

Achieving Consensus in Breast Cancer Management across Scotland

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Recovery and Redesign: An Action Plan for Cancer Services



December 2020 – March 2023

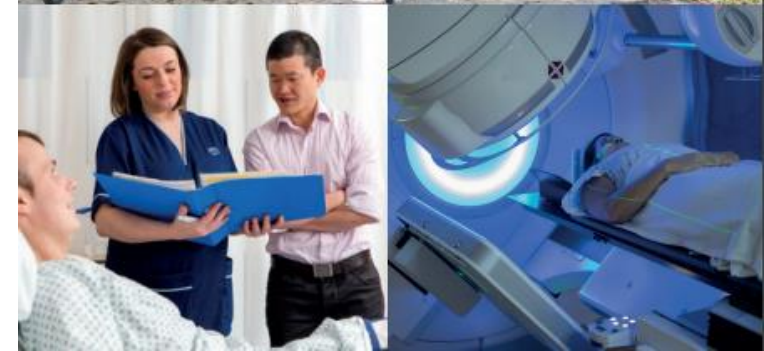
Scottish Government 2021

Mandate to create Scottish Cancer Network. Objectives:

- Develop and operate a national system for the production and review of Clinical Management Guidelines.
- Oversee and drive improvement of existing National Managed Clinical Networks

**Cancer Plan 2023
SCN Endorsement**

Cancer Action Plan for Scotland 2023-2026



Guidelines: Evidence, Consensus and Audit

SIGN guidelines (NATIONAL)

Robust evidence based
process.

Gold standard graded
recommendations

Resource intensive +++

Primary breast cancer
2013, Mets 2004
Out of date +++

Quality Performance Indicators (NATIONAL)

Consensus Process

Standards for only new
patients/treatment paths

Used for annual audit
and performance
assessment

Updated every 3y
ongoing 2022

CMGs (REGIONAL)

NCA public access
Regional consensus

SCAN not public
Oncology quality system

WOSCAN not public
Intranet

Different content, format,
detail and updates across
3 regions.



