

The National Audit of Metastatic Breast Cancer (NAoMe) aims to report on patients diagnosed with metastatic breast cancer (MBC; also known as secondary, advanced or stage 4 breast cancer) in NHS hospitals in England & Wales.

The NAoMe builds on the work of the National Audit of Breast Cancer in Older Patients (NABCOP) and for the first time will include women and men of all ages with metastatic disease diagnosed at presentation, as well as those with recurrent metastatic disease.

The information below is a summarised version of the main scoping work presented within the NAoMe Scoping Document. For further detail on the aspects covered below, please read the full published document available via

<https://www.natcan.org.uk/audits/metastatic-breast/resources-2/>

Metastatic breast cancer (MBC)

- is also known as advanced or secondary breast cancer
- is typically diagnosed due to symptoms and/or abnormalities presenting on imaging or other investigations,
- can occur as 'de novo' MBC – where metastatic spread is present at the time of initial breast cancer diagnosis; this accounts for ~5% of all new breast cancers,
- most commonly occurs some time after an initial diagnosis of non-metastatic breast cancer – known as 'recurrent' MBC. The incidence and prevalence of this is unknown and estimates vary considerably.

Supportive care services should be available throughout patient care and beyond



Diagnosis:

Access to appropriate investigations
Availability of diagnosis results for treatment decisions

MDT meeting

to discuss treatment options



Treatments:

Type of treatment
Geographical variation
Timely access

Patient subgroups highlighted

- Triple negative breast cancer
- Age (young and older)
- Metastatic site

How has the scope of the NAoMe been developed?



- Review of work previously done by the NABCOP



- Review of the wider literature (including external quality standards)



- Consultation with stakeholders on priorities for the NAoMe and areas of breast cancer care most in need of improvement.

How has the NAoMe engaged with stakeholders so far?



- Sharing the new audit at professional organisation meetings.



- Meeting with clinicians & patients at an initial Audit Advisory Committee meeting to discuss priorities and share early indicator thoughts.



- Conducting a scoping survey from February to April 2023.

What did we find from the scoping survey responses?

539 survey respondents for NAoMe questions including 256 patients/patient advocates, 77 nurses, 79 oncologists, 77 surgeons

Survey responses highlighted

- areas of care considered to be most in need of improvement (diagnosis, support, treatment), and
- patient subgroups for the audit to focus on.



What are the priority areas for quality improvement?

- improve recording of information on patients with recurrent MBC in national data
- improve information recorded on staging/pathology in national data
- reduce variation in timeliness & access to treatments,
- improve access to support from a breast clinical nurse specialist
- improve outcomes following a diagnosis of de novo or recurrent MBC

What other things are there to consider?

- Data availability and completeness for MBC.
- Identification of patients with MBC, diagnosed after an initial primary breast cancer diagnosis, within routine national data.



What patients will the NAoMe include?

- ✓ All patients (male and female) with a recorded diagnosis of invasive breast cancer (ICD-10 C50) with evidence of metastatic spread in the audit period
- ✓ Aged ≥18 years at diagnosis
- ✓ Diagnosed in an NHS hospital within England and Wales

What data will the audit use?

- Existing national cancer datasets linked to other relevant health care datasets to ↓ burden of data collection.
- Data will be provided by:
 - National Disease Registration Service (NDRS) – England
 - Wales Cancer Network (WCN) – Wales

How will the audit share findings with NHS organisations?

- Annual State of the Nation reports.
- Quarterly online dashboards, to support ongoing local QI.