called inflammatory breast cancer, where the breast looks inflamed and swollen, you may be offered chemotherapy before mastectomy (or, in exceptional cases, breast conserving surgery), followed by radiotherapy (see page 11).

Tests after surgery

If you have had surgery, the cancer will be tested in the laboratory to find out which further treatments may be useful.

If you have early invasive breast cancer, a pathologist should test whether your cancer is oestrogen receptor-positive (see below). Your healthcare team may call this 'oestrogen receptor (or ER) status'.

A test should also be carried out to find out if your cancer contains too much HER2 protein, known as 'HER2-positive' breast cancer (see below).

Oestrogen receptor-positive breast cancer

Some breast cancers are affected by female hormones known as oestrogens. They are known as oestrogen-receptor positive breast cancers (sometimes shortened to ER-positive). This means that the breast cancer is more likely to grow when oestrogen is present. Endocrine therapy (see page 14) that blocks oestrogen or stops it being made can be used to stop the cancer growing.

HER2-positive breast cancer

About one cancer in five is HER2-positive, which means that the cancer contains too much of a protein called HER2, which helps it grow. HER2 stands for 'human epidermal growth factor receptor 2'. A drug called trastuzumab (Herceptin) can be used to treat HER2-positive breast cancer. It works by targeting the HER2 protein. It can only benefit patients whose cancers have high levels of the HER2 protein. It does not always work in these cancers.

Decisions about these treatments should be made between you and your healthcare team, and based on your understanding of the possible risks and benefits involved.

Treatments after surgery

After your operation you may be offered drug treatment and/or radiotherapy to try and make sure that all traces of the cancer are gone. The medical term for this add-on treatment is 'adjuvant therapy'. Some of the different types of adjuvant therapy are described below.

Your healthcare team should discuss your options for further treatment with you and help you to decide what treatment might be suitable for you. This should take into account the many factors involved, including your type and stage of breast cancer, the potential risks and side effects of treatments and how much you are likely to benefit from them.

If adjuvant chemotherapy or radiotherapy is recommended for you, and you choose to have it, treatment should be started as soon as possible within 31 days of your operation.

Chemotherapy

What is it?

Chemotherapy is the use of anticancer drugs that are given as tablets or intravenously (by injection into a vein using a 'drip'). Chemotherapy can cause side effects and will not be suitable for everyone. Sometimes patients may choose not to have chemotherapy and their healthcare team should support them in this decision.

How does it work?

Chemotherapy drugs either kill the cancer or stop it from growing.

Docetaxel

What is it?

Docetaxel (also known as Taxotere) is one of many chemotherapy drugs.

Who is it suitable for?

Patients with early breast cancer who have cancer in their lymph nodes. It is usually used together with other chemotherapy drugs.

Questions you might like to ask about chemotherapy

- Can you give me information about the chance of success with chemotherapy?
- How do people usually feel when they are having this treatment?
- Is there likely to be any lasting harm resulting from chemotherapy?
- Will I get any help to manage the side effects?
- What happens if I choose not to have chemotherapy?

Radiotherapy

What is it?

Radiotherapy uses radiation to kill or damage the cancer.

How does it work?

Radiation damages the DNA inside the cancer, which prevents it from growing. Healthy tissues are also affected by radiation, but the effect is greater on cancerous tissue, as it grows more rapidly and is less able to repair itself.

Breast radiotherapy

What is it?

In breast radiotherapy, radiation is applied to the whole of the remaining breast tissue after breast conserving surgery.

Who is it suitable for?

Patients with early invasive breast cancer who have had breast conserving surgery.

Patients with ductal carcinoma in situ who have had breast conserving surgery and who are considered to be at risk of the cancer coming back.

Chest wall radiotherapy

What is it?

Radiotherapy given to the chest wall after mastectomy.

Who is it suitable for?

Patients with early invasive breast cancer who have had mastectomy and who are at risk of the cancer returning in the same area.

Who is it not suitable for?

Patients who are at low risk of the cancer returning in the same area.

Decisions about these treatments should be made between you and your healthcare team, and based on your understanding of the possible risks and benefits involved.

Breast boost

What is it?

An additional 'boost' of radiotherapy at a higher dose, given to the area where the cancer was removed. Your healthcare team should tell you that breast boost may affect cosmetic appearance, especially in women with larger breasts. It can have other side effects, such as causing the breast tissue to feel hard, an effect known as fibrosis.

Who is it suitable for?

Patients with early invasive breast cancer who have had breast conserving surgery followed by breast radiotherapy and who are at risk of the cancer returning.

Radiotherapy to the lymph nodes

What is it?

Radiotherapy given to the armpit (axilla) and area of indentation where the neck meets the shoulders (the area above the bone called the clavicle, known as the supraclavicular fossa) to kill cancer that may be in the lymph nodes in these areas.

Who is it suitable for?

Patients who have not been treated with surgery, or who have had surgery but still have cancer in several lymph nodes.

