## National Institute for Health and Care Excellence

**Draft for Consultation** 

# Early and locally advanced breast cancer: diagnosis and management

**Supplement 3: Pathway algorithm** 

NICE guideline tbc
Supplement
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These supplementary materials were developed by the National Guideline Alliance hosted by the Royal College of Obstetricians and Gynaecologists



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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.

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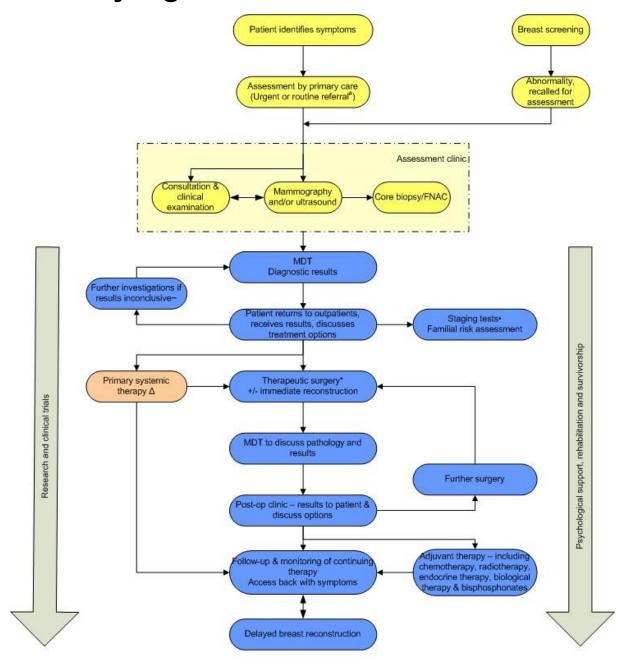
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### Pathway algorithm



Key:

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Include repeat core biopsy/open biopsy/MRI etc.

Could include breast conservation, mastectomy & axillary staging (sentinel lymph node biopsy or clearance)

Δ For elderly or unfit 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 stagling: Quality standard 12 Breast cancer (NICE 2011).

<sup>#</sup> 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