



Influencing best practice in breast cancer

While survival for women with breast cancer in Australia is among the highest in the world, there is evidence that not all patients are receiving the most appropriate care or getting the information they need about the options that are right for them. This unwarranted variation has the potential to have an impact on patient outcomes and experience.

About the Statement

The aim of the *Cancer Australia Statement – Influencing best practice in breast cancer* is to iron out unwarranted variations in breast cancer care in Australia.

The Statement is a summary of 12 practices that have been identified as appropriate or inappropriate for the provision of evidence-based, patient-centred breast cancer care in Australia. It highlights what 'ought to be done' in breast cancer care to maximise clinical benefit, minimise harm and deliver patient-centred care.

Not every practice will be relevant for all people diagnosed with breast cancer. The practice(s) relevant to an individual will depend on the type and stage of their breast cancer, their age, and where they are in their breast cancer journey.



HOW WAS THE STATEMENT DEVELOPED?

Cancer Australia took a highly collaborative, consultative and evidence-based approach to the development of the Statement. People with cancer were an integral part of the process, which brought key clinical and cancer organisations together with women with breast cancer to identify priority areas of practice.

USING THE STATEMENT

The Statement aims to empower people with breast cancer to engage with their health professionals and make informed, evidence-based decisions that deliver the best outcomes for them.

You may wish to talk with your health professionals about the practices in the Statement and about the options available to you.

For more information about the Statement visit canceraustralia.gov.au/statement



10

Not appropriate to offer a sentinel node biopsy to patients diagnosed with DCIS (ductal carcinoma in situ) having breast conserving surgery, unless clinically indicated.

WHAT THIS PRACTICE IS ABOUT

DCIS (ductal carcinoma in situ) is a non-invasive type of breast cancer where the abnormal cells are found only within the milk ducts of the breast.

In someone diagnosed with DCIS, the risk that their cancer has spread to other parts of the breast or other parts of the body is very low. For most people diagnosed with DCIS, tests to find out whether cancer has spread beyond the breast are unnecessary.

Sentinel node biopsy (SNB) is a test to see whether cancer has spread beyond the breast to one or more lymph nodes close to the breast.

Patients with DCIS who are having breast conserving surgery should only undergo a sentinel node biopsy if they are at high risk of invasive breast cancer.

WHY THIS PRACTICE MIGHT BE IMPORTANT TO YOU

If you have DCIS, it is very unlikely that your cancer has spread, so a procedure to check this may be unnecessary. In some cases however, there may be specific features which suggest a high risk of invasive disease.

Unnecessary invasive procedures, such as sentinel node biopsy, can harm patients through over-treatment, risk of post-surgical complications, side effects and unnecessary anxiety.

If you have DCIS and your doctor has suggested a sentinel node biopsy, it is important to discuss why this is being recommended.

MORE INFORMATION

More information about other recommended practices and the Statement is available at canceraustralia.gov.au/statement



@CancerAustralia



YouTube.com/canceraustralia

canceraustralia.gov.au/statement

© Cancer Australia 2016 STFS_10 10/16