

Metastatic Breast Cancer

*Annex to the Short
Guide to the European
Guidelines for Quality
Assurance in Breast
Cancer Screening
and Diagnosis,
Fourth edition*





The requirements of a specialist breast unit: metastatic breast cancer

This annex to the *Short Guide to the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis* has been developed to provide additional information concerning services for women with metastatic/advanced breast cancer that was included in the chapter dedicated to the requirements of a specialist breast unit in the 4th edition of the *European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis*. EUROPA DONNA is advocating that these services be provided to all women diagnosed with metastatic breast cancer across Europe.

9.4 General recommendations

Specialist breast units must provide care for all stages of breast care and disease, including metastatic disease. The core components of a woman's treatment must be managed at her breast unit, although some occasions may require her to receive radiotherapy at associated large oncology centres.

9.7.6 Clinics for advanced and recurrent breast cancer

- An **Advanced Breast Cancer Clinic** must be held once every two weeks at specialist breast units
- A **breast oncologist and/or medical oncologist** is to attend the clinic and a surgeon must be available if required
- All patients with advanced breast cancer or recurrence must be managed in this clinic according to protocols established by the **multidisciplinary team**
- Patients **receiving radiotherapy or chemotherapy** elsewhere should be referred back to the breast team at their breast unit and the Advanced Breast Cancer Clinic for follow-up and decision making

9.7.3 The multidisciplinary team

- All members of the core team (surgeon, radiologist, pathologist, oncologist, radiographers, data managers and support staff) must attend the **multidisciplinary team meeting**, held at least once a week
- Multidisciplinary teams should **discuss cases in follow-up** that have undergone diagnostic testing for possible symptoms of advanced disease
- Breast oncologists must hold **advanced disease clinics** with other members of the breast team at the breast unit

9.7.2 Communication of the diagnosis and the treatment plan

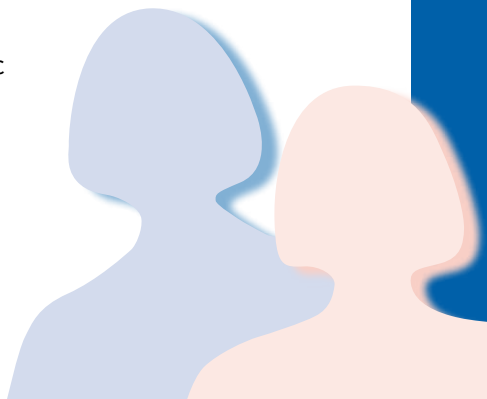
- Women should be **informed about a diagnosis** of breast cancer within 5 working days
- In cases involving surgery, ideally the diagnosis should be **communicated personally** by the surgeon. If the radiologist informs the woman, then the surgeon and/or the oncologist must personally provide treatment advice to the patient
- In clear cases of **advanced breast cancer** in which the treatment does not involve surgery, the oncologist may be the appropriate specialist to communicate the diagnosis

9.5.2.8 Patient support staff

- Patient support staff, such as **breast care nurses** and psychologists specialised in breast cancer, should be available on demand at the Advanced Breast Cancer Clinic and should be present to support women and discuss treatment options when they are given the diagnosis that they have metastatic disease
- A **suitable room** with sufficient privacy must be available for this purpose

9.8.4 Palliative care services

- A **palliative care/pain control service** must be easily accessible for women with metastatic disease. There must be a close working relationship between team members at the breast unit, especially breast nurses, and those in the palliative care services to ensure continuity of care. There must also be a good relationship with the local networks for home assistance





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