

# Breast Cancer

## A High Level Operational Policy

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## 1.0 Introduction and background

The purpose of this document is to provide the Kent & Medway Cancer Alliance Delivery Board, Trusts, Clinical Commissioning Group (CCG) and all Clinicians engaged in the management of Breast Cancers with an overview of the minimum requirements to be addressed in order to achieve Improving Outcomes Guidance (IOG) compliance.

The Breast TSSG will be the KMCA Delivery Boards source of guidance on both the implementation of the Breast Cancer IOG as well as Clinical Protocols and Policies.

An important aim of this document is to provide an overview of the recommendations of the KMCC Breast TSSG on processes to ensure the delivery of clinically safe, evidenced based, clinically effective and IOG compliant Breast Cancer Services. This document does not aim to provide guidance on the clinical aspects of patient management. The clinical guidance recommendations of the KMCC Breast TSSG will be found in the following documents:

- Breast Pathway of Care & Oncological Guidance:  
<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/breast-tssg/>
- Imaging Guidance:  
<http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/diagnostics-group/>

## 2.0 KMCC Breast Cancer Services

- It is agreed that provision of Breast Cancer Services for KMCC is accurately detailed below
- Breast reconstruction services are provided locally by all units along with support from Queen Victoria Hospital
- In East Kent, patients referred for diagnosis at Canterbury will be formally discussed at the QEQM or WHH Breast MDT, depending on post code/patient preference
- Family history patients primary treatment and reconstruction is offered locally or via the Regional Genetics Unit at Guys and St Thomas' NHS Trust

	Trust	Hospitals providing diagnostic services for Breast cancer	MDTs	Breast Reconstruction Provision
Eastern & Coastal Kent Population <b>781,376</b>  (Patients flows from Swale are mainly into Medway)	East Kent Hospitals University NHS Trust	QEQM (Thanet)	QEQM	QVH
		K&C (Canterbury)	K&C	
		WHH (Ashford)	WHH	
Medway & Swale Dartford, Gravesham & Swanley (DGS) Population <b>647,444</b>	Medway Foundation Trust Hospital	MFT (Medway & Swale)	MFT	MFT/QVH
	Dartford, Gravesham & Swanley NHS Trust	Darent Valley	DVH	DVH/QVH
West Kent		Maidstone	MTW	MTW & QVH

Population <b>463,000</b>	Maidstone & Tunbridge Wells NHS Trust	Tunbridge-Wells <i>(Pembury)</i>	MTW	MTW & QVH
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## 3.0 The Breast TSSG

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The Kent & Medway Breast Cancer TSSG was established in 2000.

- The TSSG is IOG compliant
- The TSSG has multidisciplinary / multi-professional membership which is drawn from:
  - Each of the Acute Trusts providing Local / Specialist level service
  - Primary Care
  - Patient / Users
- The TSSG has a multidisciplinary/multiprofessional membership which is drawn from:
  - Each of the Acute Trusts providing Breast MDT services
  - Primary Care
  - Patient/Users

Named Leads for the Breast TSSG are:

Chair	:	Seema Seetharam, Consultant Breast & Oncoplastic Surgeon
Vice Chair	:	Catherine Harper-Wynne Consultant Medical Oncologist
KMCC Lead	:	Annette Wiltshire, Service Improvement Facilitator
Non Surgical Oncology Group (NOG) Lead	:	Caroline Waters, KMCC Lead Pharmacist/Clinical Lead
Research and Trials Lead	:	Dr Catherine Harper-Wynne, Consultant Oncologist
Users Issues Lead	:	Sue Green, CNS
Named Admin Support	:	Karen Glass and Colin Chamberlain, Administrators, KMCC

A full list of current membership is available from the Breast TSSG attendance record – a copy of which is located on the KMCC website: <http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/breast-tssg/>

## 4.0 Responsibilities of the Breast TSSG

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### 4.1 Function of the TSSG – Terms of Reference

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A copy of the full Terms of Reference for all TSSGs and the TSSG Chair Job Description is located on the KMCC website: <http://kmcc.nhs.uk/tumour-sites/terms-of-reference/>

A copy of Breast TSSG Work Plan, and its Annual Report, is located on the KMCC website: <http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/breast-tssg/>

### 4.2 Research & Trials

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It is the responsibility of the TSSG Chair to ensure that the Clinical Trials Report is discussed at the two TSSG meetings held within the 12 month period.

