



*National Institute for
Health and Clinical Excellence*

Quick reference guide

Issue date: February 2009

Advanced breast cancer

Diagnosis and treatment

This guideline updates and replaces NICE technology appraisal guidance 62 (capecitabine), 54 (vinorelbine) and 30 (taxanes)

About this booklet

This is a quick reference guide that summarises the recommendations NICE has made to the NHS in Advanced breast cancer: diagnosis and treatment (NICE clinical guideline 81). This guidance updates NICE technology appraisal guidance 62 (published May 2003), 54 (published December 2002) and 30 (published September 2001).

Who should read this booklet?

This quick reference guide is for healthcare professionals and other staff who care for people with advanced breast cancer.

Who wrote the guideline?

The guideline was developed by the National Collaborating Centre for Cancer, which is based at the Velindre NHS Trust in Cardiff. The Collaborating Centre worked with a group of healthcare professionals (including consultants and nurses), patients and carers, and technical staff, who reviewed the evidence and drafted the recommendations. The recommendations were finalised after public consultation.

For more information on how NICE clinical guidelines are developed, go to www.nice.org.uk

Where can I get more information about the guideline?

The NICE website has the recommendations in full, reviews of the evidence they are based on, a summary of the guideline for patients and carers, and tools to support implementation (see back cover for more details).

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NICE clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the NHS in England and Wales.

This guidance represents the view of NICE, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

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Introduction

Breast cancer is the most common cancer affecting women in England and Wales, with about 40,500 new cases diagnosed^{1, 2} and 10,900 deaths^{1, 2} recorded in England and Wales each year. In men breast cancer is rare, with about 260 cases diagnosed^{1, 2} and 68 deaths^{1, 2} in England and Wales each year. Of these new cases in women and men, a small proportion are diagnosed in the advanced stages, when the tumour has spread significantly within the breast or to other organs of the body. In addition, there are a significant number of women who have been previously treated with curative intent who subsequently develop either a local recurrence or metastases. Over recent years there have been important developments in the investigation and management of patients with advanced breast cancer, including new chemotherapy, and biological and hormonal agents. There is some evidence of practice variation across the country and of patchy availability of certain treatments and procedures. This clinical guideline helps to address these issues and offers guidance on best practice.

The guideline assumes that prescribers will use a drug's summary of product characteristics to inform their decisions for individual patients.

¹ Office for National Statistics (2008) Cancer statistics registrations: registrations of cancer diagnosed in 2005, England. Series MB1 number 36. London: Office for National Statistics.

² Welsh Cancer Intelligence and Surveillance Unit (2008) Cancer incidence in Wales 1992–2002. Cardiff: Welsh Cancer Intelligence and Surveillance Unit.

Key priorities for implementation

Diagnosis and assessment

- Positron emission tomography fused with computed tomography (PET-CT) should only be used to make a new diagnosis of metastases for patients with breast cancer whose imaging is suspicious but not diagnostic of metastatic disease.
- Assess oestrogen receptor (ER) and human epidermal growth factor receptor 2 (HER2) status at the time of disease recurrence if receptor status was not assessed at the time of initial diagnosis. In the absence of tumour tissue from the primary tumour, and if feasible, obtain a biopsy of a metastasis to assess ER and HER2 status.

Systemic disease-modifying therapy

- Offer endocrine therapy as first-line treatment for the majority of patients with ER-positive advanced breast cancer.
- For patients with advanced breast cancer who are not suitable for anthracyclines (because they are contraindicated or because of prior anthracycline treatment either in the adjuvant or metastatic setting), systemic chemotherapy should be offered in the following sequence:
 - first line: single-agent docetaxel
 - second line: single-agent vinorelbine or capecitabine
 - third line: single-agent capecitabine or vinorelbine (whichever was not used as second-line treatment).
- For patients who are receiving treatment with trastuzumab³ for advanced breast cancer, discontinue treatment with trastuzumab at the time of disease progression outside the central nervous system. Do not discontinue trastuzumab if disease progression is within the central nervous system alone.

Supportive care

- Healthcare professionals involved in the care of patients with advanced breast cancer should ensure that the organisation and provision of supportive care services comply with the recommendations made in 'Improving outcomes in breast cancer: manual update' (NICE cancer service guidance [2002]) and 'Improving supportive and palliative care for adults with cancer' (NICE cancer service guidance [2004]), in particular the following two recommendations:
 - 'Assessment and discussion of patients' needs for physical, psychological, social, spiritual and financial support should be undertaken at key points (such as diagnosis; at commencement, during, and at the end of treatment; at relapse; and when death is approaching).'
 - 'Mechanisms should be developed to promote continuity of care, which might include the nomination of a person to take on the role of "key worker" for individual patients.'

