

Advanced breast cancer overview

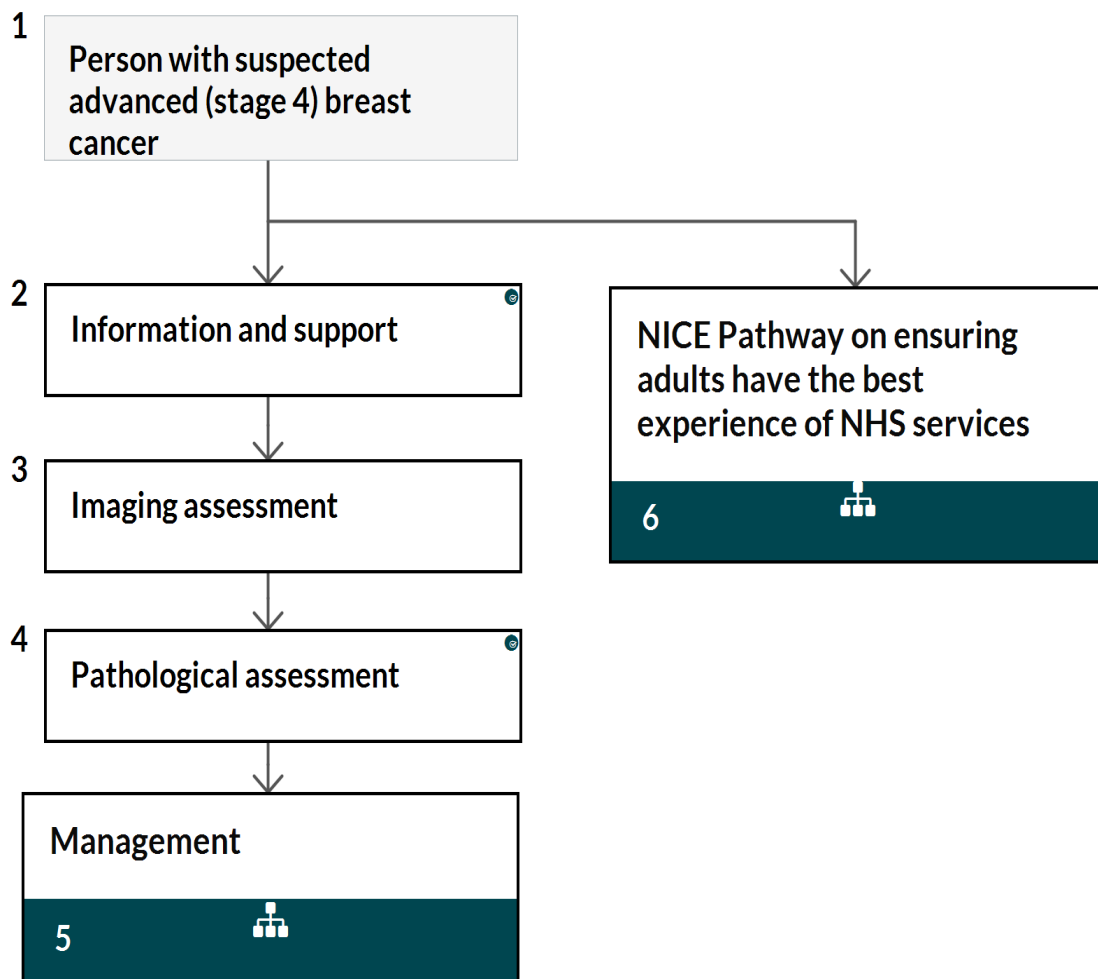
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/advanced-breast-cancer>

NICE Pathway last updated: 07 October 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with suspected advanced (stage 4) breast cancer

No additional information

2 Information and support

Assess the patient's individual preference for the level and type of information. Reassess this as circumstances change.

On the basis of this assessment, offer patients consistent, relevant information and clear explanations, and provide opportunities for patients to discuss issues and ask questions.

Assess the patient's individual preference for how much they wish to be involved in decision making. Reassess this as circumstances change.

Be aware of the value of decision aids and the range available. Make the most appropriate decision aid available to the patient.

NICE has written [information for the public on advanced breast cancer](#).

Healthcare professionals involved in the care of patients with advanced breast cancer should ensure that the organisation and provision of supportive care services comply with the recommendations made in [NICE cancer service guidelines on improving outcomes in breast cancer: manual update](#) and [improving supportive and palliative care for adults with cancer](#), in particular the following two recommendations:

- Assessment and discussion of patients' needs for physical, psychological, social, spiritual and financial support should be undertaken at key points (such as diagnosis; at commencement, during, and at the end of treatment; at relapse; and when death is approaching).
- Mechanisms should be developed to promote continuity of care, which might include the nomination of a person to take on the role of 'key worker' for individual patients.

See also [the NICE Pathway on end of life care for people with life-limiting conditions](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Timely diagnosis
6. Key worker

3 Imaging assessment

Assess the presence and extent of visceral metastases using a combination of plain radiography, ultrasound, CT scans and MRI.

Assess the presence and extent of metastases in the bones of the axial skeleton using bone windows on a CT scan or MRI or bone scintigraphy.

Assess proximal limb bones for the risk of pathological fracture in patients with evidence of bone metastases elsewhere, using bone scintigraphy and/or plain radiography.

Use MRI to assess bony metastases if other imaging is equivocal for metastatic disease or if more information is needed (for example, if there are lytic metastases encroaching on the spinal canal).

PET-CT should only be used to make a new diagnosis of metastases for patients with breast cancer whose imaging is suspicious but not diagnostic of metastatic disease.

Do not use PET-CT to monitor advanced breast cancer.

SonoVue for contrast-enhanced ultrasound imaging of the liver

The following recommendation is from [NICE diagnostics guidance on SonoVue \(sulphur hexafluoride microbubbles\) – contrast agent for contrast-enhanced ultrasound imaging of the liver](#).

Contrast-enhanced ultrasound with SonoVue is recommended for investigating potential liver metastases in adults:

- if contrast-enhanced CT is not clinically appropriate, is not accessible or is not acceptable to the person, and
- in whom an unenhanced ultrasound scan is unsatisfactory and contrast is needed for further diagnosis.

4 Pathological assessment

On recurrence, consider reassessing ER and HER2 status if a change in receptor status will lead to a change in management.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. ER and HER2 receptor status

5 Management

[See Advanced breast cancer / Managing advanced breast cancer](#)

6 NICE Pathway on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Glossary

ER

(oestrogen receptor)

HER2

(human epidermal growth factor receptor 2)

PET-CT

(positron emission tomography fused with computed tomography)

Sources

[Advanced breast cancer: diagnosis and treatment](#) (2009 updated 2017) NICE guideline CG81

[Improving supportive and palliative care for adults with cancer](#) (2004) NICE guideline CSG4

[Improving outcomes in breast cancer](#) (2002) NICE guideline CSG1

[SonoVue \(sulphur hexafluoride microbubbles\) – contrast agent for contrast-enhanced ultrasound imaging of the liver](#) (2012) NICE diagnostics guidance 5

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services 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 complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do 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.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so 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.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.