

# Influencing best practice in metastatic breast cancer

## Metastatic breast cancer

Breast cancer is the most common cancer diagnosed in Australia. Approximately 5% of patients diagnosed with breast cancer in Australia have metastatic disease at initial breast cancer diagnosis (NCCI, Cancer Australia), and some patients who have early breast cancer at diagnosis will have a recurrence that is metastatic. However exact statistics on patients with metastatic breast cancer in Australia are not currently available. For patients with metastatic breast cancer at diagnosis in Australia, 5-year relative survival is low at 32%, compared with over 95% for patients with early breast cancer.

While many patients with metastatic breast cancer are living longer, current treatments for metastatic breast cancer are generally not curative. The main treatment goals for metastatic breast cancer are to effectively manage symptoms and optimise quality of life, as well as to prolong survival. There can be

emotional, physical and practical challenges and needs specific to metastatic breast cancer that are important to address. Issues include managing symptoms of metastatic disease and its treatment, adjusting to living with metastatic breast cancer and coping with concerns about facing an uncertain future.

Multidisciplinary care is particularly important for patients with metastatic breast cancer due to their complex management and supportive care needs. Effective, sensitive communication in a culturally safe environment, and a patient-centred individualised approach are key elements of care. These support and empower patients to participate in shared decision-making about treatment and care that is right for them, and help avoid treatments that may not provide meaningful benefits or may cause harm.

The *Cancer Australia Statement - Influencing best practice in metastatic breast cancer* highlights 10 key appropriate and inappropriate practices as priority areas in metastatic breast cancer treatment and care.

### REDUCING UNWARRANTED VARIATION

The Statement identifies 10 agreed priority areas in the management of metastatic breast cancer which, when implemented, will reduce unwarranted variations in care and outcomes.

### ENCOURAGING CLINICAL REFLECTION

The Statement aims to encourage health professionals to reflect on their clinical practice in line with the 10 evidence-based practices to maximise clinical benefit, minimise harm and deliver patient-centred care.

### CONVERSATIONS WITH PATIENTS

The Statement supports and empowers people with metastatic breast cancer to participate in shared decision-making about treatment and care that is right for them.

### LEADING CHANGE THROUGH COLLABORATION

The Statement represents the culmination of a rigorous evidence review and prioritisation process involving experts and key stakeholders. The practices have the support of key clinical colleges, cancer and consumer organisations.

Cancer Australia gratefully acknowledges the contribution and support of: Breast Cancer Network Australia, BreastSurgANZ, Cancer Nurses Society of Australia, Clinical Oncology Society of Australia, Medical Oncology Group of Australia, Royal Australian and New Zealand College of Radiologists, Royal Australian College of General Practitioners, Royal College of Pathologists of Australasia.

### MORE INFORMATION

For more information on the *Cancer Australia Statement - Influencing best practice in metastatic breast cancer* and to access supporting resources, visit [canceraustralia.gov.au/statement](http://canceraustralia.gov.au/statement)



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**1** **APPROPRIATE** to involve a multidisciplinary team to consider effective evidence-based anti-cancer and supportive therapies in the management of patients with metastatic breast cancer. A key contact person should be agreed to support communication and coordination of patient-centred care.

**2** **APPROPRIATE** to communicate effectively and sensitively in a culturally safe environment with metastatic breast cancer patients and their families, and provide timely, comprehensive, patient-centred information on matters including:

- ▶ prognosis and the intent of treatment
- ▶ potential benefits and harms of treatment (including complementary and alternative therapies)
- ▶ cost and practical implications of treatment
- ▶ supportive and palliative care.

**3** **APPROPRIATE** for patients with metastatic breast cancer to have access to effective pain and symptom management and psychosocial support, including multidisciplinary supportive and palliative care services when required.

**4** **APPROPRIATE** for patients with metastatic breast cancer to be offered participation in suitable and relevant clinical trials from the time of diagnosis and throughout treatment.

**5** **APPROPRIATE** to offer biopsy of accessible metastases to assess biological markers (such as oestrogen and progesterone receptors, and HER2 status), and to offer germline genetic testing for BRCA1/2, if the result is likely to lead to a change in the management of patients with metastatic breast cancer.

**6** **NOT APPROPRIATE** to use chemotherapy in patients with metastatic breast cancer who are unlikely to benefit, such as those who have received multiple lines of prior therapy for advanced disease, and with low performance status (3 or 4) or at high risk of toxicity.

**7** **NOT APPROPRIATE** to use chemotherapy in preference to endocrine therapy (with or without a CDK inhibitor) as initial treatment for patients with metastatic breast cancer that is hormone receptor-positive and HER2 negative, unless there is visceral crisis.

**8** **APPROPRIATE** to consider single fraction radiotherapy initially for uncomplicated painful bone metastases in patients with metastatic breast cancer, rather than routinely using radiotherapy with extended fractionation schemes (>10 fractions).

**9** **NOT APPROPRIATE** to routinely use extensive locoregional therapy in metastatic breast cancer patients with minimal symptoms attributable to the primary tumour.

**10** **NOT APPROPRIATE** to use whole brain radiotherapy for metastatic breast cancer patients with brain metastases, without considering initial surgery or stereotactic radiosurgery.

The **Cancer Australia Statement – Influencing best practice in metastatic breast cancer** was finalised and released in October 2019.

For more information on the **Cancer Australia Statement – Influencing best practice in metastatic breast cancer** and to access supporting resources, visit [canceraustralia.gov.au/statement](http://canceraustralia.gov.au/statement)