³ Recommendations on the use of trastuzumab are covered by NICE technology appraisal guidance 34 (2002) which will be updated.

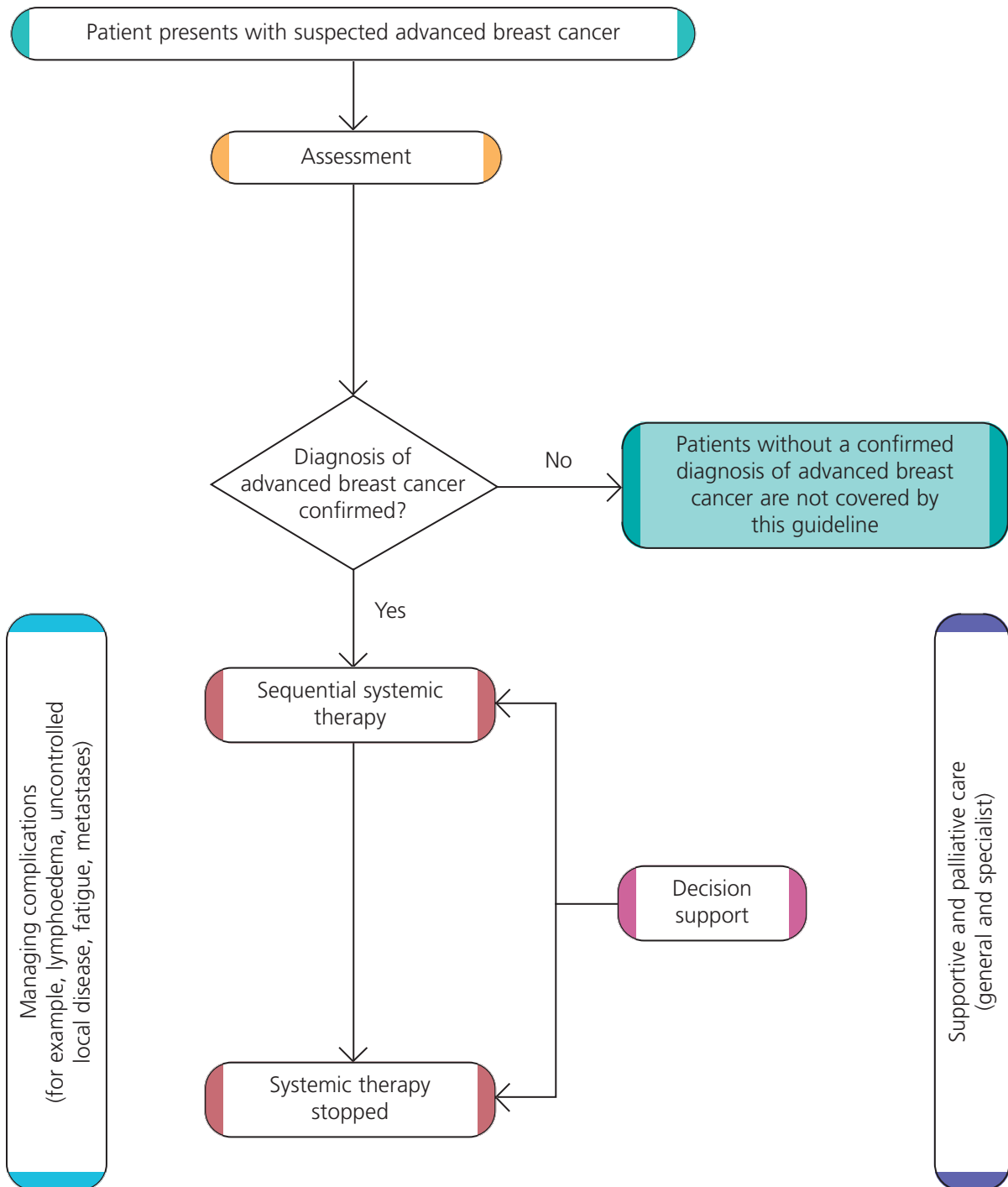
Managing complications

- A breast cancer multidisciplinary team should assess all patients presenting with uncontrolled local disease and discuss the therapeutic options for controlling the disease and relieving symptoms.
- Consider offering bisphosphonates to patients newly diagnosed with bone metastases, to prevent skeletal-related events and reduce pain.
- Use external beam radiotherapy in a single fraction of 8Gy to treat patients with bone metastases and pain.
- Offer surgery followed by whole brain radiotherapy to patients who have a single or small number of potentially resectable brain metastases, a good performance status and who have no or well-controlled other metastatic disease.

