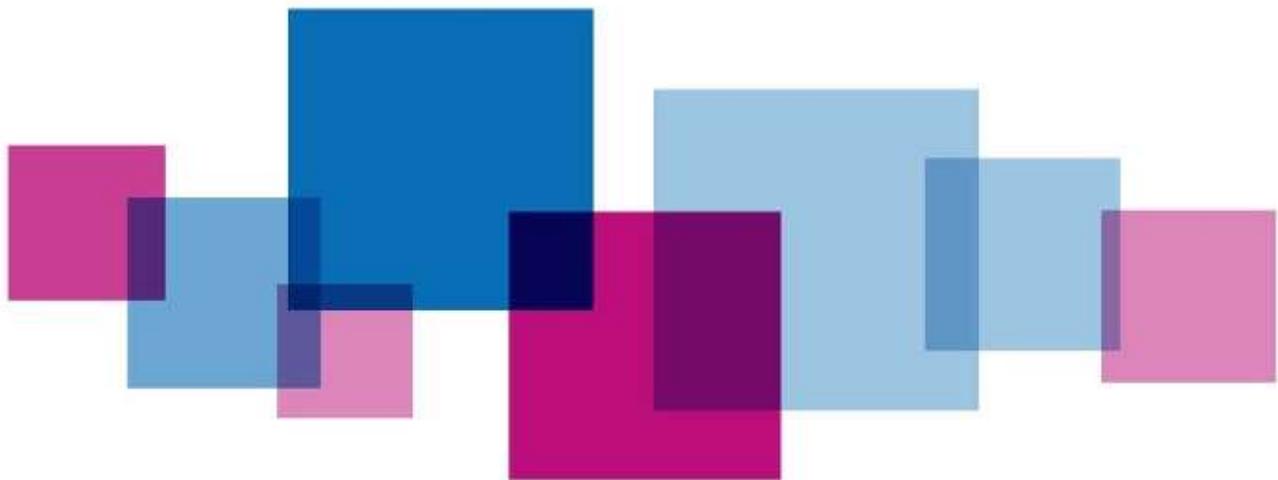


Commissioning Policy

Breast Reconstruction post-Cancer

Criteria Based Access



Date Adopted: 12 June 2018

Version: 1920.1.02

Document Control

Title of document:	Breast Reconstruction post-Cancer Policy
Authors job title(s):	Head of IFR
Document version:	V1920.1.02
Supersedes:	NEW
Clinical Approval – date received:	November 2017
Discussion and Approval by Clinical Policy Review Group (CPRG):	29 November 2017
Discussion and Approval by CCG Governing Body:	05 June 2018
Date of Adoption:	12 June 2018
Publication/issue date:	July 2019
Review due date:	Earliest of either NICE publication or three years from approval.
Equality Impact Assessment produced:	05 June 2018

Version Control

Internal Version	Date	Reviewer	Comment
1617.1	29/03/2017	IFR Manager	Shared with CPRG papers
1718.4.01	20/09/2017	IFR Manager	Amended in line with comments received through Public Consultation & Secondary Care Review.
1718.5.01	06/11/2017	IFR Manager	Ongoing amendments in line with feedback relating to the Contralateral Breast.
1718.05.01	07/11/2017	PMO/PPI	Comments and amendments on draft
1718.05.01	09/11/2017	Medical Director	Comments and amendments on draft
1718.05.01	10/11/2017	PMO	Comments and amendments on draft



1718.05.01	10/11/2017	IFR Manager	Comments and amendments on draft
1718.05.01	10/11/2017	PMO	Clean copy of draft to Medical Director
1718.4.02	16/11/2017	IFR Manager	Font changes and version control amended in line with IFR process. Amendment to the name of other policies in line with current published names. Prepared and issued for discussion at November CPRG
1718.4.03	15/12/2017	IFR Manager	Format amended in line with Commissioning Policy templates. Updates following CPRG
1718.4.04	22/12/2017	IFR Co-coordinator	Administrative changes and formatting
1819.1.01	27/04/18	Head of IFR	Reflecting changes agreed pre and post engagement.
1920.1.00	29/03/2019	Commissioning Policy Development Manager	Addition/ clarification of policy scope to confirm that this policy does not support the removal of healthy breast tissue / contralateral breast as well as clarity to show this policy does not apply to Breast implant removal or reinsertion
1920.1.01	03/06/2019	Commissioning Policy Development Manager	Admin corrections and OPCS code additions
1920.1.02	20/06/2019	Commissioning Policy Development Manager	Post CPRG amendments and addition of Remedy link

**THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW**

THIS POLICY RELATES TO ALL PATIENTS

Breast Reconstruction post-Cancer Policy

General Principles

Treatment should only be given in line with the general principles outlined below. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given. However, in exceptional circumstances, funding may be sought from the CCG Individual Funding Panel by submission of an Individual Funding Request application.

