

## 7.2 BREAST CANCER

### Introduction

Every year in Northern Ireland around 1,089 women are diagnosed with breast cancer. Half of these women are under 62 years at diagnosis. Survival from breast cancer is relatively good - there were over 8,000 women alive in Northern Ireland with the diagnosis of breast cancer between 1993 and 2005. Each year on average 305 women die from breast cancer.

### Risk Factors<sup>1</sup>

- The strongest risk factor for breast cancer is age. The older a woman, the greater her chances of getting the disease.
- The more children a woman has, the lower her risk of breast cancer. Being younger when having children also decreases risk.
- The longer a woman breastfeeds her children, the lower her risk of breast cancer.
- Starting periods at a younger age or having a late menopause increases the risk.
- Taking the contraceptive pill may cause a small increase in risk, but risk returns to normal after stopping it.
- The risk of breast cancer is likely to increase the longer a woman takes hormone replacement therapy (HRT).
- Being overweight after the menopause slightly increases a woman's risk of breast cancer, as body fat affects hormone levels.
- Research suggests that regularly drinking large amounts of alcohol slightly increases risk.
- Risk is greater if a close relative had breast cancer before the age of 50, or if two close relatives of any age have been affected.
- If a woman has had benign (non-cancerous) breast lumps in the past then she may have a slightly increased risk of breast cancer.

One in five patients with breast cancer in Northern Ireland had a history of benign (or non-cancerous) disease of the breast. One in seven had a positive family history of breast cancer. 65% of women present with a breast lump with other symptoms such as breast pain 16% and nipple discharge 13% less common.

There is a breast cancer screening programme for women aged over 50 years.

***Other relevant standards*** - lymphoedema

**Overarching standard 29:**

All patients with suspected breast cancer should be seen at a *triple assessment clinic* at their first outpatient appointment.

**Rationale:**

Having triple assessment at the first hospital visit reduces the need for additional hospital visits. It may also reduce the need for *invasive diagnostic tests*.

**Evidence:**

National Institute for Health and Clinical Excellence (NICE) (2002) Improving outcomes in Breast Cancer <http://guidance.nice.org.uk/CSGBC>

Department of Health (2004) Manual for Cancer Services

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4090081](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090081)

National Institute for Health and Clinical Excellence (NICE) (2004) Referral Guidelines for Suspected Cancer <http://www.nice.org.uk/CG027>

NHS Quality Improvement Scotland (2008) Clinical Standards: Management of breast cancer service

[http://www.nhshealthquality.org/nhsqis/files/Clinical%20standards%20for%20breast%20cancer%20services%20-%20new%20edition\(July%202008\).pdf](http://www.nhshealthquality.org/nhsqis/files/Clinical%20standards%20for%20breast%20cancer%20services%20-%20new%20edition(July%202008).pdf)

Scottish Intercollegiate Guidelines Network (SIGN) (2005). Management of Breast Cancer in Women <http://sign.ac.uk/pdf/sign84.pdf>

NHS Breast Screening programme

<http://www.cancerscreening.nhs.uk/breastscreen>

**Responsibility for delivery / implementation**

HSC Board

Public Health Agency

HSC Trusts

Multidisciplinary teams

**Quality Dimension****Safe, Effective, Timely and Patient Centred**

Triple assessment reduces the risk of cancers being missed, particularly in younger women. It also reduces the need for open *biopsy*, preventing unnecessary surgery. Triple assessment means that all diagnostic tests are available in one place on one day. This reduces patient anxiety and stress and means fewer delays.

<b>Performance Indicator</b>	<b>Data source</b>	<b>Anticipated Performance Level</b>	<b>Date to be achieved by</b>
Percentage of patients with suspected breast cancer assessed at a triple assessment clinic	Minimum dataset for breast cancer services	95%	March 2011

**NOTE: Performance indicators and targets will be reviewed and adjusted as necessary, in the light of the current Budget settlement for 2011/12 to 2013/14.**

**Overarching standard 30:**

All patients with breast cancer should have access to the full range of evidence based treatment options in order to give them the best outcome.

**Rationale:**

Patients with breast cancer have improved outcomes if they have access to a range of treatment options appropriate to their needs. These treatment options should include access to appropriate surgery (*axillary surgery; sentinel node biopsy; conservation surgery and breast reconstruction following mastectomy*) and appropriate *adjuvant therapy (radiotherapy, hormone therapy, chemotherapy and therapy using biological agents)*.

**Evidence:**

National Institute for Health and Clinical Excellence (NICE) (2002) Improving outcomes in Breast Cancer <http://guidance.nice.org.uk/CSGBC>

NHS Quality Improvement Scotland (2008) Clinical Standards: Management of breast cancer services

[http://www.nhshealthquality.org/nhsqis/files/Clinical%20standards%20for%20breast%20cancer%20services%20-%20new%20edition\(July%202008\).pdf](http://www.nhshealthquality.org/nhsqis/files/Clinical%20standards%20for%20breast%20cancer%20services%20-%20new%20edition(July%202008).pdf)

Scottish Intercollegiate Guidelines Network (SIGN) (2005) Management of Breast Cancer In Women <http://www.sign.ac.uk/pdf/sign84.pdf>

Department of Health (2007) Cancer Reform Strategy

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081006](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081006)

**Responsibility for delivery / implementation**

HSC Board  
Public Health Agency  
HSC Trusts  
Multidisciplinary teams

**Quality Dimension****Effective & Patient Centred**

Access to evidence based treatment options improves patients' outcomes and reduces the risk of the cancer coming back.

<b>Performance Indicator</b>	<b>Data source</b>	<b>Anticipated Performance Level</b>	<b>Date to be achieved by</b>
Percentage of patients undergoing <i>breast conserving surgery</i>	Clinical Minimum Data Set	60%	March 2011
Percentage of patients undergoing <i>sentinel node assessment</i>	Clinical Minimum Data Set	25% 40%	March 2010 March 2011
Percentage of patients receiving radiotherapy post <i>breast conservation surgery</i>	Clinical Minimum Data set	Establish baseline  Performance levels to be determined once baseline is established	March 2010
Time from final surgery to first adjuvant treatment	Regional Audit	Establish baseline  Performance levels to be determined once baseline is established	March 2011
Percentage of patients with <i>invasive</i> breast cancer with ER and / or PR positive disease receiving adjuvant <i>hormone therapy</i>	Clinical Minimum Data Set	90% 95%	March 2011 March 2012

**NOTE: Performance indicators and targets will be reviewed and adjusted as necessary, in the light of the current Budget settlement for 2011/12 to 2013/14.**