

National Audit of Primary 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 primary breast cancer
in England and Wales during 2021 to 2023



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National Audit of Primary Breast Cancer (NAoPri) State of the Nation Patient and Public Report 2026. London:
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The SotN Patient and Public report was co-produced by the members of the NAOpri 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 supporting surgeons to help them achieve and maintain the highest standards of surgical practice and patient care. As part of this, it helps with carrying out audits and evaluating clinical effectiveness for surgery.
Registered charity number: 212808



The Association of Breast Surgery is a registered charity that is dedicated to improving breast surgery and how breast conditions are managed for the benefit of the public.
For more information, visit www.associationofbreastsurgery.org.uk.
Registered charity number: 1135699



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 NAOpri Patient and Public Involvement (PPI) forum



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 (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



Men's Virtual Meet-Up (VMU) are a patient advocacy group for men diagnosed with breast cancer, to help them feel seen and heard, and to know they are not alone.
For more information, visit <https://www.themensvmu.org/>.
Registered charity number: 1196494



Flat Friends UK is dedicated to supporting women who have had mastectomy surgery without breast reconstruction (including those who may face decisions about reconstruction in the future).
For more information, visit <https://flatfriends.org.uk/>.
Registered charity number: 1168730



Lobular Breast Cancer UK works to save more lives by campaigning for increased information and targeted research, quicker diagnosis and more effective treatment guidelines across the UK.
For more information, visit <https://lobularbreastcancer.org.uk/>.
Registered charity number: 1191402



The Inflammatory Breast Cancer (IBC) Network UK is a charity supporting people affected by IBC. We provide guidance and peer support, raise awareness and collaborate with clinicians and researchers to improve the diagnosis, treatment and outcomes for patients living with this rare and aggressive form of breast cancer.
For more information, visit <https://www.ibcnetworkuk.org/>.
Registered charity number: 1177635 (England and Wales) and SC052303 (Scotland)

Commissioner



The Healthcare Quality Improvement Partnership (HQIP) is led by a group from the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. It aims to promote quality improvement in patient outcomes and increase the effect that clinical audits, outcome review programmes and registries have on the quality of healthcare in England and Wales.
For more information visit <https://www.hqip.org.uk/national-programmes>.

Acknowledgements

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.



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 (see Glossary below for full explanation of terms)

- BCS – Breast conserving surgery
- DCIS – Ductal Carcinoma In-Situ
- EIBC – Early Invasive Breast Cancer
- ER – Oestrogen receptor
- HER2 – Human epidermal growth factor receptor-2
- IBC – Inflammatory breast cancer
- IBR – Immediate breast reconstruction
- MDT – Multidisciplinary team
- NABCOP – National Audit of Breast Cancer in Older Patients
- NAoPri – National Audit of Primary Breast Cancer
- NACT - Neo-adjuvant chemotherapy
- NHS – National Health Service
- NICE – National Institute for Health and Care Excellence
- SACT – Systemic Anti-Cancer Therapy
- SotN – State of the Nation
- TDA – Triple Diagnostic Assessment; diagnostic investigations performed at initial consultation
- TNBC – Triple Negative Breast Cancer

1. Glossary

Term	Definition
Adjuvant treatment	Cancer treatment, such as chemotherapy, endocrine therapy or radiotherapy, given after surgery.
Bilateral breast cancer	Breast cancer which, when diagnosed, was found in both breasts.
Biopsy	A procedure to remove a small sample of the cancer. It is important for making a diagnosis.
Breast Conserving Surgery (BCS)	Surgery to remove the breast cancer without removing all of the breast. Also known as a 'lumpectomy' or 'wide local excision' (WLE).
Breast reconstruction surgery	Surgery which aims to create a breast shape after mastectomy.
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).
Comorbidity	A medical condition that already exists.
Disease stage	The stage of a cancer describes its size and whether it has spread from where it started.
Early Invasive Breast Cancer (EIBC)	Invasive breast cancer stages 1–3A.
Endocrine (hormone) 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.
Histology	The type and features of a breast cancer as seen when a sample of breast tissue is examined under a microscope, for example, lobular 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 (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 can be used.
Immediate breast reconstruction (IBR)	Breast reconstruction surgery performed during the same surgery as a mastectomy.
Inflammatory Breast Cancer	A rare type of breast cancer that presents a unique diagnostic and treatment challenge.
Invasive breast cancer	This is when cancerous cells have spread into breast tissue beyond the original breast duct or glands.
Lobular breast cancer	A distinct type of invasive breast cancer that accounts for around 10-15% of new diagnoses (10-15 cases out of 100).

