NHS
Somerset
Clinical Commissioning Group

BREAST RECONSTRUCTION POST CANCER CRITERIA BASED ACCESS (CBA) POLICY 2020

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Application Form	EBI Generic application form if appropriate to apply

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VERSION CONTROL

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2	30 Aug 19	FINAL AGREED POLICY
3	2 Jan 2020	Template update & CCPF, removal of IFR replaced with EBI

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BREAST RECONSTRUCTION POST CANCER
CRITERIA BASED ACCESS (CBA) POLICY 2020

1 INTRODUCTION

This policy sets out the rationale for commissioning breast reconstructive surgery following cancer treatment.

This follows a review of the policy in Somerset and advice from the regional cancer alliance. It is in line with neighbouring CCGs to ensure equity of access to care.

BREAST RECONSTRUCTION POST CANCER IS NOT ROUTINELY FUNDED BY SOMERSET CCG AND IS SUBJECT TO THIS RESTRICTED POLICY

2 GENERAL PRINCIPLES

The CCG does not commission surgery for cosmetic purposes alone.

Each patient's circumstances should be discussed at an appropriate multidisciplinary team (MDT) meeting to assess the patient's needs against the criteria within this policy prior to treatment.

Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment.

Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall 2015).

Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing.

In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

3 AIM

The aim of this policy is to ensure that breast cancer patients have access to high quality and appropriate rebalancing surgery based on the principle of "getting it right first time". This policy details what is available for those patients who, following a full discussion regarding the risks and benefits of the alternatives, elect to have a surgical breast reconstruction once treatment for breast cancer has been completed. All other breast cosmetic surgery in Somerset is not commissioned.

4 BACKGROUND

There are a number of different surgical procedures that may take place in order to remove the cancerous tissue in the breast and then to repair the breast following such surgery. For people diagnosed with breast cancer, removal of any cancerous tissue in the breast forms part of a treatment pathway. The tissue that is removed can be limited to a localised amount of breats tissue around the cancer (lumpectomy) or can be the full removal of a breast (mastectomy). These procedures are used to treat breast cancer in both females and males.

Following treatment for breast cancer, a person may wish to have the cosmetic appearance of the breast improved. Breast appearance can be improved by wearing a prosthesis and specialist bras. There are also numerous surgical options available for breast reconstruction after the removal of cancerous breast tissue. Support is given to patients who are preparing for surgery and this can help prepare for both the physical and emotional impact of such surgery.

PURPOSE OF BREAST RECONSTRUCTION SURGERY POST CANCER

The purpose of breast reconstruction surgery is to allow the surgeon to rebuild the affected breast to give an appearance of a natural contour. This is to bring the breast to a level reasonably equivalent to its appearance prior to the removal of the cancerous tissue. Surgery to improve on the appearance of the breasts to a superior level pre breast cancer treatment is **not commissioned**.

CONTRALATERAL BREAST SURGERY

Surgery to the breast unaffected by cancer is allowed when the reconstructive surgery requires the surgeon to rebalance a disproportionate size variation between the affected and the contralateral unaffected breast to produce a more symmetrical appearance.

The decision to treat the contralateral breast must be taken by a multidisciplinary team to agree the clinical appropriateness of any treatment in line with the published criteria.

This policy is only appropriate for patients on the post cancer breast reconstruction pathway. For all other non-post cancer related breast surgery requirements please refer to the correct policy:

- Breast surgery- female
- Breast surgery – male
- Cosmetic surgery
- Liposuction to reduce fat pockets and deposits
- Skin contouring

5 POLICY DEVELOPMENT

This policy has been developed with the guidance and support of local breast reconstruction surgeons within Somerset and the wider SWAG Cancer Alliance.
In developing this policy local breast surgeons have advised that a patient may need

up to 3 operations in order to achieve a good outcome. This policy supports “getting it right first time” as good practice. This includes surgery to both the affected breast and the unaffected breast, when it is clinically agreed by the MDT that breast rebalancing surgery is required.

