

Early and locally advanced breast cancer: diagnosis and management

Supplement 3: Pathway algorithm

NICE guideline NG101

Supplement

July 2018

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

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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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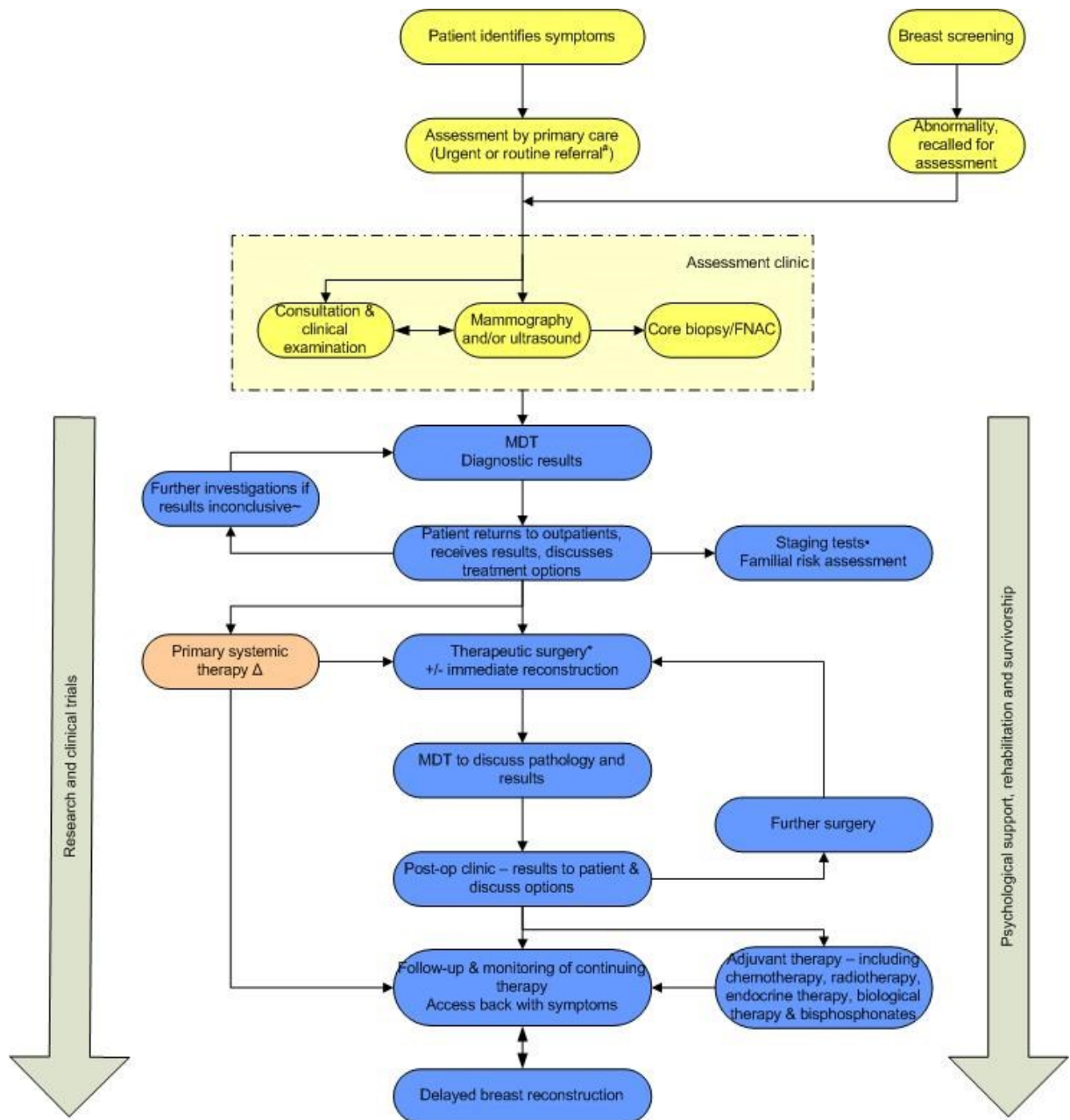
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Pathway algorithm



Key:

- ~ 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 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