Clinical Management Pathways

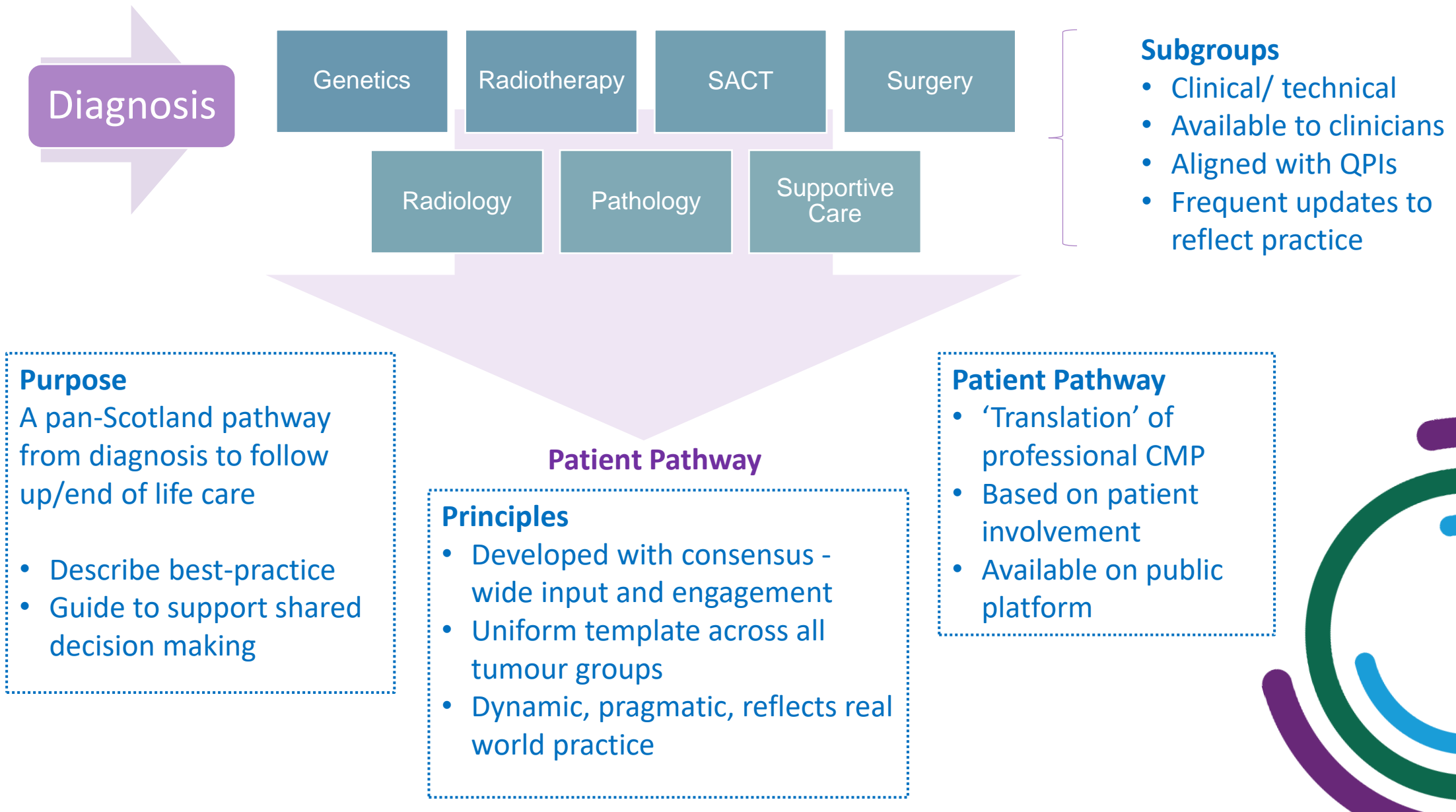
What CMPs aim to be

- Description of the best practice
- Clinical consensus
- Represent Once for Scotland approach
- Designed for healthcare professionals