If additional surgery is required over and above these 3 recommended surgeries, guidance should be sought from the Evidence Based Interventions Panel on a case by case basis before proceeding. Where the Evidence Based Interventions Panel identify a trend and/or a cohort of patients who require more than the 3 agreed surgical treatments, a policy review will be carried out in line with the Somerset CCG policy review process.

6 OTHER CONSIDERATIONS

INFLAMMATORY BREAST CANCER

Patients with Inflammatory breast cancer are required to wait 2 years post treatment before being eligible to commence surgery. For these patients, point 3 of the criteria below will commence after 2 years have passed, extending the overall timeframe from 5 to 7 years. This has been agreed as appropriate following consultation with local surgeons. If treatment is required outside of this timeframe, the clinical referrer is required to please contact the evidence based interventions team for guidance on to how to proceed.

BENIGN LUMP REMOVAL FROM BREASTS

The removal of benign breast lumps is considered under the benign skin lesion policy and, therefore, reconstruction of breast tissue following the removal of benign breast lumps falls outside of the scope of this policy. Such requests may be considered by the evidence based interventions panel under the appropriate breast surgery/ cosmetic surgery policy.

BREAST SURGERY IN MALES

Breast cancer is rare in men. There are about 390 men diagnosed each year in the UK. This compares to around 54,800 cases in women. There are some similarities between male breast cancer and female breast cancer. But there are also important differences between the two. The most common type in both women and men is called “invasive breast carcinoma- no special type”. Some men develop rarer types of breast cancer, such as inflammatory breast cancer. Or they might develop conditions related to breast cancer but these are very uncommon.

NIPPLE TATTOO

Some patients prefer to have a nipple tattoo instead of having a new nipple- this is routinely commissioned and not subject to this restricted policy.

7 RISKS OF BREAST SURGERY

All forms of surgery carry some degree of risk. Complications that can affect anyone who has surgery include:

- An adverse reaction to the anaesthetic
- Excessive bleeding

- Risk of infection
- Developing blood clots

COMPLICATIONS REQUIRING ADDITIONAL SURGERY

As with all surgery, complications may occur which result in additional surgery being required. such complications include, but are not limited to, post-operative infections and rupture to breast implants requiring their removal and reinsertion. Additional surgery is permitted without the need for additional funding to be secured where this request is documented by the multidisciplinary team as being clinically appropriate and within the scope of this policy. The commissioner requires this information to be clearly recorded within a patient's record to suppor the criteria based access audit process and possible further policy development.

Patients are entitled to access surgery following complications for a timescale of no later than 24 months following the date of the last surgery. This timescale is considered appropriate to allow for post-operative healing.

Any requests for assessment and/or treatment after 24 months will be considered in line with the most appropriate commissioning policy at such time, and funding will be required to be sought by the clinical referrer in advance of any referral for treatment, although approval will not be unreasonably withheld.

8 EXCLUSIONS

Cosmetic enhancements following reconstructive surgery do not fall within the scope of this policy. Funding requests for cosmetic surgery may be submitted to the Evidence Based Interventions (EBI) team, using the appropriate EBI application form.

Other examples of surgery considered as being outside the scope of this policy are (but not limited to):

- Breast uplift/ mastopexy to the unaffected breast following normal effects of aging
- Nipple repositioning on the unaffected breast

9 POLICY - Criteria to Access Treatment- CRITERIA BASED ACCESS

9.1 BREAST RECONSTRUCTION POST CANCER- BREAST AFFECTED BY CANCER ONLY

Funding for surgery will only be provided by the CCG for patients meeting all criteria as set out below:

9.1.1 Patients must be assessed by a multidisciplinary team (MDT) **AND**

9.1.2 The MDT must confirm that:

a) It recommends a specific treatment for a patient having considered all the available alternatives **AND**
b) The potential benefits outweigh potential harm

In addition to the MDT criteria above (criteria 1 and 2) the following criteria

must be met:

9.1.3 The patient has completed treatment for breast cancer, resulting in the removal of breast tissue, within the last 5 years dating from the MDT recommendation **AND**

9.1.4 This surgery is to reinstate the affected breast to an appearance reasonably equivalent to pre-breast cancer condition, acknowledging that an identical shape/ contour cannot be achieved.

