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On behalf of the ASPIRE steering committee



Current Breast Referral Landscape



- ~70% women experience breast pain over lifetime
- 700,000 women referral to breast clinics per annum
 - 100% increase over last 10 years
 - 14% increase in breast cancer pick up
- 20% (140,000) breast pain

Dixon JM, Thomas J. Symptoms, assessment and guidelines for referral. In: JM Dixon, ed. ABC of breast diseases. Chichester: Wiley- Blackwell, 2012: 1–11. NHS England. Hospital Episode Statistics 2019 - 2020. <https://bit.ly/3uyldnL> UK Office for National Statistics. Cancer Registration Statistics. 2019.

Breast Pain and Cancer

Symptoms	%/No.	Cancer Rate	Clinical Findings P3-5	Imaging
Breast Pain only	18% (1972)	0.4% (8 with 3 contralateral breast)	<1% aged <40 years <1% aged 40–73 years 0% aged >73 years	1112 98% normal/benign
Lump(s)	62% (6708)	5%	4% age <40 years 15% aged 40–73 years 40% aged >73 years	
Nipple	4% (480)	5%		
“Others”	15% (1670)	5%		

Breast pain alone

- Normal P1/2, 99% unremarkable MMG (Positive Predictive value of 99%)

Lump

- P1/2 97% unremarkable MMG (PPV 97%)

Rajiv Dave et al BJGP 2021 Vol 0475

Cost of Diagnosis

- Total cost = £531,817
- Mean cost of a clinic visit
 - Breast pain = **£269** (95% CI = £265 to £275; $p < 0.05$)
 - Lump **£361** (95% CI = £356 to £367; $p < 0.05$)
 - Nipple complaint **£331** (95% CI = £314 to £348; $p < 0.05$)
 - “Other” symptom **£322** (95% CI = £312 to £331; $p < 0.05$)
- Cost per case of breast cancer
 - Breast pain £66,477 vs Others between £6623 to £6943
- Referral cost £262 more than primary care reassurance
- NO additional health benefits (net QALYs -0.012)

Rationale for Novel Pathways



- Common symptom that cause anxiety and distress
- Assessing patients in one-stop clinics (OSC) might not be best strategy
 - Resource intensive
 - Workforce
- Different models have been set up across the country
- Very different in terms of organisation of care and components of assessment
- Robustly evaluated to ensure
 - Safety
 - Effectiveness &
 - Meet the needs of patients using the service



NO INNOVATION WITHOUT EVALUATION

Pathway Quality Indicators



- **Safety** – pathway does not lead to an interval cancer great $>1\%$
- **Timeliness** – patients seen in a timely manner
- **High levels of patient satisfaction** – standardise dataset PROMS
- **Best use of resource** – right patient, right time, right person, right investigations to minimising re attendance
- **Auditable** – so can be evaluated

ASPIRE Service Evaluation



PRIMARY:

- Safety at 12 months defined by the number of breast cancers diagnosed in the 12 months following completion of assessment of breast pain pathway

SECONDARY:

- Cancer pick up rate
- Patient satisfaction following assessment
- Time from referral to completion of assessment
- No. of re-referrals or re-attendance within 12 months for the same symptom
- No. of onward referrals to OSC
- Resource use at 12 months (on a pathway level)

Data Collection



- Two phases
- 12 months each phase
- Phase I – 0-12 months
 - Collecting data on patients attending a novel vs control OS
- Phase II – 13 - 24 months
 - Safety is defined by no. of breast cancers diagnosed in the 12 months following completion of assessment of the pathways

Novel Breast Pain Pathways



25 units (including Controls)

- Community based breast pain clinics with formal family history assessment
- Dedicated breast pain clinics in secondary care
 - F2F or Virtual
 - Timing – Parallel with OSC or independent
 - Timeframe
- Self managed supported by information from secondary care initially & see in clinic if symptoms persists
- Primary & Secondary Care collaboration management initially & onward referral to secondary care if symptoms persist
 - Patient information (post or online)
 - 6 weeks to 3 months
- Imaging only (mammogram) - >40 years old

Triage	Setting	Delivery	Personnel	Imaging	Patient resource	Safety-netting
None	Community	F2F	Consultant only	None	None	OSC if red flag symptoms
Consultant – unit lead	Secondary care facility	virtual - telephone	Consultant +/- Trainee	Based on risk assessment	Leaflet	Routine f/u offered to all patients
Consultant – shared		virtual - video	ANP	MMG all over 40	Video	
Non clinical			PA	Based on examination		
GPSI			GPSI			
ANP						