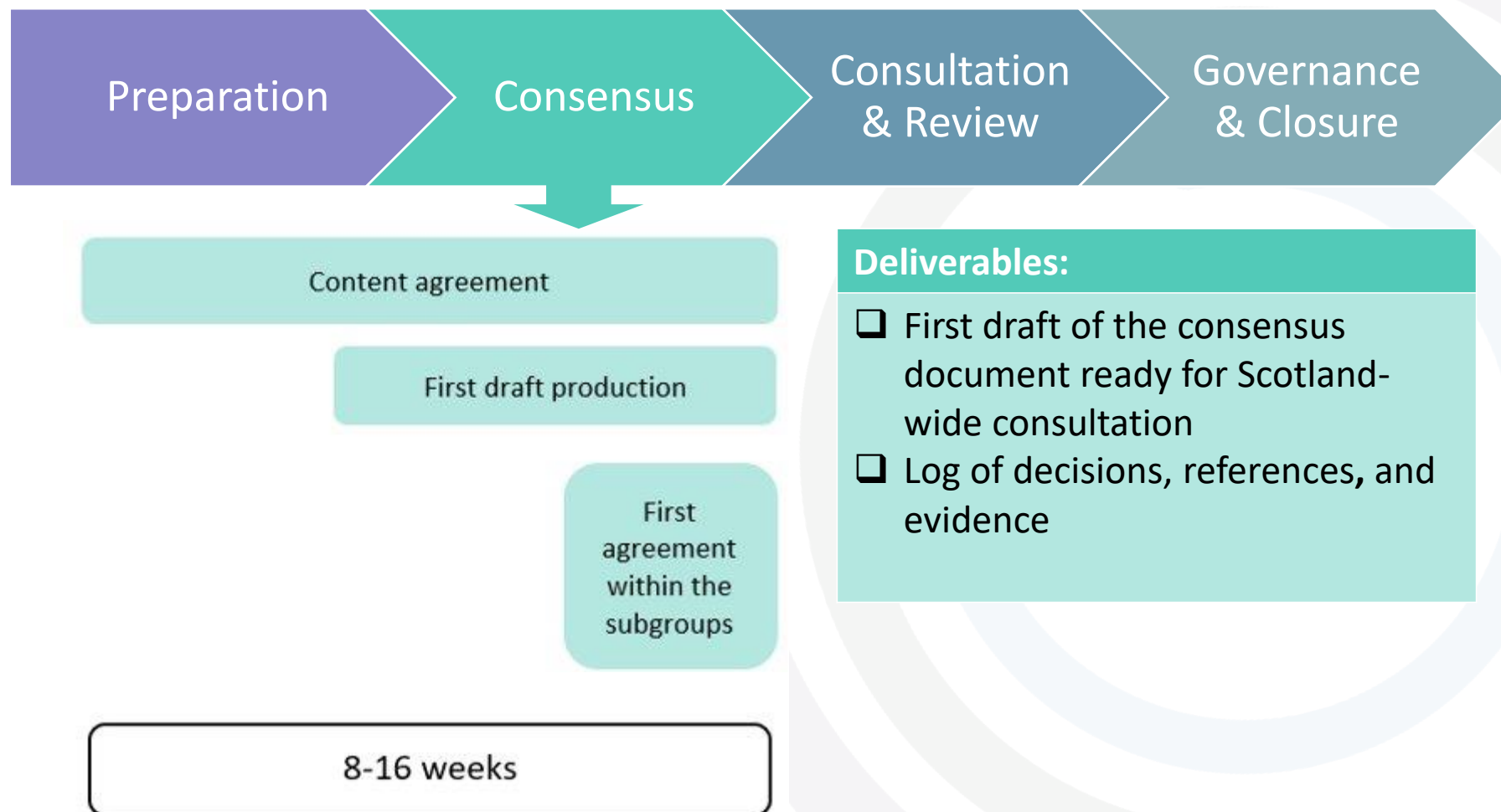
What CMPs are NOT

- Mandate
- Replacement for clinical decision-making process
- Documents restricted by capacity constraints
- Documents aimed at patients



Breast Cancer Clinical Management Pathway



Consensus – How?



Achieving Consensus on Breast Cancer Radiotherapy across Scotland

		Aberdeen	Edinburgh	Glasgow	Inverness
Chest Wall	Consensus 	Radiotherapy can be recommended to patients with a score of ≥ 3 . (Addenbrooke's Hospital System)**	T3/T4 ≥ 4 nodes in ANC Involved margins 1-3 nodes in ANC with one or more other high risk feature: grade 3, LVI positive, ER negative, HER2 positive	T3/T4 Inadequate margin ($< 1\text{mm}$) Axillary LN involvement (<i>?any number</i>) Residual disease post surgery (<i>?is this different to inadequate margin</i>) Initially inoperable or locally advanced tumour treated with NAC	T3/4 4 or more nodes positive +ve margins Consider PMRT for close/positive margins, age ≤ 40 years, 2 or 3 axillary macro metastases, LVI +, Grade 3, ER – Her2 +, or Triple negative breast cancer
	Discussion Point 	Agreement on T3/T4, 4 or more nodes in ANC, positive margins Need discussion re 1-3 nodes			

Which patients benefit from 'dose-dense' chemotherapy ?

Achieving national Consensus

- Dose-dense approach varied across Scotland before CMP
- Initial meta-analysis had participants treated 1985-2011 so, targeted therapies were not routinely used.
- Data from two trials indicated that quality of life was worse during treatment with dose-intensive therapy
- Few women (<2%) included in the relevant trials were aged 70 or older.
- Debates on relative benefits in Scottish population versus risks of toxicity

- SCN invited HIS to undertake full evidence review of topic

Recommendations

- **Dose-dense is the recommended default for adjuvant chemotherapy in high-risk early breast cancer.**
- Treatment decisions should be based on shared decision making following assessment of risk of recurrence and taking account of patient fitness, co-morbidities and individual preferences.
- CMOP collaboration to follow on.



