

National Institute for Health and Care Excellence

Scope for guideline update (starting 2022)

Early and locally advanced breast cancer: diagnosis and management

NICE is updating its guideline on [early and locally advanced breast cancer: diagnosis and management \(NG101\)](#). The guideline was originally published in February 2009 and last updated in July 2018. It was developed as set out in the [original scope for the NICE guideline on early and locally advanced breast cancer: diagnosis and management](#).

New evidence suggests that recommendations on arm mobility may need updating. Full details are set out in May [2022 surveillance review decision](#).

The update will be developed using the methods and processes in [developing NICE guidelines: the manual](#).

1 Who the guideline update covers

The current guideline covers:

- Adults (18 and over) with newly diagnosed invasive adenocarcinoma of the breast of any size (T1–T4), with or without spread to locoregional lymph nodes (N0–N3) and with no distant metastases (M0).
- Adults (18 and over) with newly diagnosed ductal carcinoma in situ (DCIS).
- Adults (18 and over) with Paget’s disease of the breast.

The groups covered by the guideline will remain unchanged. The groups of people that are not covered in the guideline are detailed in the [2018 scope](#).

Equality considerations

[The equality impact assessment for the original guideline](#) lists equality issues identified during its development and how they have been addressed.

This update will look at equality and health inequality issues relating to protected characteristics (age, disability, gender reassignment, race, religion or belief and sex); socioeconomic status and deprivation; geographical area variation, and vulnerable groups (homeless people and people who have been subject to abuse). A new equality and health inequalities impact assessment ([EHIA](#)) has been produced which is specific to this update.

2 Activities, services or aspects of care covered by the guideline update

We will look at the evidence and consider making new recommendations or updating existing recommendations on:

- Complications of local treatment – arm mobility: recommendations 1.12.5 to 1.12.8

For all other areas of the guideline:

- There will be no evidence review.
- We will retain the existing recommendations. In some cases minor changes may be made – for example, to update links, for consistency, or bring the language and style up to date – without changing the intent of the recommendation.

3 Draft review question

We have identified the following draft review question:

What strategies are effective in reducing arm and shoulder problems after breast cancer surgery?

Draft PICO table for the review question

Population	Inclusion: Adults with early or locally advanced breast cancer (18 and over) who have undergone any of the following treatments alone or in combination:
------------	--

	<ul style="list-style-type: none"> • surgery for breast cancer alone or with: axillary clearance, sentinel lymph node biopsy, or node sampling • radiotherapy for breast cancer alone or with regional lymph node radiotherapy <p>No exclusion criteria.</p>
Interventions	<ul style="list-style-type: none"> • Prehabilitation provided to patients following their initial diagnosis to prepare and optimise them for their forthcoming surgery or radiotherapy (interventions will only be included if they contain at least one of the intervention types listed in the post-surgery or post-radiotherapy section) • Post-surgery or post-radiotherapy: <ul style="list-style-type: none"> ○ Physiotherapy aimed at maximising people’s ability to move and function ○ Exercise or rehabilitation classes for people who have undergone surgery or radiotherapy ○ Information/education about unsupervised post-surgical or post-radiotherapy arm/shoulder exercise <p>Consideration will be given to the timing of the intervention pre or post-surgery or radiotherapy and its content, delivery, duration and intensity.</p>
Comparison	<ul style="list-style-type: none"> • All interventions and combination of interventions compared to each other • No intervention
Outcomes	<p>Data will be collected for all primary and secondary outcomes at the following time points:</p> <p>Short term: <=6 months Medium term: >6 to <=12 Long term: >12</p> <p>Primary outcomes</p> <ul style="list-style-type: none"> • Upper limb function: <ul style="list-style-type: none"> ○ Disabilities of the Arm, Shoulder and Hand scale (DASH; activity limitations domain will be presented separately where reported) ○ Range of movement (ROM), for example: shoulder flexion and abduction • Upper limb muscle strength • Pain (validated scales for example: numerical rating scale [NRS])

	<ul style="list-style-type: none"> • Incidence of lymphoedema • Quality of life (EQ-5D, FACT-B+4, EORTC-QoL-C30) • Resource use and cost <p>Secondary outcome:</p> <ul style="list-style-type: none"> • Patient adherence
--	--

4 Economic aspects

We will take economic aspects into account when making recommendations. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services perspective, as appropriate.

5 NICE guidance and quality standards that may be affected by this guideline update

- [Breast cancer \(2011\)](#) NICE quality standard QS12

6 Further information

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](#).

The guideline update is expected to be published in March 2023.

To follow the progress of the update, see the [guideline in development page](#).

Our website has information about [how NICE guidelines are developed](#).

© NICE 2022. All rights reserved. Subject to [Notice of rights](#).