The national initiative to restructure the Research Networks to 15 Local Research Networks has resulted in a reconfigured structure for delivering clinical research across England:

- The three local Cancer Research Networks are now part of the NIHR Clinical Research Network: Kent, Surrey and Sussex
- The new organisation coordinates clinical research and facilitates study set up and delivery, through 30 disease specialties, of which Cancer is one
- The transition to the new organisational structure is ongoing, the Research Portfolio for Kent & Medway is circulated and discussed within each TSSG meeting
- The Research and Trials discussion provides the platform for discussion of cancer clinical studies and act as a resource for information pertaining to those studies

## 4.3 Non-Surgical Oncology Group (NOG)

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The Breast NOG was formally established in 2008. The NOG work plan is included within the Breast TSSG work plan which is available on the KMCC website:-

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/breast-tssg/>

A copy of the NOG full Terms of Reference is available on the KMCC website:

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/breast-tssg/>

A copy of the Oncological Treatment of Breast Cancer is located on the KMCC website:

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/breast-tssg/>

## 5.0 Children & Young People (CYP) / Teenage & Young Adult (TYA)

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### 5.1 Children & Young People (CYP)

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Children and Young People with Breast Cancers will be treated in accordance with principles set out in the CYP IOG.

All Children and Young People up to the age of 18 must be referred to the CYP Principal Treatment Centre which for KMCC is based at the Royal Marsden.

All Young People between 16 and 24 years of age must be offered a referral to the CYP Treatment Centre.

Referral to a CYP Principal Treatment Centre does not necessarily mean that treatment will be undertaken at that centre; shared care management protocols may allow some treatments to be undertaken locally.

### 5.2 Teenage & Young Adult (TYA)

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The main principles in the Teenage & Young Adult guidance are as follows:

- The 16-18 age group should be seen and treated at the TYA Principal Treatment Centre (PTC) and have their management plans discussed by the TYA PTC, although shared care can be arranged as part of the pathway
- Young Adults aged 19-24 years must be given choice where they would like to be treated either:
  - In the TYA Principal Treatment Centre
  - Or**
  - An adult service designated by Commissioners to treat young adults 19 to 24 years
- In both cases all young people must be given access to the services and resources offered by the TYA MDT at the PTC, this may be remotely or through specified clinical services or supportive activities, and each trust will need a mechanism to identify all new TYA patients regardless of which MDT they initially present to.

## 6.0 Data Collection

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Collection of data at each stage of the pathway is the responsibility of the team looking after the patient at that time. The minimum dataset agreed by the TSSG will be a combination of those data items that meet national requirements, and additional items as agreed by the TSSG.

National data requirements will include:

- Cancer Waiting Times monitoring, including Going Further on Cancer Waits. The data items required will be as defined in ISB0147 at the time of referral and/or treatment.

Cancer Waiting Times data will be submitted according to the timetable set out in the National Contract for Acute Services.

- The Cancer Outcomes and Services Dataset. The data items will be as defined in ISB1521, and any subsequent versions, at the time of diagnosis and/or treatment. The requirement will include those fields listed in the “Core” section of the dataset, and any additional tumour site specific sections, as applicable.

Details of the COSD are available from:

[http://www.ncin.org.uk/collecting\\_and\\_using\\_data/data\\_collection/cosd.aspx](http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd.aspx)

Cancer Registration and Cancer Outcomes and Services (COSD) data will be submitted according to the timetable set out by National Cancer Registration Service.

