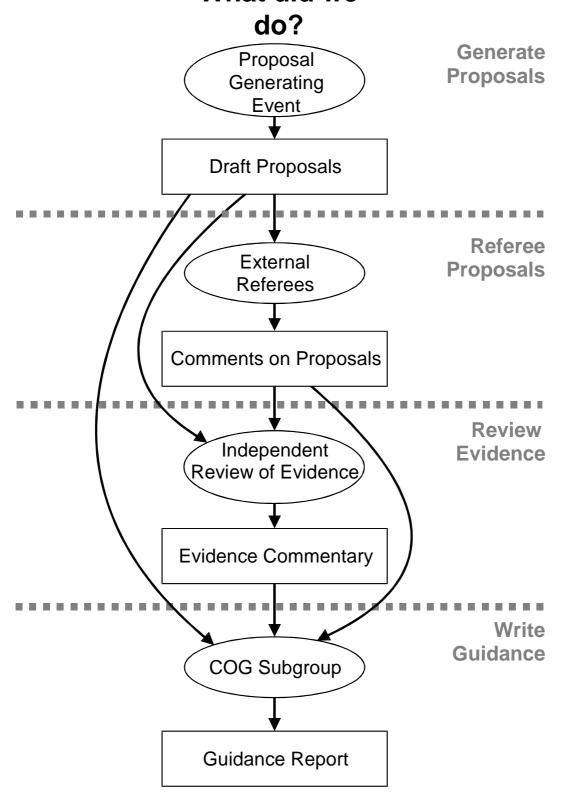
CANCER GUIDANCE METHODOLOGY What did we



It is important that the methodology used for the production of this, and ensuing, guidance documents is explicit. Both the process and the identities of those involved (lists in appendix II), need to be open to scrutiny. The methodology, which was developed specifically for this work, is summarised in the figure which identifies the four main stages. The process is sequential with each of the first three stages contributing a body of material from which the final document is then drawn. A particular feature is the openness of the process to external views allowing proposals to be challenged and fresh evidence introduced.

The initial stage is a residential event at which people from a range of disciplines and organisations identify what they believe to be the most important attributes of a breast (or other site of cancer) service necessary to deliver good outcomes. These are set out in a common format and constitute a set of 'proposals'. Each proposal includes key elements such as the evidence on which it is based, implications for the NHS, and relationships to outcome.

These proposals are then subject to 'refereeing', involving a spectrum of clinical opinion, those likely to use the eventual guidance, and organisations representing the concerns of cancer patients. The comments of referees are collated for use in committee, but the full comments, together with the original proposals, go into the evidence review stage.

Evidence reviews are commissioned through the NHS Centre for Reviews and Dissemination at York University and separately funded by the Research and Development Directorate. The task of the reviewers is to prepare a systematic assessment of the nature and strength of the evidence underlying the proposals and arising from comments by referees. This work is summarised in the supporting Evidence document to this manual and in the August 1996 Effective Health Care bulletin.

The synthesis of the three strands of work into a coherent report is overseen by the whole Cancer Guidance Subcommittee, most of whom are not involved in the earlier stages of any one site-specific report. The shaping of the document is assisted by feedback from Purchasers on issues of style and content. Draft reports are submitted to the full Clinical Outcomes Group for comment and approval.

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- 2. Members of the proposal generating group
- 3. People/organisations invited to comment on original proposals
- 4. Researchers carrying out literature reviews
- 5. Members of purchaser focus groups

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Glossary of Terms

Adjuvant chemotherapy/hormone therapy

The use of either chemotherapy or hormone therapy after initial treatment by surgery or radiotherapy. The aim of adjuvant therapy is to destroy any cancer that has spread.

Axilla

The armpit.

Axillary clearance/dissection

Surgery to remove fat and lymph nodes from the armpit. It can be done either at the same time as a mastectomy or as a separate operation, and it can be partial or complete.

BCS

See breast conserving surgery

Biopsy

Removal of a sample of tissue or cells from the body to assist in diagnosis of a disease.

Breast conserving surgery (BCS)

Surgery in which the cancer is removed, together with a margin of normal breast tissue. The whole breast is not removed.

Breast reconstruction

The formation of a breast shape after a total mastectomy, using a synthetic implant or tissue from the woman's body.

Chemotherapy

The use of medications (drugs) that are toxic to cancer cells. These drugs kill the cells, or prevent or slow their growth.

Clinical Oncologist

A cancer specialist who is trained in the use of radiotherapy, and who may also use chemotherapy and hormone therapy.

CMF

The combination of cyclophosphamide, methotrexate and 5-fluorouracil.

Cvcle

Chemotherapy is usually administered at regular (normally monthly) intervals. A cycle is a course of chemotherapy followed by a period in which the body recovers.

Cytology

Examination of cells, usually obtained by fine needle aspiration (FNA)

Ductal carcinoma in situ (DCIS)

A malignant tumour which has not yet become invasive but is confined to the layer of cells from which it arose. A form of pre-invasive cancer.