Locally advanced breast cancer	Invasive breast cancer stages 3B and 3C. This includes breast cancer which might have spread to the skin of the breast or underlying chest muscles. It can also include breast cancer which has spread to 10 or more lymph nodes in the armpit, nodes above or below the collarbone, and lymph nodes next to the breastbone.
Mastectomy	Surgery to remove the whole breast.
Multidisciplinary team (MDT)	The team of specialists who deliver breast cancer care are known as a multidisciplinary team.
Neo-adjuvant treatment	Cancer treatment given before surgery e.g., neo-adjuvant chemotherapy (NACT).
Non-invasive breast cancer	This is when cancerous cells are only in the ducts or lobules of the breast and haven't spread to surrounding breast tissue. The most common type is called ductal carcinoma in-situ (DCIS).
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 (hormone) 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 are sensitive to progesterone and 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.
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 Diagnostic Assessment (TDA)	An assessment which includes breast physical examination, scans and biopsies during a single visit to get a quick breast cancer diagnosis. Some people need more complex investigations, which would happen at a different time.
Triple negative breast cancer (TNBC)	Breast cancer that is ER negative, PR negative and HER2-negative.

2. What is the National Audit of Primary Breast Cancer (NAoPri)?

The National Audit of Primary Breast Cancer (NAoPri) aims to find out about the health and care of people with primary breast cancer in England and Wales, and to improve patient care by highlighting areas where improvements could be made.

The NAoPri builds on work from the National Audit of Breast Cancer in Older Patients (NABCOP), which ran from 2016 to 2022. The NAoPri has been expanded to include younger people and men.

The audit is complimented by the National Audit of Metastatic Breast Cancer (NAoMe) which reports on people who have breast cancer which has spread beyond the breast and nearby lymph nodes (stage 4). You can read more about the NAoMe [here](#).

3. What is primary breast cancer?

Primary breast cancer is breast cancer which, when diagnosed, was only found in the breast or nearby lymph nodes with no known spread to other parts of the body. This includes non-invasive (stage 0) and invasive (stage 1A to 3C) breast cancer.

4. What is this report about?

This is a summary of the main findings and recommendations from the third NAoPri State of the Nation (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 data from individual NHS organisations, [here](#). This also allows you to see the results from your own Breast Unit. You can also compare results from different breast units in hospitals in England and Wales.

The purpose of this clinical audit is to assess the patterns of care and outcomes for people with primary breast cancer in England and Wales and help NHS services to improve the quality of their care and their data. The results of this audit are based on people in England and Wales diagnosed and treated for primary breast cancer between 2021 and 2023.

It is important to note that there are different types of breast cancer, and treatment approaches may vary depending on tumour characteristics, as well as individual patient circumstances and decisions.

We produced this report in collaboration with the NAoPri Patient and Public Involvement (PPI) Forum, who represent and support the rights and interests of patients. The PPI Forum were involved in the content, presentation and refinement of the report.

In this summary, blue boxes (like the one below) tell you which pages in the full SotN report give more information.

SotN report page X

5. What data does the NAoPri use?

The NAoPri 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. For example, we are not currently able to report on long-term survivorship and quality-of-life outcomes, such as the physical, psychological, reproductive and occupational impacts of breast cancer treatments.

The NAoPri reports on the aspects of breast cancer care that the data is best placed to evaluate.

SotN report page 1

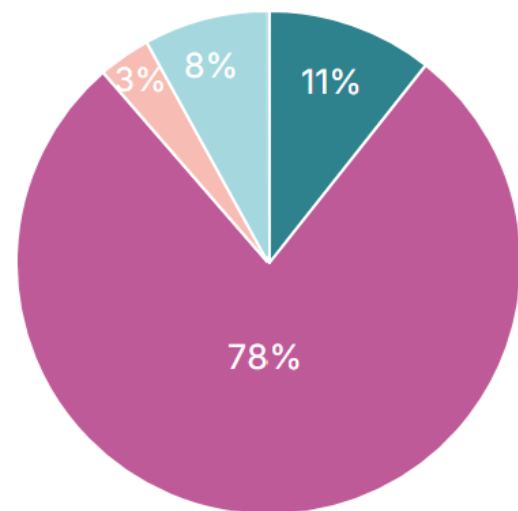
6. Where can I find more information about the NAoPri?

