

National Audit of Metastatic Breast Cancer

State of the Nation Patient and Public Report 2026

A summary of findings for patients and the public

An audit of care received by people diagnosed with metastatic breast cancer
in England and Wales during 2021 to 2023



Citation for this document:

National Audit of Metastatic Breast Cancer (NAoMe) State of the Nation Patient and Public Report 2026. London:

National Cancer Audit Collaborating Centre, Royal College of Surgeons of England, 2026.

The SotN Patient and Public report was co-produced by the members of the NAoMe project team and Patient and Public Involvement (PPI) forum.

 Royal College of Surgeons of England	The Royal College of Surgeons of England is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports audit and the evaluation of clinical effectiveness for surgery. Registered Charity no: 212808.
 ABS ASSOCIATION OF BREAST SURGERY	The Association of Breast Surgery is a registered charity dedicated to advancing the practice of breast surgery and the management of breast conditions for the benefit of the public. It is a multi-professional membership association, which promotes training, education, clinical trials and guideline composition and adoption. For further information, please refer to the website www.associationofbreastsurgery.org.uk. Registered charity no: 1135699
 UKBCG	The UK Breast Cancer Group (UKBCG) is a forum for clinical and medical oncologists. The UKBCG acts as a stakeholder to NICE, NHS England and other organisations and carries out key pieces of work (with other organisations when necessary) with the aim of improving patient care. For more information, visit https://ukbcg.org/. Registered charity number: 1177296

Patient groups represented on the NAoMe Patient and Public Involvement (PPI) forum

 BREAST CANCER NOW	Breast Cancer Now is a charity that's led by world-class research which works towards providing life-changing care. They help anyone affected by breast cancer, the whole way through their care and treatment, providing support for today and hope for the future. For more information, visit https://breastcancernow.org/. Registered charity numbers: 1160558 (England and Wales), SC045584 (Scotland) and 1200 (The Isle of Man)
 independent cancer patients' voice	Independent Cancer Patients' Voice (ICPV) is a patient advocate group that is not linked to established UK cancer charities. They know how valuable medical research is to both public healthcare and the national economy. For more information, visit www.independentcancerpatientsvoice.org.uk. Registered charity number: 1138456
 força strength against cancer	Força is a registered charity based in Lymington. Their aim is to promote the physical and mental health of people in Hampshire, Dorset and the Isle of Wight who are living with, or affected by, cancer. They provide financial assistance, support, education and practical advice. For more information, visit https://www.forcaagainstcancer.org.uk/. Registered charity number: 1159552
 METUPUK	METUP UK are a patient advocacy group They support patients with MBC to access the best medicines to prolong and improve their quality of life. They are working towards a day when MBC can be cured. For more information, visit https://metupuk.org.uk/. Registered charity number: 1196494
 MAKE 2NDS COUNT	We are Make 2nds Count: a UK-wide patient and family focused charity dedicated to giving hope to women and men living with secondary (metastatic) breast cancer. For more information, visit https://make2ndscount.co.uk/. Registered charity number: SC048268

Commissioner

 HQIP Healthcare Quality Improvement Partnership	The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and Welsh Government as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NATCAN delivers national audits in bowel, breast (primary and metastatic), kidney, lung, non-Hodgkin lymphoma, oesophago-gastric, ovarian, pancreatic and prostate cancers.
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Acknowledgements

 NDRS NATIONAL DISEASE REGISTRATION SERVICE	This report uses information which was provided by patients and collected as part of their care and support. This work uses data that have been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data are collated, maintained and quality assured by the National Disease Registration Service (NDRS), which is part of NHS England. Access to the data was facilitated by the NHS England Data Access Request Service
 GIG CYMRU NHS WALES Perfformiad a Gwellia Performance and Improvement	NHS Wales recently implemented Cancer Dataset Forms with the latest implementation date being January 2025. These have been designed to improve the data capture and reporting capabilities of NHS Wales. This implementation has impacted the data quality within NHS Wales. NHS Wales has committed to continue to submit audit data annually until data submissions are sourced exclusively from the new cancer informatics solution. This will be from 2027 onwards that NHS Wales will be able to supply quarterly data using this new integrated, and more accessible digital platform