Data Collection



- Using the REDCap electronic platform
- Data will be anonymized
- Data collection is quick (core dataset)
- Bespoke data collection fields tailor to individual unit or pathway
- Report can be downloaded by each units
- PROMs
 - Paper or Electronic (automated)



The 'Onboarding Process'



- ~60min minute online
- Understand how your pathway works
- Modified date collection
 - Streamline & individualize
 - Add data collection fields to suit unit workflow
 - Adapt the patient survey
 - Paper vs electronic patient surveys

Sending a Patient Satisfaction Survey via QR code or Survey Access Code

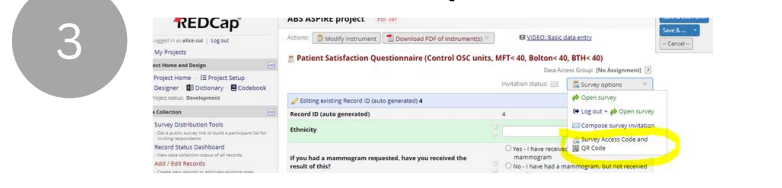
Click Add/Edit records to enter the record of the patient



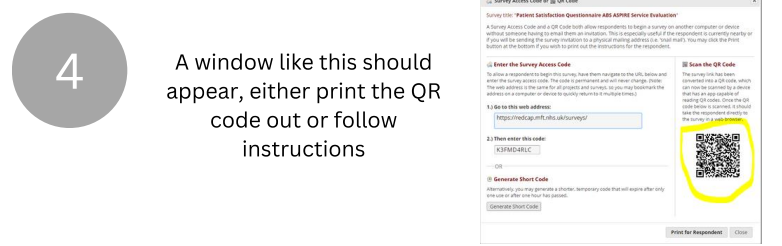
Go into the Patient Satisfaction Survey you need the patient to complete by clicking the grey circle



Click the survey options tab at the top of the survey and click survey access code and QR Code



A window like this should appear, either print the QR code out or follow instructions



MFT Data Entry

1) Registration:

If not registered already, please complete registration form:

https://docs.google.com/forms/d/1NDWHTeTfbhFs8jJax_xzZLcUqTllaZbmAEF-G0Pn6CE/edit

2) Data Entry:

- Remember to input patient email
- Complete "details of imaging performed" after mammogram results received

ASPIRE Study

1. Before telephone appointment, open REDCap: <https://redcap.mft.nhs.uk/>
2. Open local participant tracker S:\CO-Breast-Surgery-Team\ASPIRE Breast Pain and allocate patient ID to their corresponding NHS Number
3. Click Add/Edit records on REDCap
4. Hold telephone appointment
5. Complete ASPIRE in-clinic data collection form, participant ID: MFT** (**are numbers) during appointment

3) Patient Satisfaction Survey:

1. Patient satisfaction Surveys automatically set to send to patient after completing "Outcome of Assessment" of ASPIRE In-Clinic Data collection form and setting status of this form to "Complete" at the end
2. If paper copies of the patient satisfaction survey issent out, please upload electronically to REDCap
3. To download the paper copy of the patient satisfaction survey please [click here](#)

4) 12 month Assessment

Survey to be uploaded onto REDCap

Collect data of participant at 12 months after initial assessment:

- Interval cancer rate
- Re-presentation
- Patient satisfaction


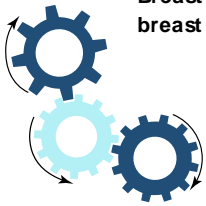
THE ABS ASPIRE PROJECT

LEISIMPROVETHEPROCESS TOGETHER PROACTIVE HEALTHCARE


The ABS ASPIRE project is a national project looking at best way to look after people with breast pain, across the UK.

Breast pain is not considered a symptom of breast cancer, and a woman with breast pain alone may not need the same investigations as a woman with a lump.

The purpose of this project is to look at all the different breast pain pathways in the UK over a period of 12 months and compare the results.



As part of the project, we would really appreciate your views. By completing our patient feedback questionnaire this will help us to further improve our patient pathway.



Data generated from this appointment will be entered into a national database. This does not include any personal data about you. This is to primarily evaluate the service, and data collected will include details of the appointment such as waiting times, investigations performed, etc.