- Follow us on: Bluesky [@NAoPri-news](#) and [LinkedIn](#)
- Read our newsletters on the National Cancer Audit Collaborating Centre (NATCAN) website [here](#).
- Email us: breastcanceraudits@rcseng.ac.uk

7. Who is the State of the Nation (SotN) report about?

SotN report page 6

In total, 146,795 people were diagnosed with primary breast cancer between 2021 and 2023 in England and Wales. This included 145,735 (99%) women and 1,060 (1%) men across 121 Breast Units. Around 4 in 5 people (78%) included in the report had Early Invasive Breast Cancer (EIBC) (Stage 1A to 3A). 1 in 9 people (11%) had non-invasive breast cancer also called Ductal Carcinoma In-situ (DCIS). The smallest group, 1 in 33 people (3%), had locally advanced breast cancer. Around 1 in 12 people (8%) did not have enough information about the stage of their cancer to be included in a stage category.

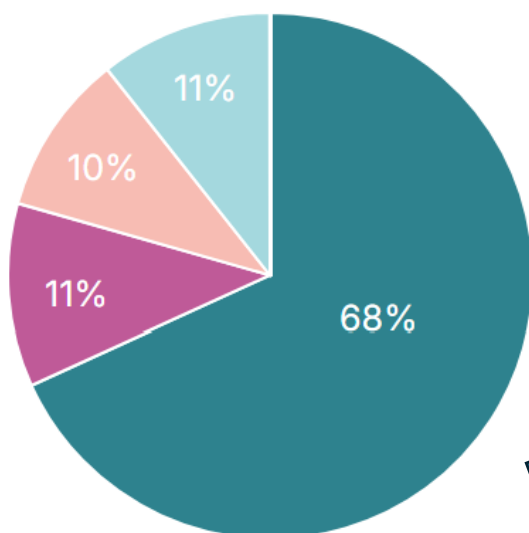


Pie chart showing people with primary breast cancer included in the SotN report, by broad groupings of disease stage.

● Non-invasive (Stage 0) ● Early invasive (Stage 1 to 3A)
● Locally advanced (Stage 3B to 3C) ● Stage unknown

Out of the 146,795 people newly diagnosed with breast cancer, just over two-thirds of people (68%) had invasive ductal cancer, around 1 in 9 people (11%) had invasive lobular cancer, 1 in 9 people (11%) had ductal carcinoma in-situ and 1 in 10 people (10%) had invasive mixed or other histology.

In total, 16,467 patients were identified with invasive lobular cancer. This included 15,618 patients from England and 849 patients from Wales.



Pie chart showing people with primary breast cancer included in the SotN report, by histology type.

● Invasive ductal cancer ● Invasive lobular cancer
● Invasive mixed / other ● Ductal carcinoma in-situ (DCIS)

Efforts have been made to identify people with inflammatory breast cancer (IBC) in the national datasets. This is a rare but important type of breast cancer, requiring a specific treatment protocol. We were able to identify 396 people with likely IBC, less than 0.3% of the total number of people included in this report. While it is rare, this is nevertheless likely an underestimate of the true number of people with IBC. These 396 people have been included in the report when appropriate. IBC is, by definition, at least stage 3B at diagnosis. This means that patients with IBC are unlikely to be included within those indicators for early breast cancer (stage 0 to 3A and unknown stage).

This report includes people with cancer in one breast (unilateral breast cancer). There were 4,378 people diagnosed with cancer in both breasts (bilateral breast cancer) between 2021 and 2023, which represented less than 3% of all people with newly diagnosed breast cancer. This report does not include people with bilateral breast cancer because the type of cancer in each breast can be different, for example, the ER or HER2 status may differ. This makes it difficult to report the results accurately and to attribute a treatment to one cancer.

