



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



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Appropriate to offer palliative care early in the management of patients with symptomatic, metastatic breast cancer to improve symptom control and quality of life.

WHAT THIS PRACTICE IS ABOUT

A proportion of women with early breast cancer* will experience progression of their disease, while some women have metastatic† breast cancer at diagnosis. These women may live with metastatic breast cancer for a number of years, and receive treatment which, while no longer curative, is aimed at delaying the progression of the cancer, relieving cancer-related symptoms, and improving quality of life.

Palliative care is specialised care for people who have a disease that cannot be cured. Palliative care is not just for people who are dying or nearing the end of their life. It focuses on helping to control physical symptoms such as pain, and on emotional wellbeing, relationships with others and spiritual needs.

Providing palliative care early to patients with metastatic cancer who are experiencing symptoms can improve pain control and symptom management, improve patient satisfaction and quality of life, reduce anxiety and deliver care that better matches patient preferences.

WHY THIS PRACTICE MIGHT BE IMPORTANT TO YOU

If you have metastatic breast cancer and are experiencing symptoms, early introduction of palliative care may ensure that you maintain your quality of life for as long as possible.

Discussing the options for palliative care with your doctor will help to manage your physical and emotional needs, and enable you to make informed decisions about your cancer care.

MORE INFORMATION

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

* Early breast cancer is defined as invasive cancer that is contained in the breast, or has spread to lymph nodes in the breast or armpit, but not to other parts of the body. Some cancer cells may have spread outside the breast and armpit area but cannot be detected.

† Metastatic breast cancer (also known as secondary breast cancer or advanced breast cancer) is invasive breast cancer that has spread from the breast to other parts of the body.

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