Healthcare
Improvement
Scotland

SHTG
Advice on health
technologies

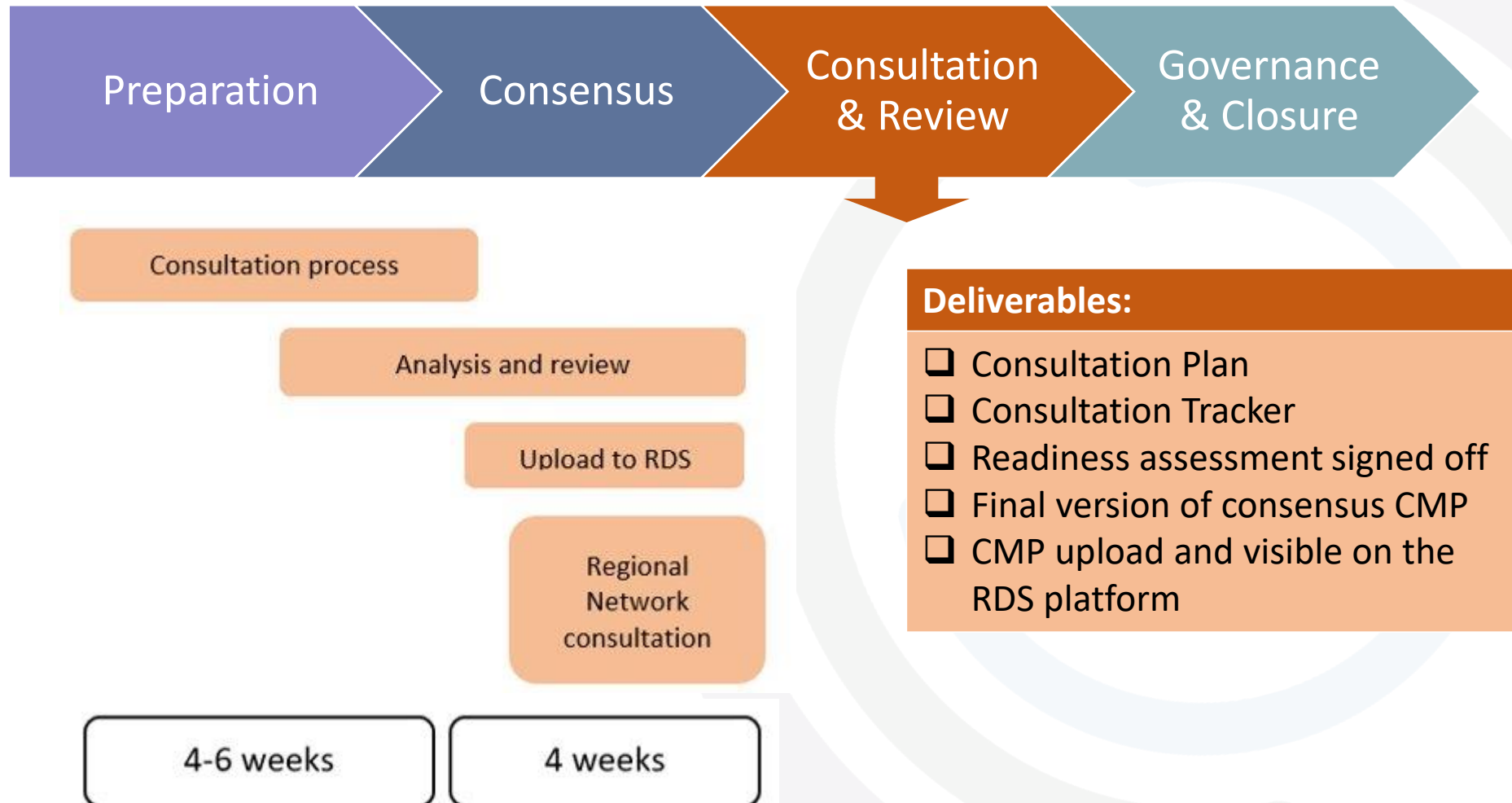
SHTG Recommendations
October 2023

In response to an enquiry from the Scottish Cancer Network

Tumour profiling tests to guide adjuvant
chemotherapy decisions for patients with early breast
cancer

Recommendations for NHSScotland

Consultation & Review – How ?