8. How are people diagnosed with primary breast cancer?

Triple Diagnostic Assessment (TDA)

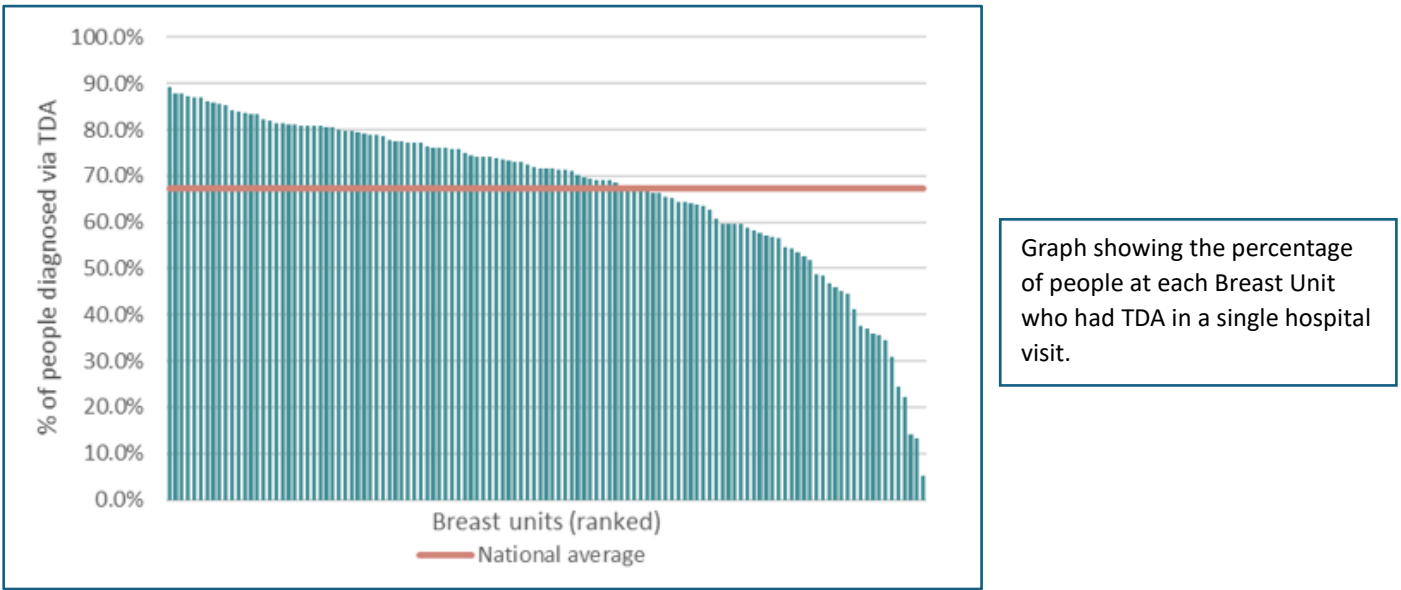
SotN report page 7

A TDA helps to make sure that breast cancer is diagnosed as quickly as possible. It involves having an examination, scans (a mammogram and/or ultrasound), and biopsies at the first hospital clinic visit. This measure only includes people who present with symptoms from their breast cancer as people diagnosed at breast screening are not included. This is because people who are diagnosed at screening would not necessarily be expected to have all their investigations on the same day as their initial mammogram.

In England, just over two-thirds of people (68%) had Triple Diagnostic Assessment (TDA). In Wales, nearly 3 in 4 people (73%) underwent TDA. There were no differences in the proportion of women and men who had TDA.



There was significant variation in the percentage of people who had TDA at each Breast Unit, as shown by the graph below. Each turquoise bar represents a Breast Unit, and the pink line represents the national average for England and Wales, combined. In some Breast Units, less than half of people appeared to have TDA.



Why does this matter?

TDA has been shown to speed up diagnosis and increase satisfaction due to reduced stress and treatment delays.

People presenting with breast cancer symptoms should have access to Triple Diagnostic Assessment (TDA) in a single hospital visit. If rates are low, Breast Units should identify ways to improve the number of people who have access to this service by evaluating their pathways to diagnosis.