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Acronyms

CDK 4/6 – Cyclin Dependent Kinase 4/6

CNS – Clinical Nurse Specialist

ER – Oestrogen receptor

HER2 - Human Epidermal growth factor Receptor-2

MBC – Metastatic Breast Cancer

MDT – Multidisciplinary Team

NAOme – National Audit of Metastatic Breast Cancer

NDRS – National Disease Registration Service

NHS – National Health Service

NICE – National Institute for Health and Care Excellence

SACT – Systemic Anti-Cancer Therapy

SotN – State of the Nation

Glossary

Term	Definition
Chemotherapy	Treatment with drugs that kill cancer cells. This is a type of systemic anti-cancer therapy (SACT).
Clinical nurse specialist (CNS)	A highly experienced nurse who plays a crucial role in supporting people throughout their diagnosis, treatment and follow-up care for breast cancer. Also known as Breast Care Nurses (BCN).
Cyclin dependent kinase 4/6 inhibitors (CDK4/6 inhibitors)	Drugs that work to prevent the growth of cancer cells e.g., abemaciclib, palbociclib, ribociclib. They are used in combination with endocrine therapy to treat oestrogen receptor positive MBC.
<i>De novo</i> metastatic breast cancer	Breast cancer where the spread of disease to other parts of the body can be seen at the time of the initial breast cancer diagnosis.
Endocrine therapy	Drug therapy used to treat oestrogen and/or progesterone receptor positive breast cancer. It is a type of systemic anti-cancer therapy (SACT). Also known as 'hormone therapy'. This stops oestrogen from helping the cancer to grow.
First-line treatment	The initial treatment or set of treatments given to a person with metastatic breast cancer.
Human Epidermal Growth Factor Receptor-2 (HER2)	A protein found on the surface of some breast cancer cells which helps them to grow.
Human Epidermal Growth Factor Receptor-2 (HER2) status	A description of the level of HER2 seen in a breast cancer. A breast cancer that has a higher-than normal level of HER2 is described as HER2 positive. HER2 status helps determine whether specific systemic anti-cancer therapies known as anti-HER2 drug treatments can be used.
Metastatic Breast Cancer (MBC)	Breast cancer that has spread beyond the breast and nearby lymph nodes, such as those in the armpit, around the collarbone or alongside the breastbone, to other parts of the body such as the bones, lungs, liver or brain. Also called advanced breast cancer, secondary breast cancer or stage 4 breast cancer.
Metastatic breast clinical nurse specialist	A person whose main role is to provide direct support and care to people with MBC. They work within a multiprofessional team.
Multidisciplinary team (MDT)	The team of specialists who deliver breast cancer care are known as a multidisciplinary team.

Oestrogen receptor (ER)	A protein found on the surface of cancer cells that the hormone oestrogen binds (sticks) to.
Oestrogen receptor (ER) status	A description of the level of oestrogen receptors seen in a breast cancer. Breast cancers which are ER positive are sensitive to oestrogen and can be treated with endocrine therapy.
Primary breast cancer	Breast cancer which, when diagnosed, was found only in the breast or nearby lymph nodes.
Progesterone Receptor (PR)	A protein found on the surface of cancer cells that the hormone progesterone binds (sticks) to.
Progesterone Receptor (PR) status	A description of the level of progesterone receptors seen in a breast cancer. Breast cancers which are PR positive can be treated with endocrine therapy.
Radiotherapy	High energy X-rays used to kill cancer cells. It is used in primary breast cancer after surgery as a part of local treatment, depending on final pathology results. For example, post-mastectomy radiotherapy (PMRT) is radiotherapy given following a mastectomy. Radiotherapy is used in metastatic breast cancer to treat localised metastatic disease, for example a bone metastasis.
Recurrent metastatic breast cancer	Breast cancer where the spread of disease to other parts of the body is found at some point after the initial diagnosis and treatment of a primary breast cancer.
Systemic Anti-Cancer Therapy (SACT)	These are drug treatments for cancer which aim to treat the whole body. For example, chemotherapy and endocrine therapy.
Triple negative breast cancer (TNBC)	Breast cancer that is ER negative, PR negative and HER2-negative.