Patient-centred care

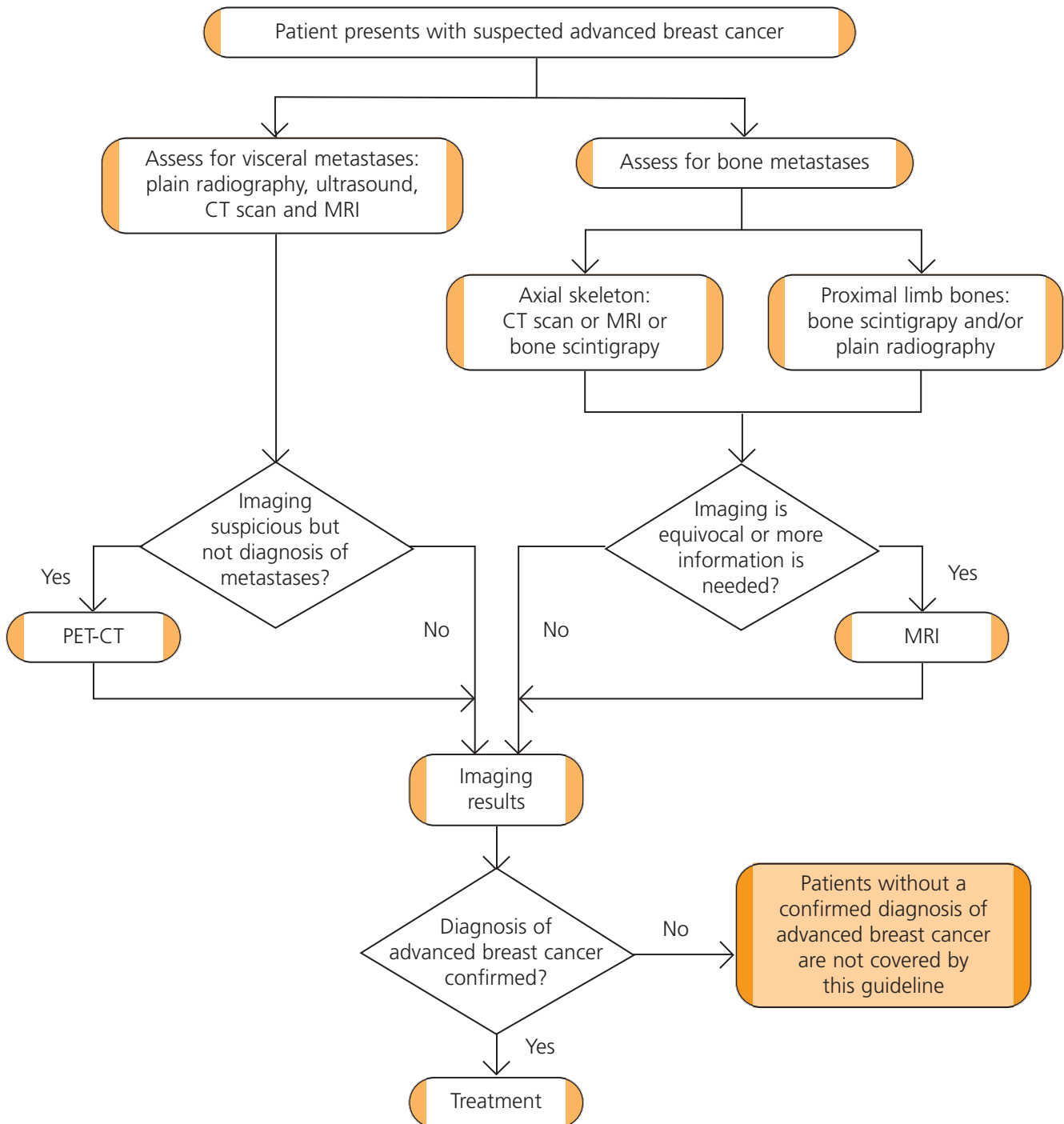
Treatment and care should take into account patients' individual needs and preferences. Good communication is essential, supported by evidence-based information, to allow patients to reach informed decisions about their care. Follow Department of Health advice on seeking consent if needed. If the patient agrees, families and carers should have the opportunity to be involved in decisions about treatment and care.