NAOpri 2026 SotN Recommendation

9. What treatments are given before surgery?

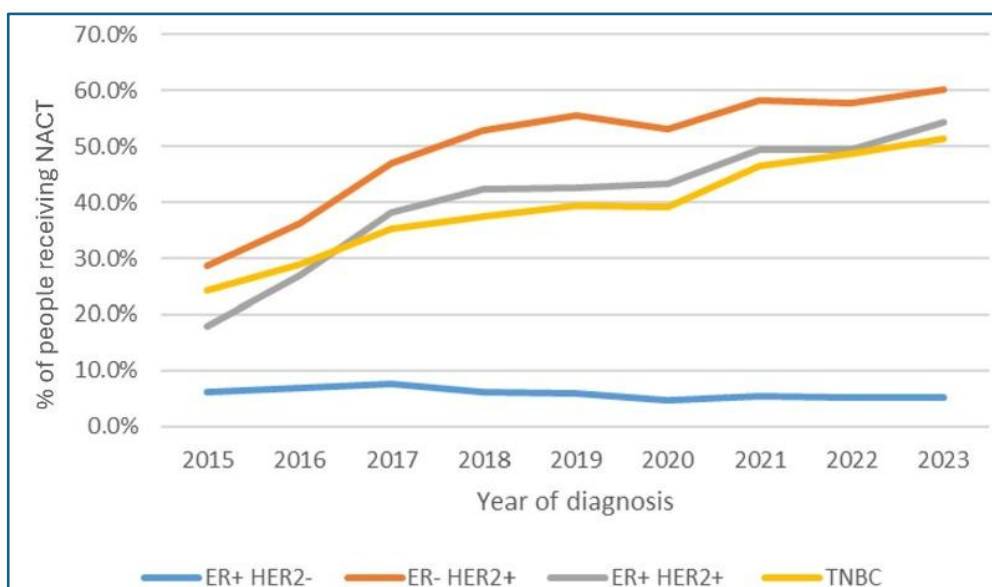
SotN report pages 7-8

Use of chemotherapy before surgery

Current national guidelines recommend consideration of neo-adjuvant chemotherapy (NACT) (chemotherapy as a first treatment before surgery) for people with stage 2 and stage 3A triple negative breast cancer (TNBC; negative receptors for oestrogen, progesterone and HER2) or HER2 positive breast cancer. It is also recommended for IBC, although these patients are not included in this analysis due to restrictions by stage.

Stage 2 breast cancer includes smaller tumours (below 5cm) with a small number (1-3) of lymph nodes in the armpit involved, or larger tumours (above 5cm) with no lymph node involvement. Stage 3A breast cancer includes small tumours with 4-9 lymph nodes in the armpit involved, or larger tumours with up to 9 lymph nodes involved.

Over the past decade, there has been a substantial increase in the use of NACT for people with triple negative and HER2 positive breast cancer, as shown by the graph above. Among people with stage 2 and stage 3A TNBC or HER2 positive breast cancer, just over half of people (57%) in England and around 1 in 4 people (26%) in Wales received NACT. The use of NACT has remained consistently low for people whose cancers were ER positive HER2 negative. This would be expected because people with ER positive HER2 negative disease have a much lower chance of responding to chemotherapy.



Graph showing the percentage of people with stage 2 and stage 3A breast cancer receiving NACT, according to breast cancer type.

Despite the rapid overall increase in NACT use, there was significant variation in the use of NACT at each Breast Unit with half of trusts lying between 45% and 66% use.

Why does this matter?

National guidelines recommend offering NACT to people where chemotherapy may help to shrink the breast cancer before surgery (sometimes making breast conserving surgery possible rather than a mastectomy) and/or treat involved lymph nodes in the armpit.

People with early invasive TNBC or HER2 positive breast cancer should be considered for neo-adjuvant chemotherapy (NACT) in line with national guidelines. If rates are low, Breast Units should review their local pathways for NACT and ensure eligible people are being considered.