1. What is the NAOme?

The National Audit of Metastatic Breast Cancer (NAOme) aims to find out about the health and care of people with metastatic breast cancer (MBC) in England and Wales, and to promote changes in patient care by highlighting areas where improvements could be made.

2. What is metastatic breast cancer (MBC)?

MBC is breast cancer that has spread beyond the breast and nearby lymph nodes, such as those in the armpit, around the collarbone or alongside the breastbone, to other parts of the body. People with MBC can be categorised into two groups:

- *De novo* – breast cancer where the spread of disease to other parts of the body can be seen at the time of the initial breast cancer diagnosis
- Recurrent – breast cancer where the spread of disease to other parts of the body is found after the initial diagnosis and treatment of a primary breast cancer

See below for how people were categorised as having either ‘*de novo*’ or ‘recurrent’ MBC for this report

De novo MBC

People who:

- had an initial diagnosis of MBC between 2021 and 2023 and had not previously had a primary breast cancer diagnosis; or
- had an initial diagnosis of primary breast cancer between 2021 and 2023, and whose cancer was found to have spread within 6 months of being diagnosed

Recurrent MBC

- People with an initial diagnosis of primary breast cancer between 2015 and 2023, and whose cancer was found to have spread 6 months or more after being diagnosed
- This group was then limited to those people whose metastatic cancer was first recorded between 2021 and 2023

3. What is this report about?

This is a summary of the main findings and recommendations in the third NAOme State of the Nation report (SotN report). The recommendations highlighted throughout this report align with those in the main SotN report. These recommendations are intended to be actioned by breast units across England and Wales in order to improve breast cancer care.

You can download the full report, as well as additional information including information about individual NHS organisations, [here](#). This also allows you to see the results for your own hospital.

The purpose of this clinical audit publication is to assess the patterns of care and outcomes for people diagnosed with MBC in England and Wales between January 2021 and December 2023. The aim is to help NHS services improve the care they provide to people with MBC and the quality of their data..

You can find an explanation of key terms used in the full report in the glossary on page 2.

We produced this report in collaboration with the NAOme Patient and Public Involvement forum, who represent and support the rights and interests of people diagnosed with MBC. The PPI Forum were involved in the content, presentation and refinement of the report.

In this summary, pink boxes (like this one) tell you which pages in the annual state of the nation report give further information.

SotN report page

4. What data does the NAOme use?

SotN report page 3

The NAOme uses available data from electronic medical records that are routinely recorded as part of patient care in English and Welsh hospitals. These data provide a huge amount of information but are not able to capture all aspects of breast cancer care. The NAOme reports on the aspects of breast cancer care that the data are best placed to evaluate.

5. Where can I find more information about the NAOme?

- Find full details on the NAOme improvement goals and performance indicators [here](#)
- Follow us on Bluesky [@NAOme-news](#) and [LinkedIn](#)
- Read our newsletters on the National Cancer Audit Collaborating Centre (NATCAN) website [here](#).
- Email us at breastcancer audits@rcseng.ac.uk

6. Improving information about recurrent metastatic breast cancer

The biggest challenge for NAOme is finding out how many people in England and Wales are diagnosed with recurrent metastatic breast cancer (MBC). During this report period, fewer people with recurrent MBC were identified than expected. This is because information about metastatic recurrence is not always recorded or transferred from electronic medical records into national cancer information systems.

To report on people with recurrent MBC, the audit has developed a method to identify people with recurrent MBC using information from hospital admissions records. However, this approach cannot identify everyone with recurrent MBC. This method misses people whose primary breast cancer diagnosis was before 2015, those who are not admitted to hospital or those whose hospital admission records do not document their metastases.

Why does this matter?

Due to incomplete data on recurrent MBC much of this report is limited to those with *de novo* MBC. Accurate information about recurrent MBC would help us to:

UNDERSTAND	IMPROVE CARE	PLAN FOR THE FUTURE
how many people develop recurrent MBC and what happens after their original diagnosis.	by understanding the treatment and follow-up people receive.	by supporting research, service planning and improvements in NHS care.