NB. Patients with inflammatory breast cancer are required to wait an additional 2 years post treatment before being eligible to commence surgery therefore this funding will be extended until 7 years for those patients. Extensions to this time limit will require the lead surgeon to contact the commissioner seeking approval for patients to access the pathway, although approval will not be unreasonably withheld.

9.2 BREAST RECONSTRUCTION POST CANCER

CONTRALATERAL BREAST REBALANCING SURGERY
(Surgery to breast unaffected by cancer to achieve symmetry)
Funding for surgery will only be provided by the CCG for patients meeting all criteria as set out below:

9.2.1 Patients must be assessed by a multidisciplinary team (MDT). The expectation of the CCG is that the MDT makes the most clinically appropriate decision and cannot recommend surgery purely for cosmetic reasons.

9.2.2 The MDT confirms that:
a) It recommends surgery to the unaffected breast for this patient having considered all the available alternatives **AND**
b) The potential benefits outweigh potential harm

In addition to the MDT criteria above (criteria 1 and 2) the following criteria must be met:

10.2.3 The surgery to the contralateral breast is required for cosmetic breast rebalancing purposes as appropriate.

NB. Surgery to the contralateral breast is to be undertaken within the pre-agreed 3 surgical episodes for both breasts. All 3 surgical procedures must be completed within 2 years of the first procedure. If additional surgery is required, please contact the EBI team for further guidance.

Complications following surgery
Patients are entitled to access surgery following complications for a timescale f no greater than 24 months following the date of the last surgery. This timescale is considered appropriate to allow for post- operative healing. In the event of delays beyond this timescale, managing clinicians will need to contact the commissioners for advice and consideration of

extensions.

11 EVIDENCE BASED INTERVENTIONS PANEL APPLICATION PROCESS

11.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy

11.2 Completion of a **Generic EBI Application Form** by a GP or Consultant may be put forward

11.3 Applications cannot be considered from patients personally

11.4 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBIP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

11.5 EBI applications are reviewed and considered for clinical exceptionality

11.6 For further information on 'clinical exceptionality' please refer to the NHS England IFR policy
https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

11.7 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question

- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

12 ACCESS TO POLICY

12.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

12.2 **Or write to us**: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somccg.pals@nhs.net

13 REFERENCES

The following sources have been considered when drafting this policy:

http://www.nhs.uk/Conditions/Mastectomy. (n.d.). Retrieved from NHS Choices: http://www.nhs.uk/Conditions/Mastectomy/Pages/Introduction.aspx

Complications of postmastectomy breast reconstructions in smokers, ex-smokers, and nonsmokers

https://www.ncbi.nlm.nih.gov/pubmed/11214048

Padubidri AN[1], Yetman R, Browne E, Lucas A, Papay F, Larive B, Zins J. "Complications were significantly more frequent in smokers. Mastectomy flap necrosis was significantly more frequent in smokers, regardless of the type of reconstruction. Breast reconstruction should be done with caution in smokers. Ex-smokers had complication rates similar to those of nonsmokers. Smokers undergoing reconstruction should be strongly urged to stop smoking at least 3 weeks before their surgery."

http://www.nhs.uk/Conditions/Mastectomy/Pages/Introduction.aspx

Reasearch, C. (n.d.). http://about-cancer.cancerresearchuk.org/about-cancer/breastcancer/

stages-types-grades/types/male-breast-cancer. Retrieved from http://aboutcancer. cancerresearchuk.org/about-cancer/breast-cancer/stages-typesgrades/types/male-breast-cancer: http://aboutcancer.cancerresearchuk.org/aboutcancer/ breast-cancer/stages-types-grades/types/male-breast-cancer

Thelwall, S. P. (2015).

Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases, , vol. 21, no. 11, p. 1008.e1.