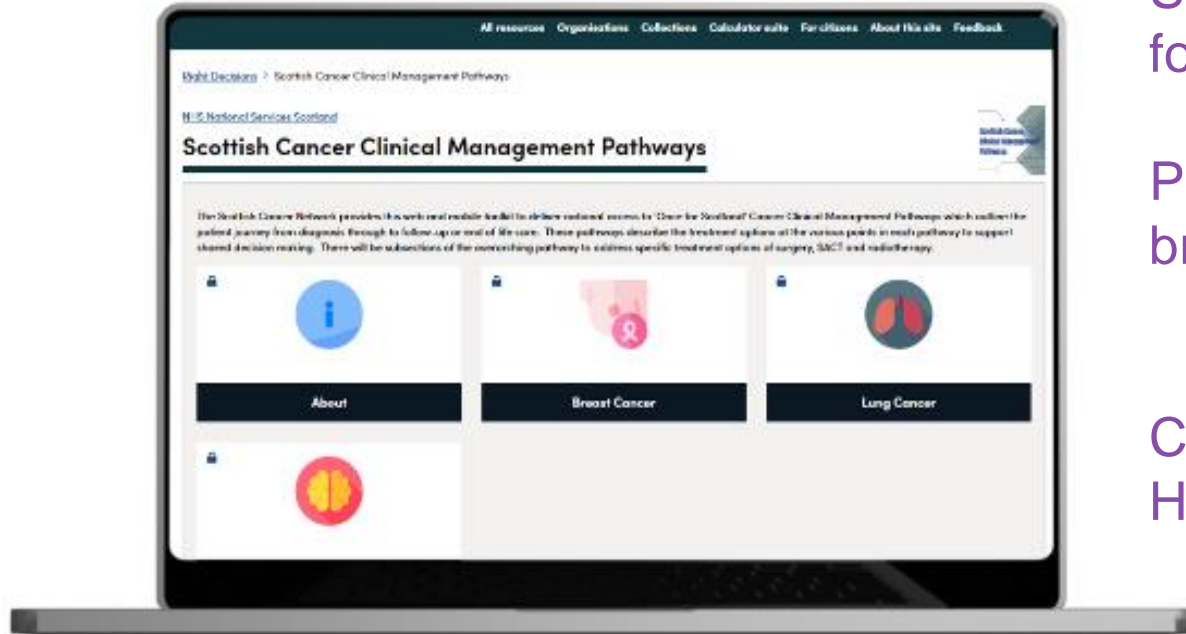
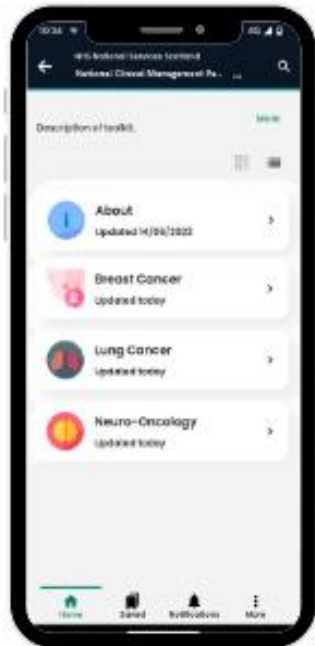


Clinical Management Pathways for Cancer

Right Decision Service (RDS)
Hosted by HIS

Live launch September 2023
Breast, Lung, Adult Neuro

Email the Scottish Cancer Network team at nss.scottishcancernetwork@nhs.scot
When your registration is confirmed, you will be sent the current password with details on how to access.