Fine needle aspiration (FNA)

The sampling of cells from breast tissue for examination by a pathologist.

Fraction

Radiotherapy is usually given over several weeks. The dose delivered each day is known as a fraction.

Halstead mastectomy

Total mastectomy with removal of underlying muscles of chest wall and complete clearance of axillary lymph nodes. This operation is now considered obsolete.

Histological grade

The degree of similarity of the cancer cells to normal cells. A grade 1 carcinoma is well differentiated and is associated with a good prognosis. A grade 2 carcinoma is moderately differentiated and is associated with an intermediate prognosis. A grade 3 carcinoma is poorly differentiated and is associated with a poor prognosis. Grade is assessed by a pathologist.

Histology

An examination of the cellular characteristics of a tissue.

Hormone therapy

The use of drugs, or hormones which specifically inhibit the growth of hormone responsive cancer cells.

Immediate reconstruction

The reconstruction of the breast at the time of mastectomy.

Immunotherapy

The use of interventions intended to stimulate the immune system.

Local recurrence

Return of the cancer in the affected breast.

Lumpectomy

Surgical removal of a lump from the breast. See wide local excision.

Lymphnode

A small collection of tissue along the lymphatic system which acts as a filter. White cells and cancer cells, in particular, collect in lymph nodes. They are found in the neck, the armpit, the groin and many other places. Lymph nodes are also known as glands.

Lymphnodema

Swelling in the arm or breast because of a collection of lymphatic fluid.

Mammogram

A soft tissue X-ray of the breast which may be used to evaluate a lump or which may be used as a screening test in women with no signs or symptoms of breast cancer.

Mammography

The process of taking a mammogram.

Margins of resection: surgical margin

The edge of the tissue removed. See wide local excision.

Mastectomy

Surgical removal of the breast. May be total (all of the breast) or partial.

Medical oncologist

A cancer specialist with special expertise in the use of chemotherapy and hormone therapy.

Meta-analysis

A statistical technique used to pool the results from research on a particular issue.

Metastasis

The spread of a cancer from the primary site to somewhere else via the bloodstream or the lymphatic system.

Metastatic cancer

Cancer which has spread to a site distant from the original site.

Necrosis

The death of an individual cell or groups of cells in living tissue.

Nodal status

The presence or absence of cancer in the lymph nodes of the armpit. A women with cancer in one or more nodes is node positive, or node +ve. A woman with no cancer in her nodes is node negative, or node -ve.

Oestrogen receptor(ER)

A protein on breast cancer cells that binds oestrogens. It indicates that the tumour may respond to hormonal therapies. Tumours rich in oestrogen receptors have a better prognosis than those which are not.

Oncologist

A doctor who specialises in treating cancer.

Oncology

The study of the biology and physical and chemical features of cancers. Also the study of the cause and treatment of cancers.

Ovarian ablation

Treatment which destroys ovarian function.

Palliation

The alleviation of symptoms due to the underlying cancer, without prospect of cure.

Polychemotherapy

The use of more than one drug to kill cancer cells. The most frequently used regime in breast cancer is the combination of cyclophosphamide, methotrexate and 5-fluorouracil (CMF).

Primary breast tumour

Tumour arising in the breast.

Protocol

A well defined program of treatment.

Quality of life

The individual's overall appraisal of her situation and subjective sense of well-being.

Radiotherapy

The use of radiation, usually X-rays or gamma rays, to kill tumour cells.

Reconstruction

See breast reconstruction.

Recurrence/disease free survival

The time from the primary treatment of the breast cancer to the first evidence of cancer recurrence.

Staging

Refers to the allocation of categories (0, I, II, III, IV) to groupings of tumours defined by internationally agreed criteria. Staging helps determine treatment and indicates prognosis.

Subcutaneous fibrosis

Thickening of tissue under the skin.

Surgical biopsy

Surgery performed under local or general anaesthetic in which a sample of breast tissue is removed so it can be examined by a pathologist.

Systemic

Involving the whole body.

Triple assessment

The use of three separate procedures (clinical examination, mammography, and needle biopsy - usually fine needle aspiration) in the diagnosis of primary breast cancer. When all three tests give the same result, the diagnosis is almost always correct.

Ultrasound

The use of sound waves to form a picture of internal tissues.

Vascular infiltration

Invasion of veins or lymphatic vessels by carcinoma cells, indicating a propensity for distant spread.

Wide local excision

The complete removal of a tumour with a surrounding margin of normal breast tissue. Also known as breast conserving surgery.

Acknowledgement

This information in this glossary is mainly derived from the Australian National Health and Medical Research Council Clinical Practice Guidelines: The Management of Early Breast Cancer and A Consumer's Guide: Early Breast Cancer (Canberra: Australian Government Publishing Service, 1995). Some entries have been added and others edited for inclusion in this document.