Who is it not suitable for?

Patients who do not have cancer in the lymph nodes.

Questions you might like to ask about radiotherapy

- Does radiotherapy affect my skin like sunburn?
- Will it leave scars?
- Can I still have breast reconstruction?
- Does it have any long-term side effects?
- Where can I find more information about radiotherapy?
- What happens if I choose not to have radiotherapy?

Bone density scans

When you start having some types of adjuvant treatment, you may be offered a bone density scan (often called a DEXA scan) to find out whether you have a condition called osteoporosis (loss of bone density) or if you are at risk of developing it, and whether you will benefit from treatment that will help to prevent bone density loss. You will be offered a bone density scan if:

- you are starting treatment with drugs called aromatase inhibitors (see page 14)
- your treatment has brought on the start of menopause
- you are starting treatment to stop your ovaries from producing oestrogen (see page 15).

If your healthcare team consider you to be at high risk of osteoporosis, you should be offered a type of drug called a bisphosphonate, which may help to prevent bone density problems, and particularly further bone thinning.

Decisions about these treatments should be made between you and your healthcare team, and based on your understanding of the possible risks and benefits involved.

Endocrine therapy

Tamoxifen

What is it?

An anticancer drug that blocks the effects of oestrogen.

How does it work?

It blocks oestrogen from binding to oestrogen receptor-positive cancer cells and stops the cancer from growing.

Who is it suitable for?

Women with oestrogen receptor-positive early invasive breast cancer.

Aromatase inhibitors

What are they?

A type of drug that targets a substance in the body called aromatase that helps make oestrogen. There are a number of aromatase inhibitors and your healthcare team should discuss the different types with you. The discussion should include whether you have been treated with tamoxifen before and if so for how long, the side effects of aromatase inhibitors and how much risk there is that the cancer might come back. NICE has produced 'Understanding NICE guidance' on these drugs for patients with early oestrogen receptor-positive breast cancer and their families and carers. See www.nice.org.uk/TA112

How do they work?

They reduce the level of oestrogen in women who have been through the menopause.

Who are they suitable for?

Women with oestrogen receptor-positive early invasive breast cancer who have been through the menopause.

Ovarian ablation or suppression

What are they?

Ablation is surgery to remove the ovaries and suppression is drug treatment to stop the ovaries from producing oestrogen.

How do they work?

Drug treatment (with a type of drug called a luteinising hormone-releasing hormone agonist or an LHRHa) temporarily stops the ovaries working, causing a woman's periods to stop. Unless she is very close to the menopause, the woman's ovaries may start to work again and her periods may return a few months after treatment is finished. Surgery to remove the ovaries causes the menopause and is permanent.

Who are they suitable for?

Women with early oestrogen receptor-positive invasive breast cancer who have not yet been through the menopause, and who have chosen not to have chemotherapy in addition to tamoxifen.

Who are they not suitable for?

Women with early oestrogen receptor-positive invasive breast cancer who have not yet been through the menopause and who are being treated with tamoxifen, and chemotherapy if recommended.

Questions you might like to ask about endocrine therapy

- I am past the menopause. Why do I need drugs that stop oestrogen?
- What are the likely benefits and risks?
- Could you tell me how my condition might progress if I choose not to have endocrine therapy?

Decisions about these treatments should be made between you and your healthcare team, and based on your understanding of the possible risks and benefits involved.

Biological therapy

Trastuzumab

What is it?

Trastuzumab (also known as Herceptin) is a type of drug called a monoclonal antibody, which is used to treat patients with HER2-positive early invasive breast cancer. It is taken for no longer than 1 year, and your heart will be checked regularly while you are taking it.

How does it work?

It targets the HER2 protein (see page 9) to stop the cancer from growing.

Who is it suitable for?

Patients with HER2-positive early invasive breast cancer who have been treated with surgery, chemotherapy and sometimes radiotherapy.

Who is it not suitable for?

Patients with HER2-negative early invasive breast cancer, patients with HER2-positive early invasive breast cancer who have not had chemotherapy, and patients who have heart problems or poorly controlled high blood pressure.

Questions you might like to ask about biological therapy

- Can you explain more about the risk of heart problems?
- Do I have to have chemotherapy before I can have Herceptin?

Complications and menopausal symptoms

Some of the treatments you receive for breast cancer may cause problems of their own. You should be offered additional treatment and support for these complications.