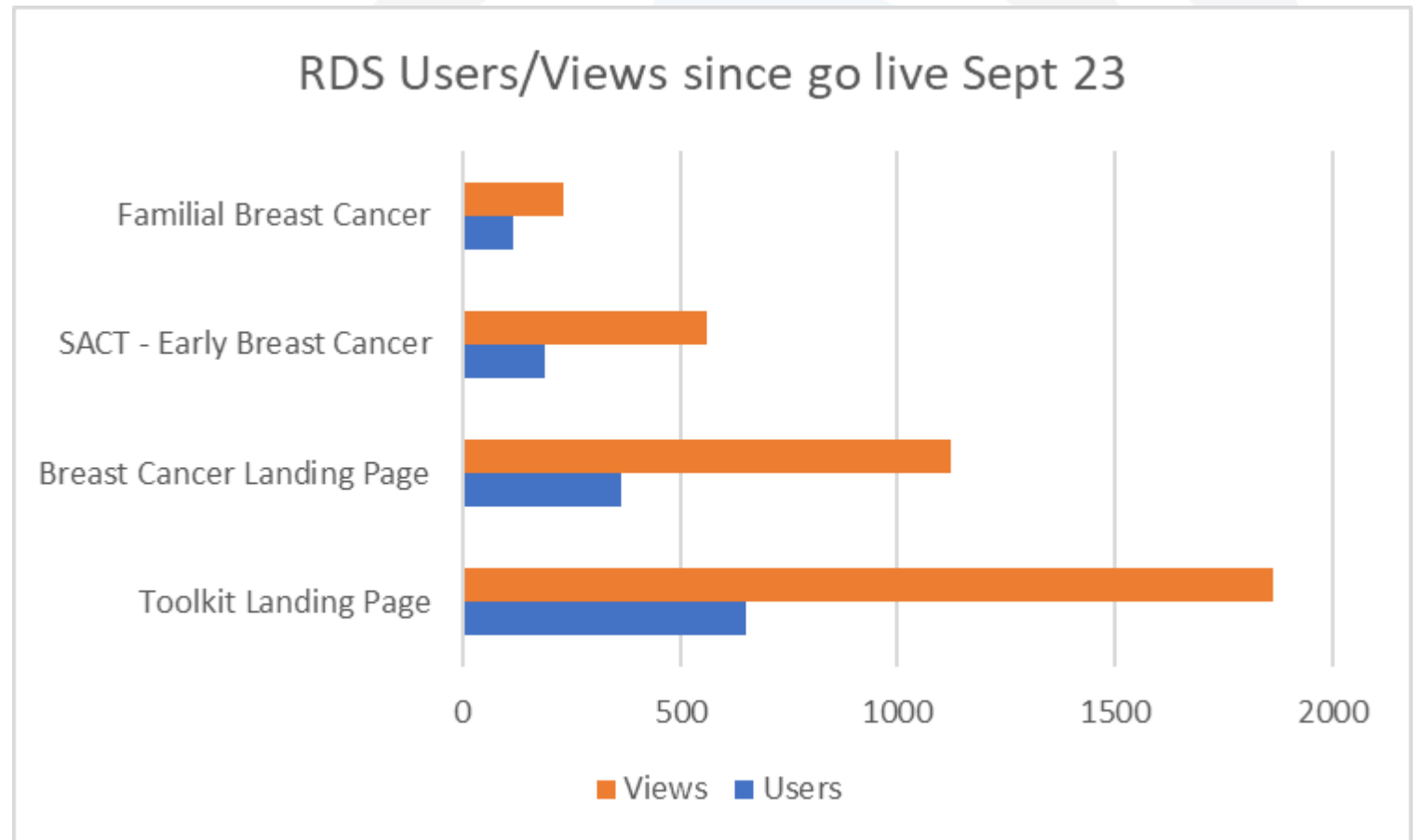
Supportive Care Guidance now out
for breast, lung and adult neuro

Patient facing website;
breast content launch in progress

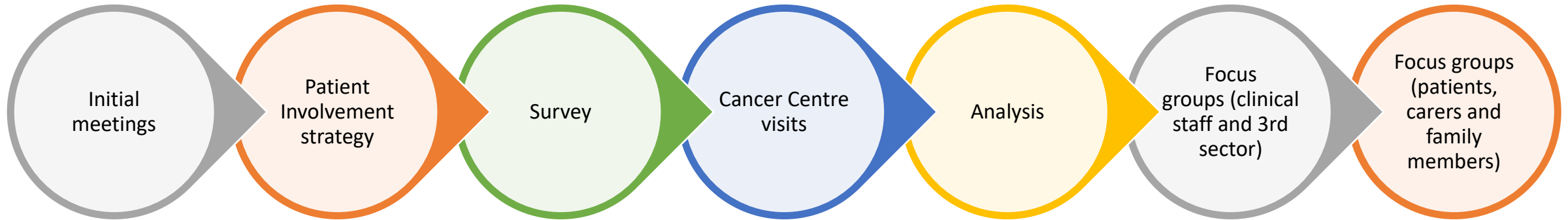
CMPs for Prostate Cancer and
Head and Neck cancer underway