1. The CCG does not commission surgery for cosmetic purposes alone.
2. 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.
3. 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.
4. 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)
5. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)
6. 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.

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 & deposits
- Skin Contouring

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.

Background/Purpose and Scope

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 breast 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 (bra insert) 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 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.

This policy scope does not extend to the removal of healthy breast tissue of the contralateral breast.

The decision to treat the contralateral breast must be taken by a Multidisciplinary Team (MDT) to agree the clinical appropriateness of any treatment in line with the published criteria.

Policy Development

This policy has been developed with the guidance and support of local breast reconstruction surgeons within the BNSSG area.

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 Individual Funding Team on a case by case basis before proceeding. Where the Individual Funding Team 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 Policy Review Process.

Other considerations

Inflammatory Breast Cancer

Patients with Inflammatory Breast Cancer are required to wait for 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 Individual Funding Team for guidance as 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 Individual Funding Team under the appropriate breast surgery / cosmetic surgery policy.

Breast Cancer 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 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.

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 (where the blood thickens to form solid lumps)

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 (MDT) 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 support the Criteria Based Access audit process and possible further policy development.

Patients are entitled to access surgery following complications for a timescale of no greater 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.

Exclusions

Cosmetic enhancements following reconstruction surgery do not fall within the scope of this policy. Funding requests for cosmetic surgery may be submitted to the Individual Funding Request Team using the appropriate 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
- Removal of the unaffected / contralateral Breast to achieve symmetry
- Breast Implant removal / reinsertion

POLICY CRITERIA – COMMISSIONED

CRITERIA BASED ACCESS

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:

1. Patients must be assessed by a Multidisciplinary Team (MDT)
AND
2. The Multidisciplinary Team (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 & 2) the following criteria must be met:

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
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.

* *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 these patients. Extensions to this time limit will require the lead surgeon to contact the commissioner seeking approval for patients to access the pathway, approval will not be unreasonably withheld.*

** *Agreed by Local Surgeons as appropriate.*

NOTE:

Patients are limited to 3 surgeries over two years, dating from the first reconstruction surgery. Funding will need to be secured by the Lead Surgeon if any additional surgery is required on a case by case basis by contacting the commissioners.



POLICY CRITERIA – COMMISSIONED

CRITERIA BASED ACCESS

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:

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 does not recommend surgery purely for cosmetic reasons.

AND

2. The Multidisciplinary Team (MDT) confirms that:
 - a) it recommends surgery to the unaffected breast for this patient having considered all available alternatives

AND

- b) the potential benefits outweigh potential harm

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

3. The surgery to the contralateral breast is required for **breast rebalancing** purposes as appropriate.

NOTE:

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 commissioners for further guidance.

Complications Following Surgery

Patients are entitled to access surgery following complications for a timescale of 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.

For more information please see <https://remedy.bnssgccg.nhs.uk/>

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.

Individual cases will be reviewed at the CCG's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

Connected Policies

- Prophylactic Mastectomy
- Liposuction Treatment
- Skin Contouring Treatment
- Breast Implant Surgery (Female)
- Breast Reduction (Female)
- Breast Asymmetry (Female)
- Breast Surgery (Male)
- Cosmetic Surgery

Due Regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the CCGs are responsible, including policy development and review.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.

This policy has been developed with the aid of the following references:

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- Mastectomy*. (n.d.). Retrieved from NHS Choices:
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- Research, C. (2017, September). Retrieved May 9, 2019, from Cancer Research UK:
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- 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.

OPCS Procedure codes

Procedures challenged in this policy:

OPCS Code: B381, B382, B388, B389, B391, B392, B393, B394, B395, B398, B399

Relevant diagnoses for this policy:

ICD10 Code:

Diagnoses for which the above procedures are permitted:

ICD10 Code: