

Early and locally advanced breast cancer: diagnosis and management

Supplement 3: Pathway algorithm

NICE guideline NG101

Supplement

July 2018

*These supplementary materials were
developed by the National Guideline
Alliance hosted by the Royal College of
Obstetricians and Gynaecologists*

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The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

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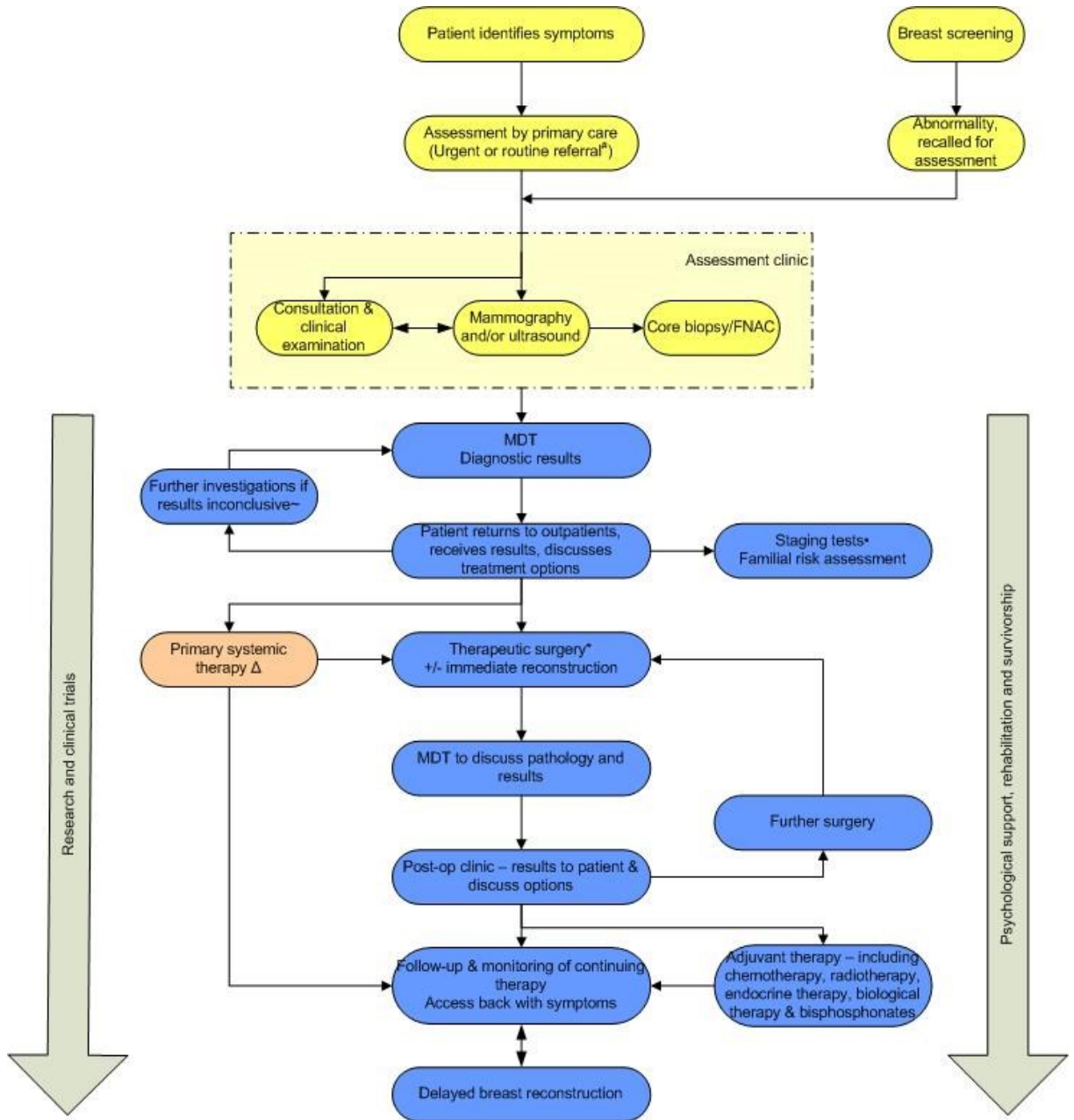
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Pathway algorithm



Key:

- ~ Include repeat core biopsy/open biopsy/MRI etc.
- * Could include breast conservation, mastectomy & axillary staging (sentinel lymph node biopsy or clearance)
- Δ For elderly or unfit patients, surgery may not be appropriate. For locally advanced but non metastatic, primary systemic therapy precedes therapeutic surgery in order to reduce size of tumour
- Not all patients will require staging: Quality standard 12 Breast cancer (NICE 2011).
- # Following the publication of the Cancer Reform Strategy (Department of Health 2007), by December 2009 all patients presenting with breast problems referred by their GP to a specialist should be seen within two weeks, in England.

MDT – multidisciplinary team; FNAC – fine needle aspiration cytology