NAoPri 2026 SotN Recommendation

10. How is primary breast cancer treated?

SotN report pages 8-9

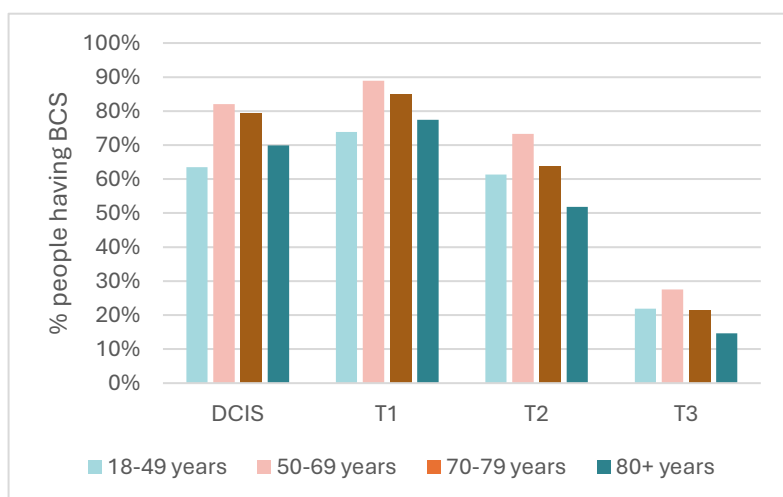
Breast surgery

Of those women who had surgery for their breast cancer within 12 months of diagnosis, nearly 3 in 4 women (74%) in England and around 7 in 10 women (71%) in Wales had breast conserving surgery (BCS) as their first operation. The remaining women had a mastectomy as their first operation.

As the majority of men with breast cancer have a mastectomy, they were not included in this analysis.



There was significant variation between Breast Units in the percentage of women who underwent BCS as their first operation. BCS rates varied between 59% and 90%, even after accounting for differences in case-mix (e.g., patient and tumour characteristics such as age, comorbidities, fitness and staging).



As shown on the graph to the left, the rates of BCS were lower in the oldest (80+ years) and youngest women (18-49 years), shown by the light blue and turquoise bars. As might be expected, breast-conserving rates were also lower with increasing T-category which corresponds to an increasing size of the tumour.

DCIS = ductal carcinoma in-situ (non-invasive cancer), T1 = breast cancer <2cm in size, T2 = breast cancer 2-5cm in size, T3 = breast cancer >5cm in size

Why does this matter?

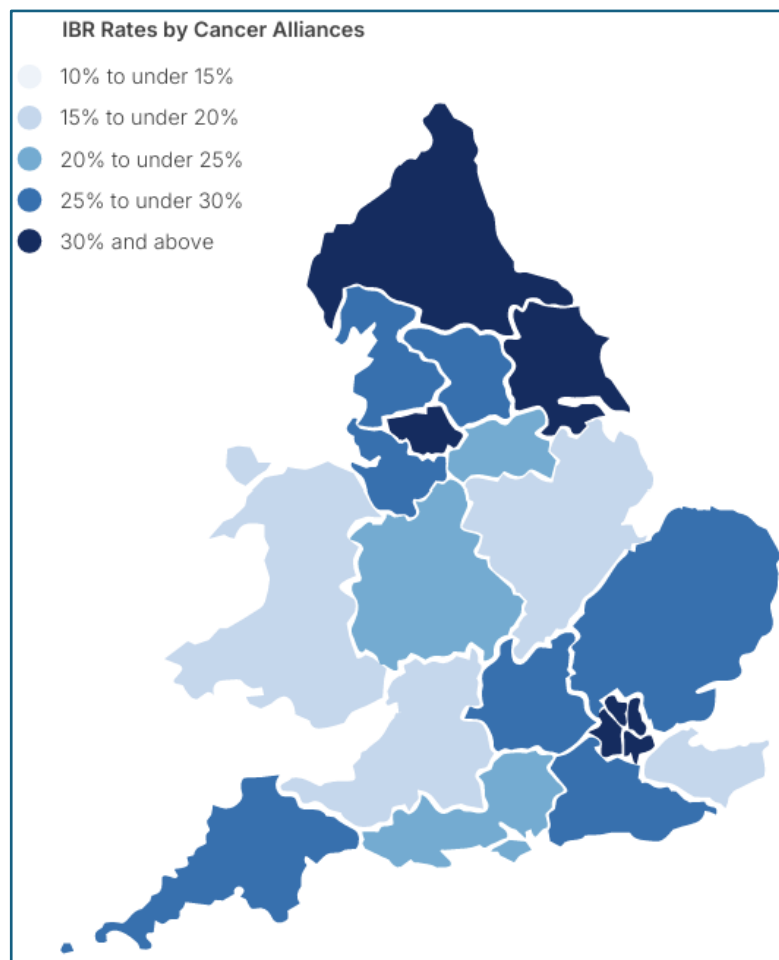
It is accepted that BCS combined with post-operative radiotherapy has equivalent outcomes to mastectomy with fewer complications, faster recovery, and improved quality of life.

