

Advanced breast cancer: managing complications

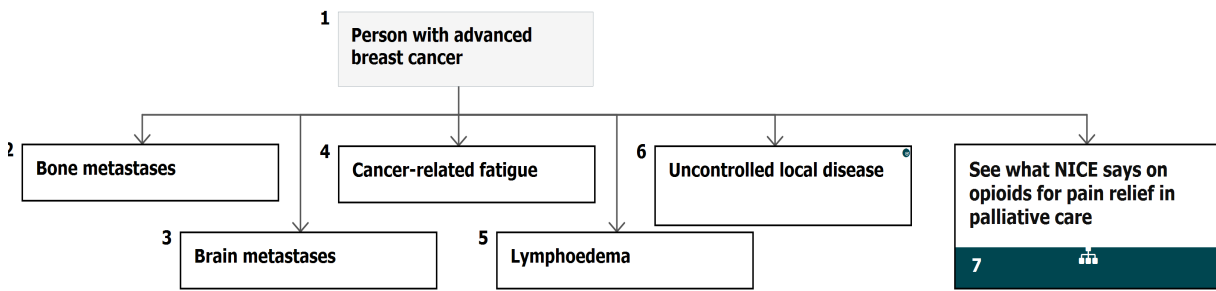
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/advanced-breast-cancer>

NICE Pathway last updated: 27 March 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with advanced breast cancer

No additional information

2 Bone metastases

Consider offering bisphosphonates to patients newly diagnosed with bone metastases to prevent skeletal-related events and reduce pain.

The choice of bisphosphonate for patients with bone metastases should be a local decision, taking into account patient preference and limited to preparations licensed for this indication.

Use external beam radiotherapy in a single fraction of 8Gy to treat patients with bone metastases and pain.

An orthopaedic surgeon should assess all patients at risk of a long bone fracture, to consider prophylactic surgery.

Do not use bone scintigraphy to monitor the response of bone metastases to treatment.

Denosumab for preventing skeletal-related events

The following recommendation are an extract from NICE technology appraisal guidance on [denosumab for the prevention of skeletal-related events in adults with bone metastases from solid tumours](#).

Denosumab is recommended as an option for preventing skeletal-related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adults with bone metastases from breast cancer if:

- bisphosphonates would otherwise be prescribed **and**
- the manufacturer provides denosumab with the discount agreed in the patient access scheme.

Adults with bone metastases from solid tumours currently receiving denosumab for the prevention of skeletal-related events that is not recommended according to the previous recommendation should be able to continue treatment until they and their clinician consider it appropriate to stop.

NICE has written information for the public on [denosumab](#).

3 Brain metastases

Offer surgery followed by whole brain radiotherapy to patients who have a single or small number of potentially resectable brain metastases, a good performance status and who have no or well controlled other metastatic disease.

Offer whole brain radiotherapy to patients for whom surgery is not appropriate, unless they have a very poor prognosis.

Offer active rehabilitation to patients who have surgery and/or whole brain radiotherapy.

Offer referral to specialist palliative care to patients for whom active treatment for brain metastases would be inappropriate.

4 Cancer-related fatigue

Offer all patients with advanced breast cancer for whom cancer-related fatigue is a significant problem an assessment to identify any treatable causative factors, and offer appropriate management as necessary.

Provide clear, written information about cancer-related fatigue, organisations that offer psychosocial support and patient led groups.

Provide information about and timely access to an exercise programme for all patients with advanced breast cancer experiencing cancer-related fatigue.

5 Lymphoedema

Discuss with people who have or who are at risk of breast cancer-related lymphoedema that there is no indication that exercise prevents, causes or worsens lymphoedema.

Discuss with people who have or who are at risk of breast cancer-related lymphoedema that exercise may improve their quality of life.

Assess patients with lymphoedema for treatable underlying factors before starting any

lymphoedema management programme.

Offer all patients with lymphoedema complex decongestive therapy as the first stage of lymphoedema management.

Consider using multilayer lymphoedema bandaging for volume reduction as a first treatment option before compression hosiery.

Provide patients with lymphoedema with at least two suitable compression garments. These should be of the appropriate class and size, and a choice of fabrics and colours should be available.

Provide patients with lymphoedema with clear, written information and the contact details of local and national lymphoedema support groups.

L-Dex U400

NICE has published a medtech innovation briefing on [L-Dex U400 for lymphoedema after breast cancer treatment](#).

6 Uncontrolled local disease

A breast cancer multidisciplinary team should assess all patients presenting with uncontrolled local disease and discuss the therapeutic options for controlling the disease and relieving symptoms.

A wound care team should see all patients with fungating tumours to plan a dressing regimen and supervise management with the breast care team.

A palliative care team should assess all patients with uncontrolled local disease in order to plan a symptom management strategy and provide psychological support.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

5. Multidisciplinary team management of metastatic breast cancer

7 See what NICE says on opioids for pain relief in palliative care

[See Opioids for pain relief in palliative care](#)

Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen

People with advanced breast cancer who have had 1 chemotherapy regimen are usually then offered an anthracycline, a taxane or capecitabine, depending on what they have had already. The clinical trial results for eribulin showed that it did not increase progression-free survival, but there was an average overall survival increase of 4.6 months compared with capecitabine. Since treatment is changed when the disease progresses, and eribulin would have been stopped at that stage, it is not clear whether the increase in overall survival is because of eribulin, or related to the treatments given after eribulin. Eribulin is already recommended after 2 previous chemotherapy treatments, and there are no trials which compare its effectiveness given after 1 or 2 previous treatments, so this remains uncertain.

Eribulin meets NICE's criteria to be considered a life-extending treatment at the end of life. The estimates of cost effectiveness for eribulin range from £36,200 to £82,700 per quality-adjusted life year (QALY) gained. The most plausible estimate of cost effectiveness, based on a revised company model and the committee's preferred assumptions, is £69,800 per QALY gained. This is above what NICE normally considers to be acceptable for end-of-life treatments. Therefore, eribulin cannot be recommended as a cost-effective option for locally advanced or metastatic breast cancer in adults who have had only 1 chemotherapy regimen.

For more information see the committee discussion in the NICE technology appraisal guidance on [eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen](#).

Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer

This recommendation is for a drug that has been available on the Cancer Drugs Fund for several years and the committee recognised this as an exceptional circumstance. In this context, the committee considered it reasonable to apply flexibility in its interpretation of the criteria for special consideration as a life-extending treatment for people with a short life expectancy, but noted that the weight applied to the quality-adjusted life years gained would not be at the maximum allocated in other, more regular, circumstances where the end of life criteria have been applied. With this in mind, the committee accepted that the incremental cost-effectiveness ratio, taking into account the commercial access arrangement, provides for an acceptable use of NHS resources.

For more information see the committee discussion in the NICE technology appraisal guidance on [pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer](#).

ER

(oestrogen receptor)

HER2

(human epidermal growth factor receptor 2)

PET-CT

(positron emission tomography fused with computed tomography)

Sources

[Advanced breast cancer: diagnosis and treatment](#) (2009 updated 2017) NICE guideline CG81

[Denosumab for the prevention of skeletal-related events in adults with bone metastases from solid tumours](#) (2012) NICE technology appraisal guidance 265

Your responsibility**Guidelines**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services,

and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do 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.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to

make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.