Overview of pathway



Diagnosis and assessment

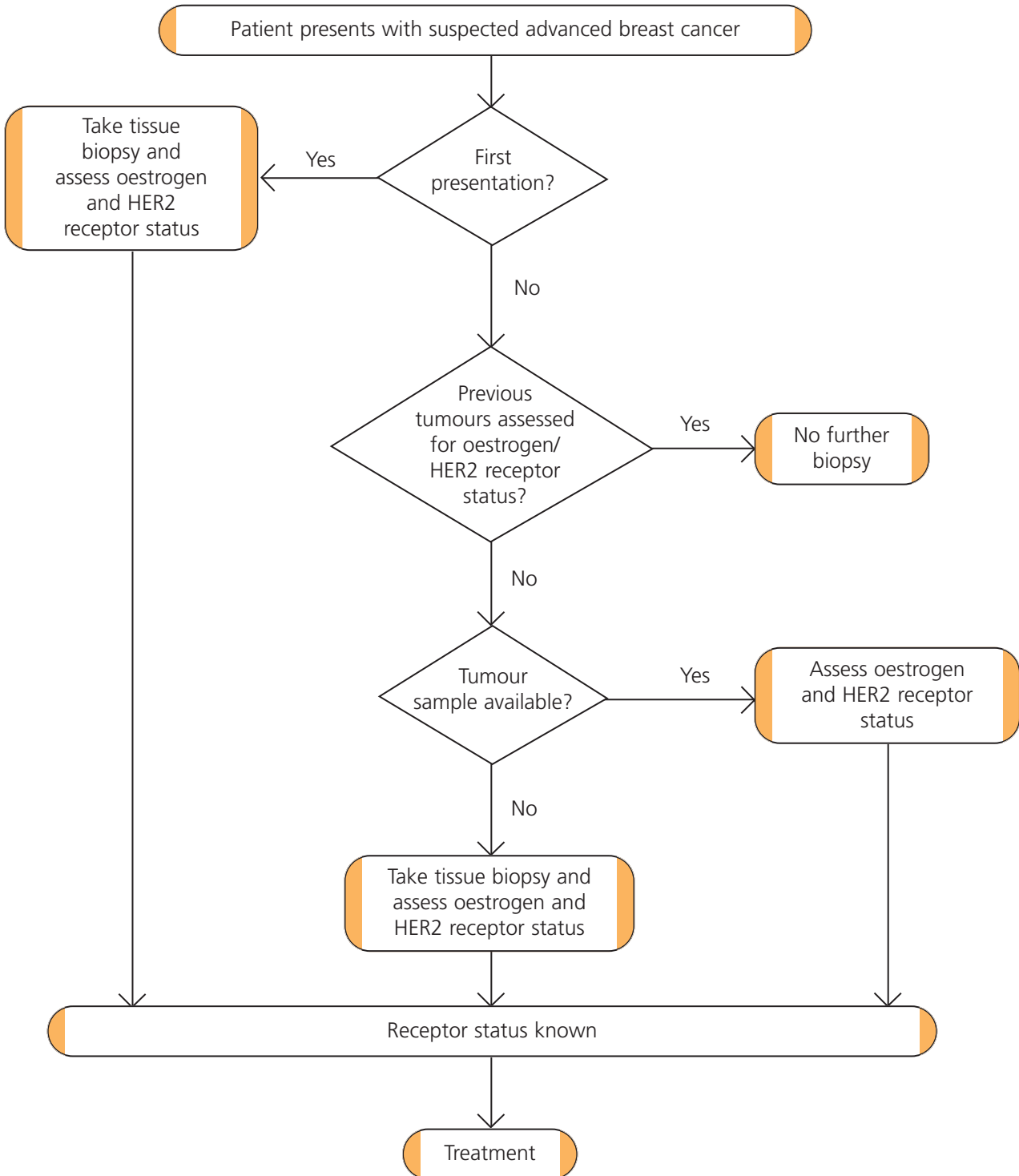
Imaging assessment



Interventions not recommended for monitoring disease status