Where breast-conserving surgery (BCS) rates are found to be low, Breast Units should review their local surgical resources and shared decision-making processes to ensure that eligible people are being offered BCS where clinically appropriate.



NAoPri 2026 SotN Recommendation

Among women who had a mastectomy, just over 1 in 4 women (27%) in England and around 1 in 7 women (15%) in Wales had an immediate breast reconstruction (IBR) at the time of their mastectomy.



The use of IBR has increased since the last audit report, suggesting some recovery in reconstructive practice since the COVID-19 pandemic. Despite this improvement, significant variation in the use of IBR after mastectomy in each region (Cancer Alliance) persists. This is shown on the map to the left.

There was also significant variation in the use of IBR after mastectomy at each Breast Unit which varied from 6% to 47%. This variation was evident even after accounting for differences in case-mix (e.g., patient and tumour characteristics).

Map showing the percentage of people in each region (Cancer Alliance) in England and Wales who have an immediate breast reconstruction after a mastectomy. These percentages have been adjusted to account for important differences between people (e.g., fitness levels) to make the comparisons fairer.

Why does this matter?

The National Institute for Health and Care Excellence (NICE) recommends that all women who are having mastectomy should be offered IBR unless it can't be done because of underlying health problems or poor fitness. IBR is not recommended for women with IBC to minimise any delays to further treatments. Whether or not women choose to proceed with IBR after being offered is a personal choice.

In addition, IBR has been selected as a key measure for quality improvement by NHS England. This means that there are ongoing national and regional efforts to improve access to IBR. The NAOpri have been actively involved in these quality improvement efforts by presenting bespoke data to local breast cancer teams at regional and national meetings.

Breast Units should review their use of immediate breast reconstruction (IBR) after mastectomy. Where use is lower than would be expected, Breast Units should act to improve this by ensuring it is offered to all women as part of a balanced shared decision-making process between patients and their health care professionals.



NAOPri 2026 SotN Recommendation

11. What treatments are given after surgery?

Use of radiotherapy after surgery

The below radiotherapy data for Wales should be interpreted with caution, as recorded treatment rates appear unexpectedly low and may reflect incomplete data capture. Further work is planned to investigate radiotherapy data completeness and quality in Wales.

Breast-conserving surgery (BCS)



in England

Among women who received breast-conserving surgery (BCS) for invasive breast cancer, around 6 in 7 (86%) in England and 3 in 5 (60%) in Wales had radiotherapy after their surgery. This varied from 34% to 94% between individual Breast Units.

Men were excluded from this indicator as most underwent mastectomy.

Mastectomy

Among women who underwent mastectomy for invasive breast cancer, just under half (48%) in England and nearly 1 in 5 (18%) in Wales had radiotherapy after their surgery.

Among men who underwent mastectomy for invasive breast cancer, around 3 in 7 (43%) had radiotherapy after their surgery.

There was significant variation between individual Breast Units in the use of radiotherapy after mastectomy from 12% to 67%.



in England

Why does this matter?

Traditionally, radiotherapy after BCS has been a standard part of care. However, practice is continuing to evolve. Trials have suggested that it may be suitable to omit radiotherapy in selected people with low-risk disease. It will be important to monitor how this new information starts to affect practice.