Contact us for more information:
abs.aspire.project@gmail.com




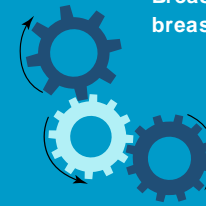
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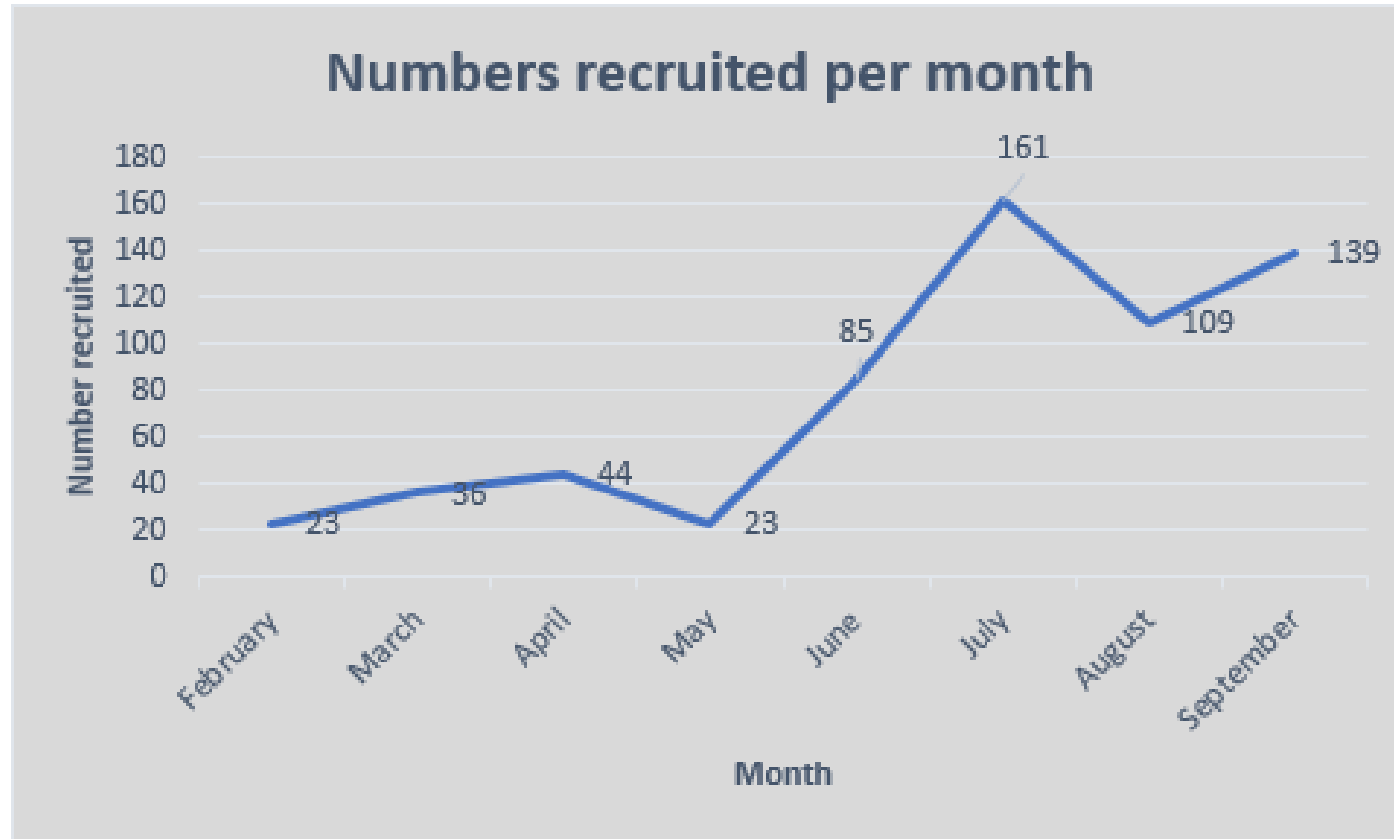
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How Are We Doing?



Units	Number
1.	107
2.	96
3.	76
4.	64
5.	51
6.	50
7.	48
8.	44
9.	42
10.	24
11.	21
12.	11
13.	4
Total	638

Protocol and other documents



<https://associationofbreastsurgery.org.uk>

ASPIRE Launch Webinar

Join us for the ASPIRE Launch Webinar on Wednesday 22nd March 2023 from 7.30pm to 8.30pm. Find out more about the breast pain pathway evaluation study.