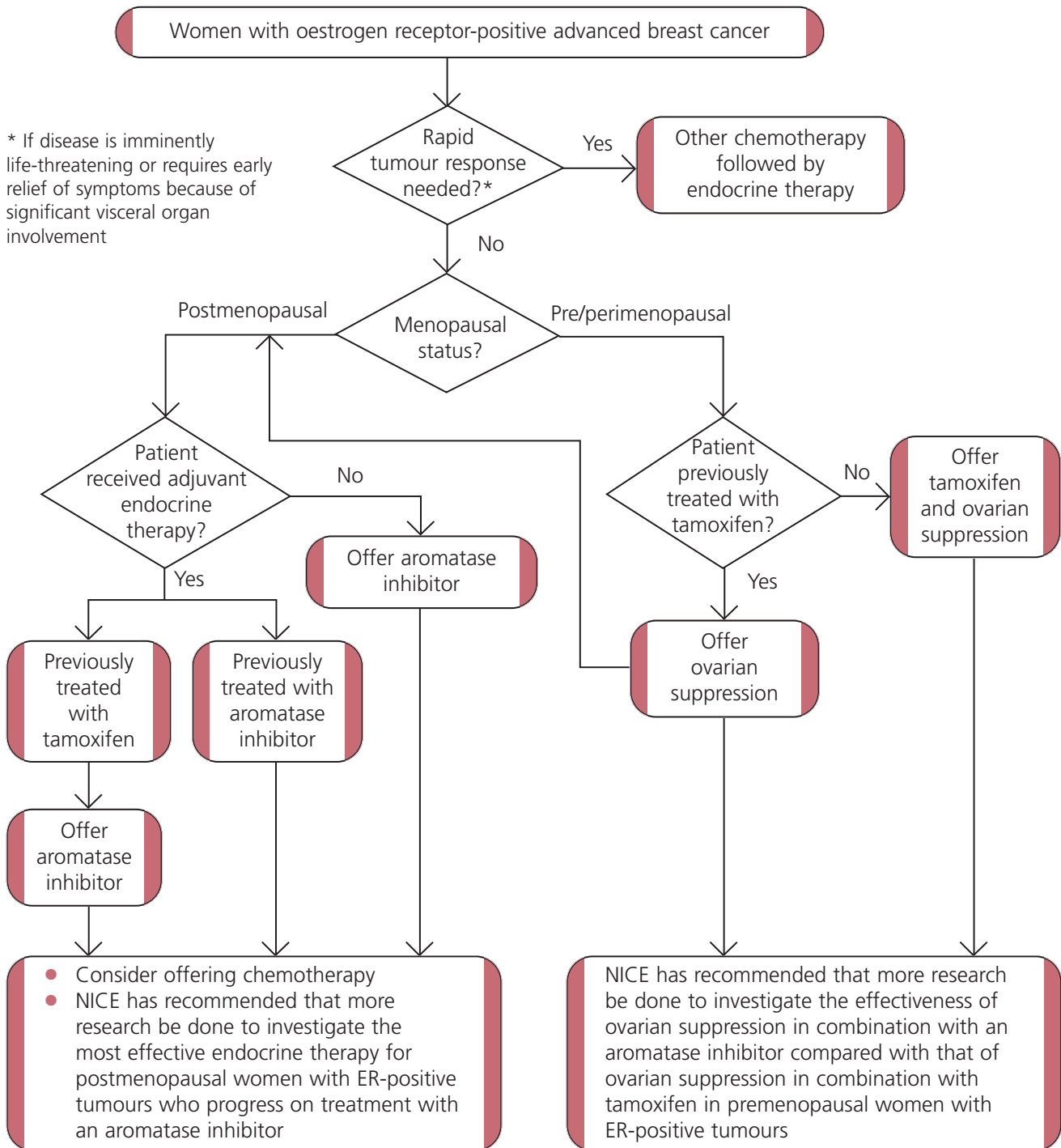
- Bone scintigraphy to monitor the response of bone metastases to treatment.
- PET-CT to monitor patients with advanced breast cancer.