12. What are the outcomes for people with primary breast cancer?

Re-operation

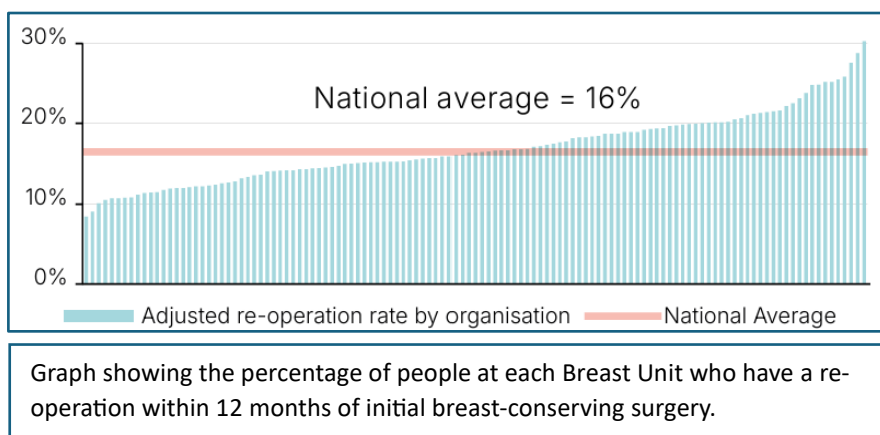
SotN report page 11

Among people with early breast cancer (stage 0 to stage 3A) who had breast conserving surgery (BCS), around 1 in 6 people (16%) in England and nearly 1 in 5 people (19%) in Wales had a further operation to confirm total cancer removal from their breast within 12 months of their initial operation. A re-operation can include either further breast conserving surgery or a completion mastectomy.

Men were excluded from this analysis as most men undergo mastectomy as their first operation.

There was significant variation in the re-operation rates between Breast Units in England and Wales. Some units had re-operation rates less than 10% whilst in others re-operation rates were above 30%, even after accounting for differences in case-mix (e.g., patient and tumour characteristics).

Re-operation rates also varied according to tumour size, with the highest rates in those with the largest tumours. In addition, over half of those with the largest tumours (T3 category - >5cm) required a completion mastectomy as their second operation.



Why does this matter?

National guidelines recommend offering further surgery after BCS where invasive or non-invasive cancer is present at the margins of the tissue removed in the first operation. Re-operation is associated with poorer cosmetic outcomes, adds to treatment burden, and can have a negative impact on quality of life. It can also delay additional treatments required after surgery.

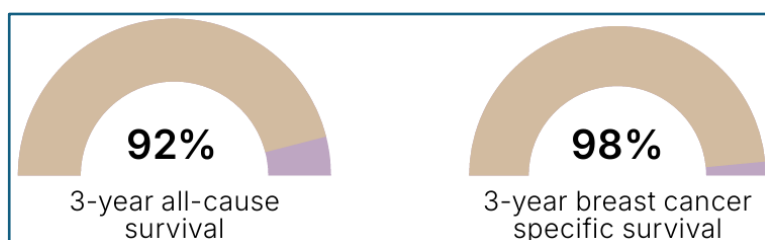
Breast Units should review their local re-operation rates following breast conserving surgery (BCS). Where re-operation rates are higher than might be expected, Breast Units should look at their practices and identify areas where improvements might be made to ensure best practice.



NAoPri 2026 SotN Recommendation

Survival

SotN report page 13



Overall, among people diagnosed with primary breast cancer (stage 1 to stage 3A) in England and Wales, 3-year all-cause survival was 92%, and 3-year breast cancer-specific survival was 98%. 3-year survival for each NHS organisation can be found on the [Data Viewer](#).

Three-year all-cause survival is an estimated proportion of people with breast cancer who are still alive three years after diagnosis. It is a population-level measure and cannot predict how long an individual person will live, as this depends on factors including the patient's age, type and stage of cancer and the treatments received. Breast cancer-specific survival only includes deaths from breast cancer whereas all-cause survival includes death from any cause.

13. What you can do

To support your own care

We have developed a 2-page guide to asking important questions along the breast cancer care pathway, in collaboration with our patient and charity representatives. This provides question prompts for patients to discuss key elements of their care and treatment with their wider breast cancer team, supported by their clinical nurse specialist.

You can access the guide [here](#).

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

To help ensure your data is recorded

Accurate information is important for achieving healthcare equality for **all people** with breast cancer across **all regions**.

Ask your breast cancer team to ensure information about your breast cancer is submitted to national cancer databases.

14. Information and support for breast cancer



Find out more

You can find more information about the NAOpri at

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

For general information about breast cancer, breast screening, practical and emotional support, and resources for people with particular diagnoses or experiences, 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	www.cancerresearchuk.org
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	
Flat Friends UK	www.flatfriends.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/
Breast screening information	
NHS England Breast Screening for women aged 50 and 70	https://www.nhs.uk/tests-and-treatments/breast-screening-mammogram/
NHS England Breast Screening for women aged 71 or over	www.gov.uk/government/publications/breast-screening-for-women-aged-71-or-over
Breast Screening in Wales	https://phw.nhs.wales/topic/screening/breast-screening/
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/