What is the NAOme doing?

The NAOme team is working with hospitals and other organisations including the National Disease Registration Service (NDRS) to improve the recording and identification of breast cancer recurrence. In October 2025, NAOme launched a Quality Improvement Intervention to understand the challenges hospitals face when recording breast cancer recurrence and to identify ways to improve the quality of this information.

As part of this work, NAOme has:

1. Produced practical guidance to help hospitals record information about metastatic breast cancer more accurately and consistently.
2. Explored other sources of information that could help identify recurrent MBC, including data on treatments such as chemotherapy and radiotherapy, and imaging investigations.
3. Established a Data Quality Working Group, bringing together seven UK organisations working to improve the identification and recording of recurrent MBC.

What can you do?

If you have recurrent MBC, you can ask your breast cancer team if this diagnosis and the date when this was diagnosed have been recorded on national cancer databases.

You can share the NAOme [guide](#) to collecting this information.

You can find data for the NHS organisation where you are receiving care at [NAOme](#).

We recommend each breast unit identifies a local data lead responsible for ensuring:

1. Data submitted locally are accurate, complete and consistent with the guidance available [here](#).
2. Any queries regarding data submission or results are highlighted to the NDRS data liaison team for support.
3. NAOme Data Dashboards and the annual State of the Nation report are reviewed to guide local quality improvement initiatives.



NAOme 2026 SotN Recommendation

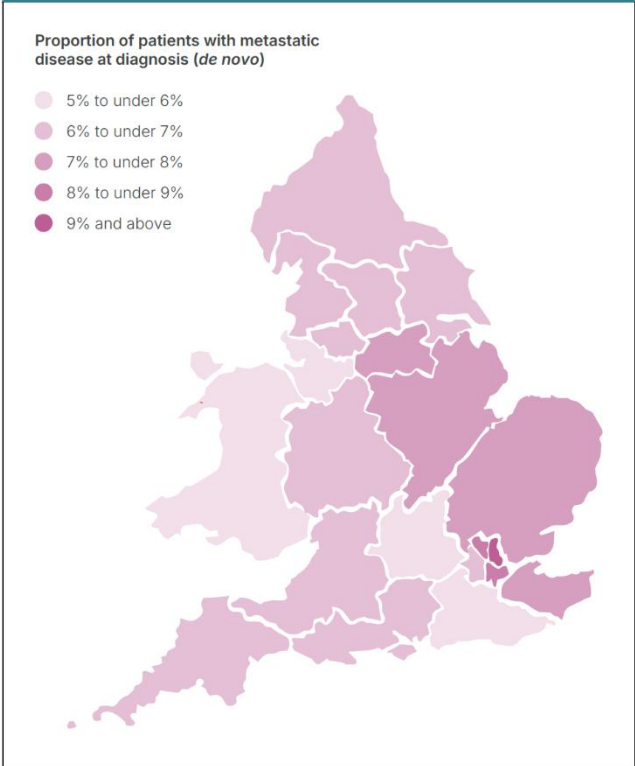
7. Who is the State of the Nation report about?

The audit received information on 24,744 people diagnosed with MBC between 2021 and 2023 in England and Wales; 99% were women. There were 10,494 people with a *de novo* MBC diagnosis and 14,250 people with a recurrent MBC diagnosis.

Map 1 shows the proportion of all people with breast cancer who were recorded as having MBC at diagnosis (*de novo* MBC). The map shows variation across England and Wales. This may reflect differences in clinical decision making about which people are assessed for metastatic disease and access to timely imaging (e.g. CT scans). The NAOme team plans to investigate these differences.

SotN report page 8

Map 1. Percentage of all people with breast cancer who were diagnosed with metastatic disease at diagnosis (*de novo*) between 2021 and 2023 across England and Wales.



8. Who is involved in patient care?

Clinical Nurse Specialist

Among people with data recorded, 92% of people in England and 87% people in Wales had recorded contact with a Clinical Nurse Specialist (CNS).