- Where applicable, teams will also collect additional data items as defined in any corresponding National Clinical Audit Support Programme (NCASP) audit dataset.

Data for NCASP audits will be submitted, where applicable, according to timetables as agreed by the TSSG, and within the overall submission deadlines for each audit.

Submission of data to meet these national requirements will be the responsibility of each individual Trust.

Note that these standards are subject to variation from time to time, and where these requirements change, the data items required to be collected by the team will also change in line with national requirements.

Local data requirements will include any additional data items as agreed by the TSSG. These must be selected to avoid overlap with any existing data items, and where possible must use standard coding as defined in the NHS Data Dictionary.

Where possible and applicable, InfoFlex will be used for the collection and storage of data.

Additional areas of the COSD relating to pathology, radiotherapy, Systemic Anti-Cancer Therapy (SACT) Dataset, diagnostic imaging and basic procedure details will feed into the dataset from other nationally mandated sources. It is the responsibility of each team to ensure that the whole of the relevant dataset is collected, and it is acknowledged that this may come from a variety of sources.

## 7.0 Pathology

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All KMCC reporting Pathologists follow The Royal College of Pathologists Histopathology Reporting on Cancers guidelines – a copy of which is available through the KMCC website:- <http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/pathology-group/>

All pathologists should participate in the NHSBSP specialist breast EQA scheme. Participation in a general EQA scheme is optional. It is expected that each Trust will monitor this and investigate any deviation from this. Core Cell Path members of the KMCC Breast Teams (and any other Cellular Pathologist providing a Breast Service) will participate in any Breast TSSG agreed cell path related audits.

## 8.0 Imaging

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Imaging guidelines for breast cancer can be located in the TSSG agreed document located on the KMCC website on the following link: <http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/diagnostics-group/>

## 9.0 Glossary

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Acronyms in common usage throughout KMCC documentation:

CNB	Cancer Network Board
CYP	Children & Young People (in relation to the IOG)
DCCAG	Diagnostic Cross Cutting Advisory Group
DOG	Disease Orientated Group (NSSG/TSSG/TWG)
DVH	Darent Valley Hospital
EK	East Kent
EKHUFT	East Kent Hospitals University Foundation Trust
HoP	High Level Operational Policy
IOSC	Improving Outcomes: A Strategy for Cancer
K&C	Kent & Canterbury Hospital, Canterbury, (EKHUFT)
KMCA	Kent & Medway Cancer Alliance
KMCC	Kent & Medway Cancer Collaborative
KMCN	Kent & Medway Cancer Network
KMCRN	Kent & Medway Cancer Research Network
LSESN	London & South East Sarcoma Network
MFT	Medway Foundation Trust
MTW	Maidstone & Tunbridge Wells NHS Trust
NOG	Non Surgical Oncology Group ( <i>Permanent oncologist sub group of the TSSGs with a specific responsibility for chemo/rad pathways and advice to the TSSG, KMCC and geographical locations on new drugs</i> )
SACT	Systemic Anti-Cancer Therapy
PoC	Pathway of Care ( <i>KMCC agreed disease site specific clinical guidelines</i> )
PTC	Principal Treatment Centre
QEQM	Queen Elizabeth the Queen Mother Hospital, Margate (EKHUFT)
QoL	Quality of life
RAT	Research and Trial Group ( <i>Permanent sub-group of the TSSGs with a specific responsibility for taking forward the clinical trials agenda</i> )
RMH	Royal Marsden Hospital
TSSG	Tumour Site Specific Group
COSD	Cancer Outcomes and Services Dataset
QVH	Queen Victoria Foundation Trust Hospital East Grinstead
UCLH	University College Hospital London
WHH	William Harvey Hospital, Ashford (EKHUFT)





## 10.0 Document Administration

Document Title	Breast Cancer – A High Level Operational Policy
Principle author (s)	D.Hassanally
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July 2016	4.2	Updates added following TSSG meeting. Sent for comments to H.Devalia	N.Aluwalia
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