Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive. All NICE guidance is subject to regular review and may be updated or withdrawn.

Copyright

© National Institute for Health and Care Excellence, 2018. All rights reserved. Subject to Notice of Rights.
Contents
Pathway algorithm .................................................................................................................. 5
1. **Pathway algorithm**

![Pathway algorithm diagram]

---

Key:
- Include repeat core biopsy/open biopsy/MRI etc.
- * Could include breast conservation, mastectomy & axillary staging (sentinel lymph node biopsy or clearance)
- Δ For early or smaller patients, surgery may not be appropriate. For locally advanced but non metastatic, primary systemic therapy precedes therapeutic surgery in order to reduce size of tumour.
- Not all patients will require staging. Quality standard 12 Breast cancer (NICE 2011).
- Following the publication of the Cancer Reform Strategy (Department of Health 2007), by December 2009 all patients presenting with breast problems referred by their GP to a specialist should be seen within two weeks, in England.
- MDT – multidisciplinary team; FNAC – fine needle aspiration cytology

---

Early and locally advanced breast cancer: diagnosis and management: Supplement 3: Pathway algorithm  DRAFT January 2018