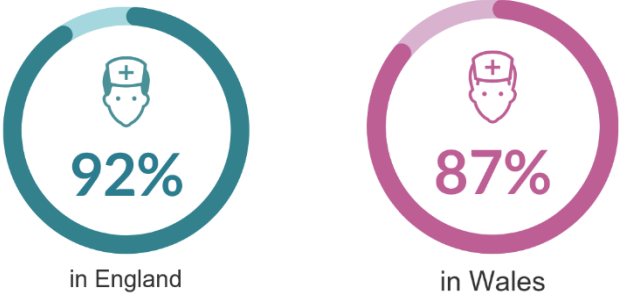
Information about CNS contact was available for 68% of people in England and 90% of people in Wales. This means that true levels of performance are uncertain, particularly in England, and data completeness needs to be improved.

Currently, data are not available on whether the contact was with a CNS whose role is focused specifically on MBC.

Why does this matter?

The National Institute for Health and Care Excellence (NICE) includes contact with a CNS or keyworker in their quality standards for breast cancer care. Assigning a CNS or keyworker to a person with MBC leads to better health outcomes. They promote continuity of care and provide information and support for the person with breast cancer throughout their treatment. They can improve the patient experience and help ensure patients' views are heard.

SotN report page 9



Multidisciplinary team discussion

SotN report page 10

Overall, 81% of people in England and 68% of people in Wales with *de novo* MBC had their care discussed in a multidisciplinary team (MDT) meeting. We cannot report this statistic for people with recurrent MBC because, for most of these people, the information isn't recorded in a way that shows whether they were discussed in an MDT meeting. There were differences between NHS Breast Units in how many people were discussed at an MDT meeting. Most units discussed 70-90% of people with *de novo* MBC in an MDT meeting, but 5 units discussed fewer than 50%.



in England



in Wales

Why does this matter?

The National Institute for Health and Care Excellence (NICE) include MDT discussion in their quality standards of breast cancer care. An MDT will assess each person and discuss the possible treatments for a person's cancer. When an MDT manages the treatment and care of people with breast cancer who develop metastatic disease it is likely that health outcomes are improved.

Breast care teams should make sure that everyone who is newly diagnosed with MBC (either *de novo* or recurrent) is discussed within a breast multidisciplinary team (MDT) meeting.



NAoMe 2026 SotN Recommendation

9. How is metastatic breast cancer treated?

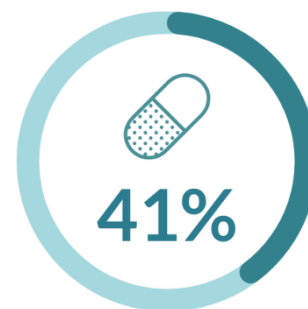
SotN report page 11

CDK4/6 inhibitors

In England, 41% of people with oestrogen receptor (ER) positive, Human epidermal growth factor receptor-2 (HER2) negative *de novo* MBC received treatment with CDK4/6 inhibitors. This information was not available for Wales. The use of CDK4/6 inhibitors varied a lot by Breast Unit and by age. The drugs were given to 57% of people aged 18–49 years, but just 17% of those aged 80 and over. We are looking into this variation in care.

Why does this matter?

If a patient's tumour is ER positive or HER2 positive, targeted treatment is often very effective. Endocrine therapy should be given as first-line treatment to people whose tumours are ER positive but HER2 negative. Adding CDK4/6 inhibitors to endocrine therapy has been shown to improve the results of treatment for people with MBC.



in England

Breast care teams should look at how often people with ER positive, HER2 negative MBC are treated with CDK4/6 inhibitors in the first year after diagnosis. Where use is low, teams should explore why this might be and how care could be improved, this may include improving recording of the use of these drugs.



NAoMe 2026 SotN Recommendation

10. What are the outcomes for people with metastatic breast cancer?

Early Death after Chemotherapy

SotN report page 12

Among people who had chemotherapy, death within 30 days of starting a cycle of chemotherapy was recorded in:

- **9%** of people with **de novo MBC** in England
- **16%** of people with **recurrent MBC** in England

Note: This information was not available for people in Wales.