RDS Analytics (as at 21/02/2023)

Operating System	Number of Users
Windows	702
iOS	34
Mac	31
Android	21



Patient involvement



Research scale

- Desk research analysing Scottish Cancer Patient Experience Survey, Care Opinions and academic resources;
- Online survey (over 100 responses);
- Online survey supported by project team attending 5 cancer centres and collating responses in person;
- Focus groups with 3rd sector and NHS Professionals (~20 attendees);
- Focus groups with patients, carers and family members of cancer patients (~50 attendees);
- Offline review (~20 reviews by NHS professionals and 3rd sector and ~ 10 by patients, carers and family members);

Linking patient and clinical content

Breast Supportive Care

Aims of supportive care

Early breast cancer pathway

Genetics

Fertility

Beyond primary treatment

Fear of recurrence

Local recurrence

Metastatic or secondary breast cancer

Psychological therapies

Palliative Care

This consensus document is not a rigid constraint on clinical considerations. It therefore remains the responsibility of the individual clinician to consider the needs and wishes of the patient. It is not intended to

Introduction

Decision making flowchart

Communication

Needs assessment

Access to symptom management

Adult-Neuro Supportive Care

General supportive care

Neuropsychology

Neurorehabilitation

URL for live patient site:

<https://www.scottishcancernetworkpatientinfo.nhs.scot>

NHS
SCOTLAND Cancer Patient
Information

Search



Home Useful Resources Cancer Pathway Cancer Specific Information Contact us

Cancer Patient Information – web under development

Signposting and tumour specific information for people with cancer, their families and carers

Useful Resources

Resources on how to look after yourself, general support and general information for carers and family

Cancer Pathway

Resources on cancer pathway from getting diagnosed onwards

Cancer specific information

Cancer type specific information and resources

To be translated into

To be presented as



[Home](#) > [Cancer specific information](#) > Breast Cancer

Breast Cancer

Please see below specific pages covering key aspects of the Breast Cancer treatment journey.

[Diagnosis and Imaging \(X-rays and Scans\)](#)

[Pathology](#)

[Surgery](#)

[Radiotherapy](#)

[Familial \(Genetics\)](#)

[Systematic Anti-Cancer Therapy \(SACT\)](#)

Cancer specific information

[Breast Cancer](#)

- [Diagnosis and Imaging \(X-Rays and Scans\)](#)
- [Familial \(Genetics\)](#)
- [Radiotherapy](#)
- [Surgery](#)
- [Pathology](#)
- [Systematic Anti Cancer Therapy \(SACT\)](#)
- [Useful Resources](#)

[Lung Cancer](#)

[Adult Brain Cancer](#)

Updates and Medicines Governance

- Continuing progress of CMPs to describe full treatment pathway for other tumours
- 3 yearly updates with editorial team overseeing interim changes
- Consensus driven approach to SACT with phased move from CMGs to CMPs
- Local CEPAS infrastructure, SACT protocols and formulary processes remain until national processes enable streamlining
- Collaboration with ongoing national reviews of medicines governance, and regional implementation and capacity

Implementation of Clinical Management Pathways

Consistent consensus based practice across Scotland

Reduced duplication of effort and professional time

Programme support for dynamic changes and updates

HIS supported evidence reviews

Scope to reduce capacity and financial challenges / Realistic medicine

NOT a mandate for immediate implementation but supports planning

Guidance positioned nationally alongside SIGN

Benefits of a National Process

For Patients

- Standardised care
- Promoting equity of access

For Clinicians

- Assistance with complex pathways
- Reassurance that care is comparable to other sites

For Scotland

- Dynamic new resource
- Cooperation and communication between networks

With huge thanks to all the
patients and professionals who
have collaborated to make the
CMPs happen.