Complication	What is it?	How will it affect me?	What can be done about it?
Lymphoedema	A build up of excess fluid. In breast cancer it usually affects the arm. It can happen after surgery for breast cancer or it can sometimes happen when cancer is present under the arm in patients with advanced breast cancer.	You may experience discomfort or pain that can persist or start months or years after cancer treatment. The skin on your arm may feel tight and your arm may feel heavy. You may not be able to move it properly or to lift it very high.	<ul style="list-style-type: none"> Your healthcare team should tell you about the risk of developing lymphoedema and give you written information before you have surgery and radiotherapy. They should give you advice on how to prevent infection or trauma that might cause lymphoedema or make it worse. You should be offered care from lymphoedema specialists quickly, if necessary.
Problems with arm mobility	Stiffness and pain in the arm and shoulder that restricts movement. It can happen after surgery or radiotherapy for breast cancer.	Your arm and shoulder may feel stiff and painful after your operation. You may not be able to move your arm as well as usual or lift it very high. It may affect your usual daily activities.	<ul style="list-style-type: none"> Your healthcare team will check whether you have had any previous shoulder problems. Your healthcare team will give you some exercises to do, which you should start the day after your operation. They should also give you written information about exercises. If your ability to move your arm and shoulder continues to worsen, you should be offered referral for physiotherapy.
Menopausal symptoms	Menopausal symptoms or early menopause in women who have not yet had the menopause. They can be caused by endocrine therapy, surgery or chemotherapy. They may also occur when women who were taking hormone replacement therapy (HRT) for menopausal symptoms stop taking it on the advice of their healthcare team, after being diagnosed with breast cancer.	You may experience a variety of symptoms that can range from mild to severe. They include hot flushes, increased sweating, vaginal dryness, low sex drive, tiredness, sleeplessness, dry skin, aches and pains, mood swings, poor concentration and loss of confidence and memory.	<ul style="list-style-type: none"> Your healthcare team should offer you information and counselling about the possibility of early menopause and menopausal symptoms. You should stop taking HRT if you are taking it when you are diagnosed with breast cancer. HRT is not usually given to women with breast cancer. However, if you have very severe menopausal symptoms, you may be offered HRT. It is rarely given to women with breast cancer, and your healthcare team should tell you about the risks involved. You may be offered a drug called paroxetine or one called fluoxetine, which are usually given for depression, to relieve menopausal symptoms, particularly hot flushes. However, you will not be offered them if you are taking tamoxifen as they may reduce the effect of this drug. If you have hot flushes, you may be offered clonidine, which is usually given for high blood pressure or migraine, venlafaxine, which is usually given for depression or anxiety, or gabapentin, which is usually given for epilepsy. All of these drugs may have side effects and you will only be offered them after your healthcare team has discussed with you the risks involved. You should be advised that tibolone, progestogens, soy (isoflavone), red clover, black cohosh, vitamin E and magnetic devices are not recommended to relieve menopausal symptoms.

If you think that your care does not match what is described in this booklet, please talk to a member of your healthcare team.

Follow-up care

After treatment, your healthcare team should discuss with you where you would like to have follow-up care. It may be your GP's surgery, the hospital or a mixture of both.

You should be given a written care plan that you have agreed with your healthcare team. A copy should also be sent to your GP. The plan should include the names of the healthcare professionals involved in your care, dates for review of any treatment you are receiving, signs and symptoms to look for and seek advice on, details of mammograms, and who to contact for immediate referral to specialist care or for support services, such as for patients with lymphoedema.

Mammograms

You should be offered a mammogram every year until you reach the age when you will automatically be included in the NHS Breast Screening Programme or the Breast Test Wales Screening Programme. If you are already in one of these screening programmes when you finish treatment for early or locally advanced breast cancer, you should be offered a mammogram every year for the first 5 years.

Questions you might like to ask about your follow-up care

- Can I contact the hospital specialist/department directly?
- Who should I contact if my appointment for follow up or mammography is delayed?
- Will I get mammograms at the same time and place as follow-up appointments?
- Am I at risk of getting breast cancer again?
- Do I need to check for any symptoms?
- What happens after I have had mammograms for 5 years?
- Can I still have mammograms if I am over the age limit for the NHS Breast Screening Programme or the Breast Test Wales Screening Programme?

More information

If you need further information and help about breast cancer, your feelings, anything that is worrying you, or the care that you are receiving, please ask your doctor, nurse or a relevant member of your healthcare team. You can discuss this guideline with them if you wish, especially if you aren't sure about anything in this booklet. They will be able to explain things to you.

The organisations below can provide more information and support for people with early breast cancer. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Breakthrough Breast Cancer, 08080 100200
www.breakthrough.org.uk
- Breast Cancer Care, 0808 800 600
www.breastcancercare.org.uk
- Lymphoedema Support Network, 020 7351 4480
www.lymphoedema.org/ltn
- Macmillan Cancer Support, 0808 808 2020
www.macmillan.org.uk

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may also be able to give you further information and support.

For details of all NICE guidance on breast cancer and its treatments (both medical and surgical) visit our website at www.nice.org.uk/guidance/topic

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider evidence on the disease and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This booklet and other versions of this guideline aimed at healthcare professionals are available at www.nice.org.uk/CG80. The versions for healthcare professionals contain more detailed information on the care and treatment you should be offered.

You can order printed copies of this booklet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N1793).

We encourage NHS and voluntary sector organisations to use text from this booklet in their own information about early and locally advanced breast cancer.