Pathological assessment



Sequential systemic therapy

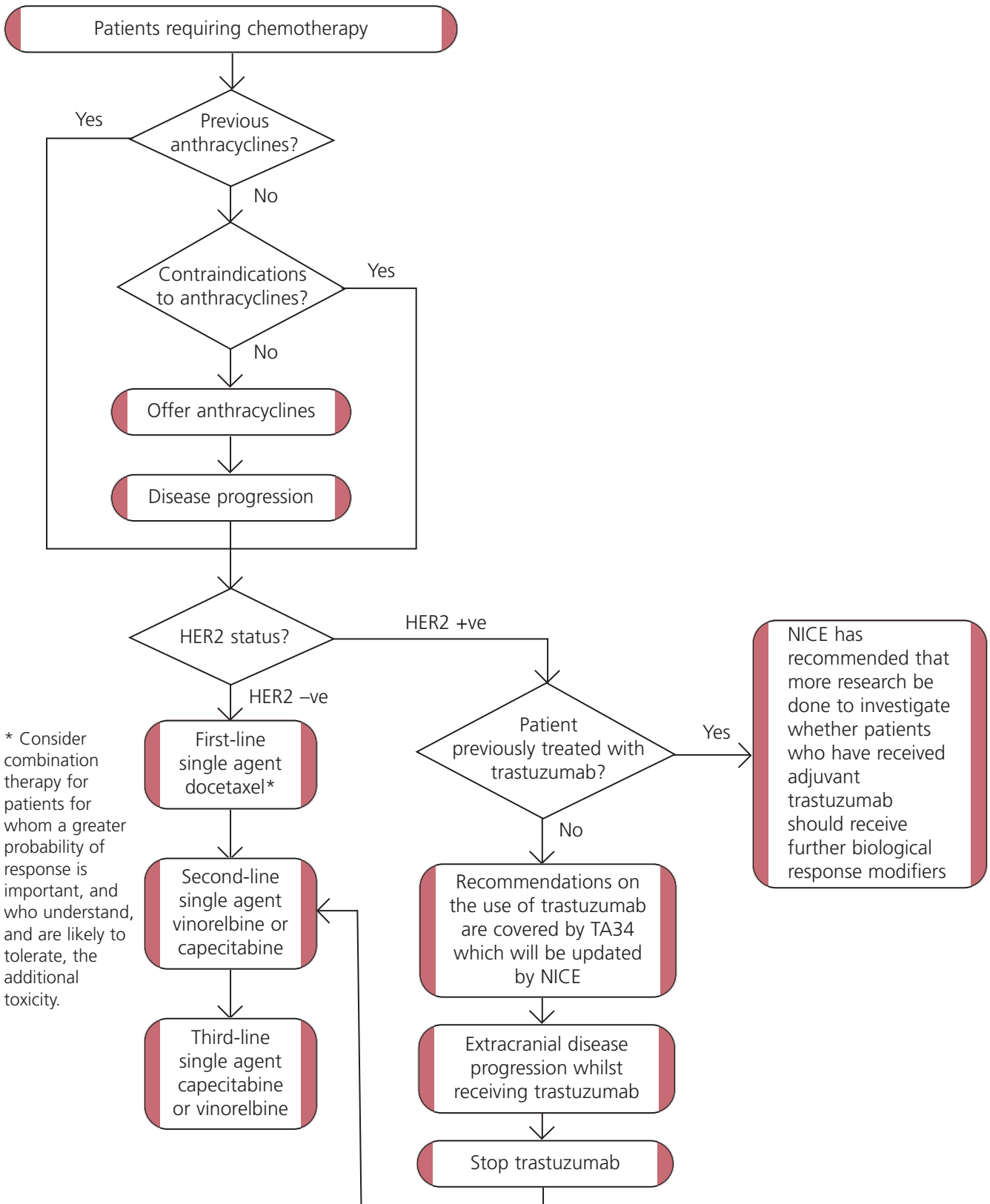
Endocrine therapy – women



Endocrine therapy – men

- Offer tamoxifen as the first-line treatment to men with oestrogen receptor-positive advanced breast cancer.

Chemotherapy and biological therapy



Information and support for decision making

- Assess the patient's preferred level and type of information. Reassess this as circumstances change.
- On the basis of the assessment, provide consistent, relevant information and clear explanations.
- Provide opportunities for patients to discuss issues and ask questions.
- Assess how much the patient wishes to be involved in decision making. Reassess this as circumstances change.
- Be aware of the range of decision aids and their value.
- Make the most appropriate decision aid available to the patient.