Among people with *de novo* and recurrent MBC, there were differences in the number of people who died within 30 days of starting a cycle of chemotherapy across regions in England. For people with *de novo* MBC, age made little difference to death rates within 30 days of starting a cycle of chemotherapy. However, for those with recurrent MBC, younger people (under 70) had higher death rates, which may be due to more intensive treatment. The higher number of deaths within 30 days in people with recurrent metastatic breast cancer may be because they have already received treatment for breast cancer in the past, which can reduce the body's ability to recover from illness or tolerate further treatment.

Why does this matter?

Differences in the number of people who died within 30 days of receiving chemotherapy may reflect how the clinical team decide who is well enough for treatment. This could mean that some people are given treatment that may not help them, or others may miss out on treatment that could – both these possibilities need to be looked at.

Breast care teams should look at how many people die within 30 days of starting a cycle of chemotherapy. If a hospital has a much higher or lower rate than the national average, they should review the care they provide and check how chemotherapy is being prescribed, to make sure the risks and benefits are properly considered.



NAoMe 2026 SotN Recommendation

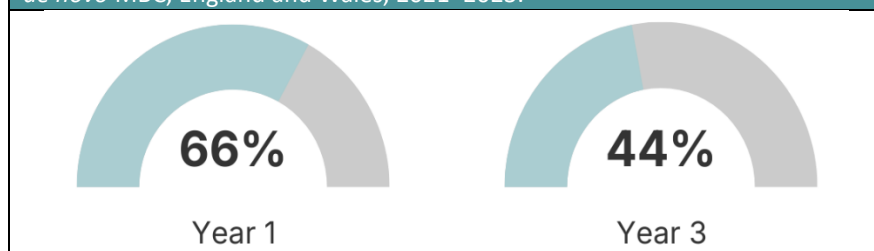
Survival

SotN report page 13

In England and Wales:

- **66%** of people with **de novo MBC** survive for at least **one year** after diagnosis.
- **44%** of people with **de novo MBC** survive for at least **three years** after diagnosis.

Percentage of people who survived at least 1 or 3 years after diagnosis with *de novo* MBC, England and Wales, 2021–2023.



Survival varied greatly by the ER and HER2

status of a person's cancer. Survival at 1 and 3 years is the proportion of people who are still alive one or three years after diagnosis. Survival was highest in people whose cancer was ER and HER2 positive and lowest in people whose cancer did not express ER or HER2 (triple negative, see glossary).

. These are population-level measures and cannot predict how long an individual person will live, as this depends on factors including the type of cancer and the treatments received.

Survival among people with recurrent MBC could not be reported as the audit does not have a complete cohort for this group. Work is underway to enable reporting of survival in this group.

Why does this matter?

Many people with MBC ask healthcare professionals about their chance of survival. This information can help people with MBC and healthcare professionals plan future care needs.

11. Information and support about breast cancer



Find out more

You can find more information about the NAOme at

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

For general information about breast cancer, resources for people with particular diagnoses or experiences, and where to access practical and emotional support, please use the links to visit the websites listed in the boxes to the right. You can also find out more about how patient information is used to improve breast cancer care and outcomes.

Breast cancer information	
Breast Cancer Now	https://breastcancernow.org/ Helpline - 0808 800 6000
Cancer Research UK	https://www.cancerresearchuk.org/about-cancer/breast-cancer/secondary/treatment-options
NHS website	www.nhs.uk/conditions/breast-cancer/
Practical and emotional support	
Macmillan Cancer Support	https://www.macmillan.org.uk/cancer-information-and-support/breast-cancer
Maggie's	https://www.maggies.org/
Tenovus Cancer Care	https://www.tenovuscancercare.org.uk/
Support for specific diagnoses and experiences	
Make 2nds Count	https://make2ndscount.co.uk/
METUP UK	https://metupuk.org.uk/
Lobular Breast Cancer UK	https://lobularbreastcancer.org.uk/
Inflammatory Breast Cancer Network UK	www.ibcnetworkuk.org
Men's Virtual Meet-Up (VMU)	https://www.themensvmu.org/
Where to find information on how patient information is securely collected and shared, and opportunities for you to participate in research	
Independent Cancer Patients' Voice (ICPV)	www.independentcancerpatientsvoice.org.uk
use MY data	https://www.usemydata.org.uk/

