From the Deputy Chief Medical Officer
Dr Paddy Woods

Circular HSC (SQSD) (NICE NG101) 27/18

Subject: NICE Clinical Guideline NG101 – Early and locally advanced breast cancer: diagnosis and management (updates and replaces CG80 and TAs 107, 108, 109 and 112)

Circular Reference: HSC (SQSD) (NICE NG101) 27/18

Date of Issue: 11 September 2018

For action by:
Chief Executive of HSC Board – for distribution to: All HSC Board Directors – for cascade to relevant staff
Director of Integrated Care, HSC Board – for cascade to: Head of Pharmacy and Medicines Management Family Practitioner Services Leads – for cascade to relevant Family Practitioner groups
Chief Executive of Public Health Agency – for distribution to: Director of Public Health and Medical Director – for cascade to relevant staff Director of Nursing and AHPs – for cascade to relevant staff
Chief Executives of HSC Trusts – for distribution to: Medical Directors – for cascade to relevant staff Directors of Nursing – for cascade to relevant staff Heads of Pharmaceutical Services – for cascade to relevant staff Directors of Acute Services – for cascade to relevant staff HSC Clinical and Social Governance Leads Directors of Social Services – for cascade to relevant staff Directors of Finance – for cascade to relevant staff AHP Leads – for cascade to relevant staff
Chief Executive, Regulation & Quality Improvement Authority – for cascade to: relevant independent healthcare establishments
Chief Executives of HSC Special Agencies and NDPBs

For Information to:
Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
NICE Implementation Facilitator NI
Members of NI NICE Managers’ Forum

Summary of Contents:
This guideline covers diagnosing and managing early and locally advanced breast cancer. It aims to help healthcare professionals offer the right treatments to people, taking into account the person’s individual preferences. NICE has also produced guidelines on advanced breast cancer, familial breast cancer and suspected cancer recognition and referral.

Enquiries:
Any enquiries about the content of this Circular should be addressed to:
Quality Regulation and Improvement Unit
Department of Health
Room D1.4
Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

SGU-NICEGuidance@health-ni.gov.uk

Related documents:
HSC (SQSD) (NICE CG80) 03/2010
HSS (SQSD) (NICE) 02/07
HSS (SQSD) (NICE) 06/07
HSS (SQSD) (NICE) 05/07
HSC (SQSD) (NICE) 28/07

Superseded documents
HSC (SQSD) (NICE CG81) 27/14
NICE Clinical Guideline CG164 - Familial breast cancer
HSC (SQSD) (NICE NG12) 29/15

Status of Contents:
Action

Implementation:
As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Additional copies:
Dear Colleagues

NICE Clinical Guideline NG101 - Early and locally advanced breast cancer: diagnosis and management (updates and replaces CG80 and TAs107, 108, 109 and 112) -
https://www.nice.org.uk/guidance/ng101

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf)

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DoH as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.

4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.
To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.


Dr Paddy Woods
Deputy Chief Medical Officer
### Appendix 1

#### Endorsed NICE guidance - Details from Departmental review

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<thead>
<tr>
<th>Reference Number</th>
<th>NICE Clinical Guideline – NG101</th>
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<tr>
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<td><a href="https://www.nice.org.uk/guidance/ng101">https://www.nice.org.uk/guidance/ng101</a></td>
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<th>Title</th>
<th>Early and locally advanced breast cancer: diagnosis and management</th>
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| Summary of guidance | This guideline updates and replaces NICE Clinical Guideline **CG80** - Early and locally advanced breast cancer: diagnosis and treatment (endorsed by DoH in July 2010), NICE Technology Appraisals **TA107** - Trastuzumab for the adjuvant treatment of early-stage HER2-positive breast cancer, **TA108** - Paclitaxel for the adjuvant treatment of early node-positive breast cancer, **TA109** - Docetaxel for the adjuvant treatment of early node-positive breast cancer (endorsed by DoH in January 2007) and **TA112** - Hormonal therapies for the adjuvant treatment of early oestrogen-receptor-positive breast cancer (endorsed by DoH in November 2007).  

The guideline covers diagnosing and managing early and locally advanced breast cancer. It aims to help healthcare professionals offer the right treatments to people, taking into account the person’s individual preferences.  

The guideline includes new and updated recommendations on:  
- surgery to the breast and axilla  
- breast reconstruction  
- diagnostic assessment and adjuvant therapy planning  
- endocrine therapy  
- adjuvant chemotherapy for invasive breast cancer  
- bisphosphonate therapy  
- radiotherapy  
- primary systemic therapy  
- lymphoedema  
- lifestyle  

These supplement the existing recommendations on:  
- referral, diagnosis and preoperative assessment  
- providing information and psychological support  
- complications of local treatment and menopausal symptoms  
- follow-up |

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<th>Related strategically relevant DoH/ HSC policies</th>
<th>None</th>
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<td>Inter-Departmental interest</td>
<td>None</td>
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<tr>
<td>Legislative / policy caveats</td>
<td>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case. Where this guidance indicates that informed consent should be obtained and documented, the DoH guidance <em>Reference Guide to Consent for Examination, Treatment or Care (2003)</em>, gives advice on the law concerning consent to intervention. Available at: <a href="https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care">https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care</a> This guidance refers to some NICE Public Health Guidance which pre-dates the introduction of the DoH process for endorsing Public Health guidelines. All Public Health Guidance endorsed by DoH can be found at: <a href="https://www.health-ni.gov.uk/articles/nice-public-health-guidance">https://www.health-ni.gov.uk/articles/nice-public-health-guidance</a> This guidance makes reference to NICE Diagnostic Guidance which is not covered under the current service level agreement between the Department and NICE and therefore not endorsed by the DoH.</td>
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