Supportive care

- Follow the recommendations in previous NICE guidance ('Improving outcomes in breast cancer: manual update' [2002] and 'Improving supportive and palliative care for adults with cancer' [2004]), in particular:
 - 'Assessment and discussion of patients' needs for physical, psychological, social, spiritual and financial support should be undertaken at key points (such as diagnosis; at commencement, during, and at the end of treatment; at relapse; and when death is approaching).'
 - 'Mechanisms should be developed to promote continuity of care, which might include the nomination of a person to take on the role of "key worker" for individual patients.'

Managing complications

Lymphoedema

- Identify any treatable underlying factors before starting lymphoedema therapy.
- Offer complex decongestive therapy (CDT) as the first form of management.
- Consider multi-layer lymphoedema bandaging (MLLB) for volume reduction before compression hosiery.
- Provide patients with at least two compression garments. They should be the correct class and size, and a choice of fabrics and colours should be available.
- Provide information about lymphoedema and contact details of local and national lymphoedema support groups.

Cancer-related fatigue

- If cancer-related fatigue is a significant problem, offer an assessment to identify any treatable causative factors and offer appropriate management.
- Provide information about cancer-related fatigue, organisations that offer psychosocial support and patient-led groups.
- Provide information about and timely access to an exercise programme.

Uncontrolled local disease

- A breast cancer multidisciplinary team should assess patients and discuss the therapeutic options for controlling the disease and relieving symptoms.
- A wound care team should see patients with fungating tumours to plan a dressing regimen and supervise management with the breast care team.
- A palliative care team should assess patients to plan a symptom management strategy and provide psychological support.

Bone metastases

- Consider bisphosphonates for patients newly diagnosed with bone metastases, to prevent skeletal-related events and reduce pain.
- The choice of bisphosphonate should be a local decision, taking into account patient preference and limited to preparations licensed for this indication.
- Use external beam radiotherapy in a single fraction of 8Gy to treat patients with bone metastases and pain.
- An orthopaedic surgeon should assess patients at risk of a long bone fracture, to consider prophylactic surgery.

Brain metastases

- Offer surgery followed by whole brain radiotherapy for patients with a single or small number of potentially resectable brain metastases, a good performance status and no or well-controlled other metastatic disease.
- Offer whole brain radiotherapy to patients for whom surgery is not appropriate, unless they have a very poor prognosis.
- Offer active rehabilitation to patients who have surgery and/or whole brain radiotherapy.
- Offer referral to specialist palliative care if active treatment for brain metastases would be inappropriate.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/CG81

- A quick reference guide (this document) – a summary of the recommendations for healthcare professionals.
- The NICE guideline – all the recommendations.
- ‘Understanding NICE guidance’ – information for patients and carers.
- The full guideline – all the recommendations, details of how they were developed, and reviews of the evidence they were based on.

For printed copies of the quick reference guide or ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N1794 (quick reference guide)
- N1795 (‘Understanding NICE guidance’).

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see the website (www.nice.org.uk).

Published

Early and locally advanced breast cancer: diagnosis and treatment. NICE clinical guideline 80 (2009).

Familial breast cancer: the classification and care of women at risk of familial breast cancer in primary, secondary and tertiary care (partial update of NICE clinical guideline 14). NICE clinical guideline 41 (2006).

Referral guidelines for suspected cancer. NICE clinical guideline 27 (2005).

Improving supportive and palliative care for adults with cancer. Cancer service guidance (2004).

Improving outcomes in breast cancer – manual update. Cancer service guidance (2002).

Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women (update of technology appraisal guidance 87) NICE technology appraisal guidance 161 (2008).

Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women. NICE technology appraisal guidance 160 (2008).

Gemcitabine for the treatment of metastatic breast cancer. NICE technology appraisal guidance 116 (2007).

Guidance on the use of trastuzumab for the treatment of advanced breast cancer. NICE technology appraisal guidance 34 (2002).

Under development

Osteoporosis: assessment of fracture risk and the prevention of osteoporotic fractures in individuals at high risk. NICE clinical guideline (publication date to be confirmed).

Updating the guideline

This guideline will be updated as needed, and information about the progress of any update will be posted on the NICE website (www.nice.org.uk/CG81).

Implementation tools

NICE has developed tools to help organisations implement this guidance (listed below). These are available on our website (www.nice.org.uk/CG81).

- Slides highlighting key messages for local discussion.
- Audit support for monitoring local practice.
- Costing tools:
 - costing report to estimate the national savings and costs associated with implementation
 - costing template to estimate the local costs and savings involved.

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