To register click here (https://us02web.zoom.us/join/register/WN_79VnT-77TJKa2ePMOHlgKg)

To view the programme click here (</media/543237/abs-aspire-launch-meeting-agenda-v2.docx>)



Submit a breast pain pathway for evaluation

The ABS is very conscious of the stress to capacity caused by large volumes of symptomatic breast referrals to breast units across the UK, and is looking to assess the strategies being used by units to address the significant proportion of these which are for patients with breast pain.

Members are encouraged to submit their breast pain pathways for assessment by the Clinical Practice & Standards Committee. For more information click here ([professionals/clinical/aspire-breast-pain-pathway-rapid-evaluation/breast-pain-pathways/](/professionals/clinical/aspire-breast-pain-pathway-rapid-evaluation/breast-pain-pathways/))

The study also needs breast units where patients with breast pain are going through a normal one-stop clinic to act as a control group. If your unit is keen to be involved in this capacity please e-mail lucydavies@absgei.org.uk



Supporting Documents

Participants in the evaluation study can download the supporting documents here:

ASPIRE protocol (/media/543163/1-abs_aspire_protocol_v70-2.docx)

In-clinic data collection sheet (</media/529999/2-crf-main-aspire.pdf>)

Patient satisfaction questionnaire (</media/530000/3-patient-satisfaction-questionnaire-aspire.pdf>)

Patient information leaflet (</media/530001/4-printable-aspire-pil-bw.pdf>)

ChampionSE checklist (</media/530002/5-championse-checklist-v5.docx>)




ASPIRE Leads

The following Leads have been appointed for the ASPIRE project:


Clinical Leads	Trainee Leads	Nurse Leads
Rajiv Dave	Tom Hubbard	Katy Ellis
Jennifer Hu	Anna Isaac	Jo Fields
		Suzy Halliday




Recent Updates



Patient Resources
The ABS has produced guidance for patients on 'Going Abroad for Cosmetic Breast Surgery'




ASPIRE (Breast Pain Pathway Rapid Evaluation)
Get involved in the ABS ASPIRE project. Find out more here




Forthcoming Elections
Nominations are being sought for Regional Representative and Committee posts.

From Our Twitter

Tweets from @ABSGBI



Did you miss the recent #MammaryFold #Webinar? John Benson gave a detailed summary of the recent San Antonio Breast Cancer Symposium, sharing key information. To access this recording, and many others, head to the ABS website - mtr.cool/jgoysjgxlx



Did you miss the recent Mammary Fold webinar, including John Benson's detailed summary of the San Antonio Breast Cancer Symposium? ABS members can watch back now

ABS CPSC Breast Pain Pathway Registration Form

<https://associationofbreastsurgery.org.uk/professionals/clinical/aspire-breast-pain-pathway-rapid-evaluation/breast-pain-pathways/>



Association of Breast Surgery
at The Royal College of Surgeons of England
39-43 Lincoln's Inn Fields, London WC2A 3PE
Telephone 020 7869 6853
www.associationofbreastsurgery.org.uk

Breast Pain Pathway Registration Form

Name of Breast Unit Submitting Pathway		
Date of implementation		
Age group covered by pathway		
Does the pathway involve primary care?	Yes	No
Who is responsible for running the pathway? e.g. breast care nurse specialist		
Does the pathway have written documents for governance? e.g. standard operating procedure	Yes	No
Does the pathway have governance approval from your Trust?	Yes	No
If yes, please give details		
Who is responsible for managing the pathway? e.g. breast care nurse specialist		
Does the pathway include a pre-appointment letter to patients with information?	Yes	No
Does the pathway involve up-front imaging?	Yes	No
If yes, is this mammogram only?	Yes	No
Does the pathway involve clinical examination?	Yes	No
Does the pathway involve history taking?	Yes	No
Does the pathway involve a patient questionnaire?	Yes	No
Has the pathway been audited?	Yes	No
If yes, has the audit been presented or published?	Yes	No
Does the pathway include patient reported outcomes?	Yes	No
Please give a summary of the pathway		

abs.aspire.project@gmail.com

<https://associationofbreastsurgery.org.uk/professionals/clinical/aspire-breast-pain-pathway-rapid-evaluation/breast-pain-pathways/>